



Merri Community Health Services

Quality of Care Report 2009/10
2011 Calendar

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Welcome to our Quality of Care Report for 2009/10.

The purpose of this report is to describe how we ensure the safety and quality of our services, with a focus on the improvements that we've made in the last year. We would like to thank the staff and community members who contributed to this report. More information about the development of this report is provided on page 35.

In this report, we have linked each section of information to the most relevant 'dimension of quality'. An explanation of each dimension is provided below. These have been taken from the Victorian Quality Council. We need to consider all of these dimensions in order to provide quality services.

For example, if we only try to improve the 'effectiveness' of the service, we might spend time ensuring that clients are benefiting from the service and measuring their results. However, if we don't also ensure that the services are safe and that people can access them, then we're not providing a quality service. We need to consider all six dimensions if we want to ensure that we're offering a quality service.

The six dimensions of quality are:

- **Acceptability** – We must provide opportunities for our community to participate in the planning, provision and evaluation of our services.
- **Access** – Our community should be offered access to services regardless of their age, gender, income level and cultural background. This includes waiting times, working with various community groups as well as physical access to services.
- **Appropriateness** – This is about using evidence to do the right thing to the right client, at the right time. We aim to improve the health and wellbeing of our clients.
- **Effectiveness** – Clients should expect that they will benefit from the health care they are provided. Therefore it is important that we measure and monitor the effectiveness of our services.
- **Efficiency** – We must ensure that resources are used to achieve value for money. This includes working with other teams and working in partnership with other organisations.
- **Safety** – It is important that all care provided is carried out in a way that minimises risk and ensures safety for clients and staff.

President and CEO Year in Review

The 2009-2010 financial year continued to be one of growth and development for Merri Community Health Services Limited. We have undertaken several major reviews of our programs and operations during the year. This was a necessary step given the changes to the legal status of the organisation in becoming a Company Limited by Guarantee. These steps included a focus on our efforts to improve the governance of the organisation and this will continue into the next financial year. Our revised risk and compliance frameworks, board processes and corporate assurance objectives will bring about higher levels of good corporate governance for the organisation. In the coming year we will present an extensive report back to our community, against the outcomes contained in the Strategic Plan. All of these activities have given MCHS a strong foundation for responding to the challenges that we face into the future.

There can be no greater challenge than the Health Reform being undertaken by the Federal Government. We support the need for reform that will involve a greater emphasis on chronic disease management, primary health, health prevention and promotion. In all cases, Community Health Services have the skills and expertise to continue to be vital and dynamic providers of services to their local communities.

Mental Health is now a focus of both State and Federal governments and we must position ourselves for potential change in the delivery of programs. Work has been completed in placing MCHS as a partner in the North West Mental Health Alliance. The partnership has already seen the introduction of 5 support packages at \$75,000 each for people who, without diversion in the community, are at high risk of entering or re-entering clinical mental health bed based facilities.

In Youth Health, we have recently completed a survey of over 100 young people within Moreland, who have clearly identified as a key priority, the need for a Youth Health Clinic. We have commenced the investigation of how other municipalities have met this need including the use of the Medicare Benefits Scheme to attract private providers within a community setting.



Our Board of Directors



President and CEO Year in Review (continued)

The Early Childhood Intervention program is an area of potential future growth, where demand is clearly outstripping supply. Over the next 12 months MCHS will investigate models of care and care delivery that seek to address this growing demand.

One of the strategic goals for MCHS is to focus on its people. We have expanded our Human Resources area to develop and deliver on this strategic goal. Comprehensive plans have been developed to enhance our activity in the areas of developing staff attraction and retention, career and succession planning, staff training and management development programs. The aim is to provide MCHS with a workforce that is committed to delivering services to our community.

As the organisation has grown and developed in size and program delivery the need for computer systems has been highlighted. We have moved a number of manual processes within the organisation to computer systems over the last year. This will free up valuable staff time which can be organised to provide direct client service provision.

Our Volunteer services have undergone significant restructuring to allow for a centralised organisation approach to volunteers. The aim is to continue to grow and enhance our volunteer services within MCHS, with the aim of improved training opportunities for volunteers, increased support and expansion of volunteers into new areas within the organisation.

A few notable achievements over the last 12 months include:

Quality Accreditation

Providing quality services is one of the drivers for MCHS and this year our services were assessed against a number of Quality Standards. In February 2010, a major accreditation process was undertaken as part of the requirements of various State and Federal Government Departments. This is a review undertaken by the Quality Improvement and Community Service Accreditation agency. The accreditation was against 17 core standards and 25 home and community care standards. MCHS achieved an excellent result in terms of the core standards, with 12 standards being 'met' and the remainder rating as 'exceeded'. Further, the National Respite for Carers program had its quality assessment in February. The program received a 'Letter 1' result, which is the highest rating. This was an excellent result and a tribute to the staff who continuously strive for quality outcomes for clients.

President and CEO Year in Review (continued)

Volunteer Services

We have a very dedicated group of 110 volunteers who commit themselves on a regular basis across many areas of our organisation. Some volunteers assist in outdoor activities such as gardening projects and recreational activities including camps for children with disabilities. Volunteers coordinate and lead community based walking groups, assist aged citizens to engage in activity programs and provide invaluable support in specialised projects and events.

We value their skills, knowledge and collective experience which enhance the depth and breadth of what we, as a Community Health Service, have to offer. We look forward to the expansion of our volunteer services by increasing volunteering opportunity and remaining committed to the continuous improvement of our volunteer program.

Foundations Early Childhood Intervention Program

For the past 2 years, we have been looking for a new and permanent site in the City of Darebin to house the program. Finally, a suitable house was located in Victoria Road, Thornbury. Previously owned by the Brotherhood of St. Laurence, the site had been used as a Community Learning Centre for a number of years and was very run down. Following the purchase of the property, considerable renovations were undertaken. The team moved in on 16th March 2010 and the official launch was held on 1st June 2010. Staff, parents and their children are all very happy with the new venue and it has lifted the morale of the team who were very patient as they waited for a permanent home.

Finally, we would like to thank the Board members for the work that they have undertaken this year. It has, at times, been challenging but always moving in the right direction. To our staff and volunteers, we are deeply proud of the way that they approach their work with a clear understanding that it is to improve the health and wellbeing of our communities. And to our community, we look forward to working with you into the future.



Katerina Angelopolous
President



Philip Moran
Chief Executive Officer



Alisha, one of our planners, with a client at his home.

Disability Services *Effectiveness*

The Individualised Planning and Support Program assists people with disabilities to continue living in the community by providing a range of supports to maintain independence, continue living in their own home and learn new skills. Through the help of a planner (or facilitator), people who are in receipt of an Individual Support Package are able to take the lead in deciding what is important to them and what the future could look like.

Individual Support Packages were created to assist people in making their own choices about how they want to live their lives. The facilitator/planner helps in bringing together the important people in the person's life, such as family, friends or advocates, to think about and document the supports that are needed and how they should be provided. By listening and understanding what is important to the person and what they want out of life, a plan is then developed with things that are important for that person, which could include hobbies, work, school, activities, friends and families.



Quote from client's father:

"There is more behind a smile. You need to look inside a person rather than what's on the outside. Life is a challenge with a child with a disability but with love, care and commitment, we get by".

Improving Access for Aboriginal People *Access*

Liz Phillips came on board in mid March 2010 to continue to develop our relationship with our Aboriginal and Torres Strait Islander community. She has been reconnecting with many local agencies and has been exploring the possibilities of linking our many services to complement existing programs and activities in the local Koori community. Liz has also been building on our partnerships with other community health services and local Government agencies in the Northern Metropolitan area.

Liz has been representing our organisation in some Close the Gap initiatives, which are high level targets for closing the gap between Indigenous and non Indigenous Australians. One of the identified areas is about improving our capacity to engage the Koori community and some of the strategies needed to achieve this will provide a focus for Liz in the next 12 months. For example, Liz is planning to liaise with specialist Aboriginal services to assist with the development of a Cultural Awareness Training Program for our staff. In addition, she is keen to provide our staff with culturally sensitive knowledge to assist them in providing a positive experience for Aboriginal clients accessing our service. She is also working with staff to highlight the importance of collecting and accurately recording information to better track our progress in closing the gap.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
31 <small>< School Holidays end</small>					1 <small>New Year's Day</small>	2
3 <small>New Year's Day holiday</small>	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26 <small>Australia Day</small>	27	28	29	30

January

Volunteer Awards *Acceptability*

Congratulations to our volunteer, Maria Rosa Bonacci Rocca, winner of the 2010 Minister for Health Volunteer Awards in the category for Outstanding Individual Achievement – Primary Health Services. The Victorian Minister for Health, Hon Daniel Andrews MP, presented Maria with her award at Parliament House in May 2010. Maria is passionate, caring and extremely dedicated to supporting and engaging vulnerable members of our community. She commenced with us six years ago as a participant in a therapeutic grief and loss group. When the group ceased, she enhanced her group work knowledge and skills enabling her to continue to provide support. The group has since evolved into the Italian Ladies Friendship Group. Maria thoroughly enjoys contributing to the development of inclusive communities and it shows! Well done Maria!

The Honouring Women in Moreland Awards recognise the important contributions of women in Moreland in recognition of their leadership in areas of politics, business, advocacy and community. We congratulate our Volunteer Angela Vidic for winning the award in the Youth Category for 2010. Angela was described as an exceptional young volunteer with MCHS and other organisations, coordinating walking programs, diabetes awareness raising and programs that promote better social inclusion and well being. Angela is also a university student and an advocate for those living with mental illness.



Angela is hard at work in the Stewart Lodge garden

Volunteer Program *Acceptability*

We have a very dedicated group of 110 volunteers who commit themselves on a regular basis across many areas of our organisation. We have volunteers who assist in outdoor activities such as gardening projects and recreational based activities including camps for children with disabilities. Volunteers coordinate and lead community based walking groups and groups for elderly citizens including people from culturally and linguistically diverse backgrounds.

Our volunteers themselves come from all walks of life and backgrounds and they offer a range of skills to complement the work of our organisation in supporting the wider community. We value their skills, knowledge and their collective experience that enhances the depth and breadth of what we as a community health service have to offer. If you would like to learn more about our volunteer services, please contact our Volunteer Coordinator on (03) 9388 9933.



Laurie is a volunteer for the Hydrotherapy program

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Term 1 starts >					
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

February



Identifying Risks *Safety*

We are very focused on identifying and managing risk. We regularly assess risks to the organisation and in the last year, as part of this ongoing process, we have been identifying, measuring and treating risks. This information is compiled in a document called a Risk Management Framework.

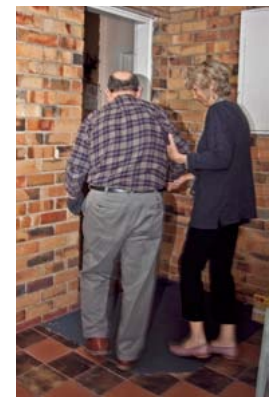
One area that has been specifically targeted in the last year is that of home visiting, since many of our staff members conduct home visits and it was identified as an area that involves a lot of risk. A working group was established, with staff from various programs participating. After discussing the issues involved with home visiting, a new policy and procedure was developed and approved by our Executive group. One of the changes that has resulted from this work, is that the organisation has made a firm decision that no money is to be collected whilst conducting home visits.

Maureen, one of our Case Managers, visiting the home of a client.

Carer Consultative Committee *Acceptability*

The Carer Consultative Committee (CCC) gives voice to the needs and issues of carers living within the northern sector of the north west region. This committee continues to meet quarterly and is currently chaired by a carer. Members: come from a range of culturally and linguistically diverse backgrounds; provide input into the development of programs to meet carers' needs; advise on the types of respite that best meet carers' needs and have the opportunity to comment on Government initiatives.

Since July 2009, the CCC has met 4 times and the carers have: given feedback on the Commonwealth's Aids and Equipment Guidelines Policy; provided feedback on the Carer's Week events held during the year and been provided with and given feedback on the Dementia Initiatives and were involved in the Steering Group (such as the Younger Onset Dementia Scoping Project) at CarerLinks North. One of the carers met with a Member of Parliament to discuss better solutions including early intervention for families with children that have life-long disabilities. Membership has remained stable but has not increased and attendance at the meetings fluctuates, due to the members caring commitments. Service providers will no longer attend these meetings, instead they will be invited to attend as guest speakers when required.



<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>	<i>SATURDAY</i>	<i>SUNDAY</i>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>
<i>14</i> Labour Day	<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>
<i>21</i>	<i>22</i>	<i>23</i>	<i>24</i>	<i>25</i>	<i>26</i>	<i>27</i>
<i>28</i>	<i>29</i>	<i>30</i>	<i>31</i>			

March



Reviewing Partnerships *Efficiency*

We work in partnership with other organisations in order to share skills and knowledge and provide better services for the community. We recently introduced a new process to review all partnerships each year. The objectives of the review are to: ensure that the purpose of the partnership links with our goals and focus areas; promote efficient use of time; consider the benefits of each partnership and whether the time spent is outweighed by the benefits received and identify areas for improving our involvement with the partnership.

The first step of this process was to compile a list of all the partnerships that we are involved in. Next we needed to decide on a tool that would be used to conduct each review. At first, we had planned to use a tool that has been developed by VicHealth, called the VicHealth Partnerships Analysis Tool. However, after our Continuous Quality Improvement Committee had trialled the tool, it was decided that we needed to develop a checklist that was more applicable to our organisation. Therefore, the feedback from the committee was used in developing a checklist. This new tool has recently been trialled and will soon be used across the organisation.

Older People Get Active *Appropriateness*

The Active Living in Fawkner Project was a 2 year, Go For Your Life funded project that aimed to increase physical activity and wellbeing for older residents in Fawkner.

As part of the project we introduced free Physical Activity Assessments for all Fawkner and Glenroy residents over 50. During the assessment, clients could speak to a Physiotherapist about their exercise history and they were encouraged to discuss any concerns they may have about exercising with illness or injury. Clients were also guided to select a suitable, local, free or low cost physical activity and were assisted to begin. Some clients chose to commence light gym work and weight training, while others selected social dancing or hydrotherapy. Following this assessment, clients had the choice to attend free, ongoing health coaching via telephone and face to face appointments, to help them sustain their physical activity.

Our evaluation of this project showed that clients who participated were able to increase and sustain their physical activity over a six month period, even when they were very inactive previously. This service is still available and interested people should contact our Service Access Team on (03) 9388 9933.



Participants in the Active Living in Fawkner project

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

< Term 1 ends

School Holidays start >

Good Friday

Easter Saturday

Easter Sunday

< School Holidays end

Term 2 starts >

ANZAC Day
Easter Monday

ANZAC Day holiday

April



Kids-Life! *Appropriateness*

The Kids-Life! Program is designed to support and resource families to make healthy lifestyle changes. Targeting families of primary school children who are already overweight or obese, the program offers a group-based lifestyle change program called MEND (Mind, Exercise, Nutrition, Do-it!), as well as an individual program delivered in conjunction with Dianella Community Health Service and Sunbury Community Health Service. The program aims to reduce the rate of overweight and obese children.

The new Hume Whittlesea Primary Care Partnership (PCP) has been funded to facilitate agreements and referral pathways and to promote Kids-Life! to PCP members and other relevant organisations, including schools and Divisions of General Practice. The pilot program commenced in Term 3 2009 and will run through to Term 2 2011.



Participants from the Kids-Life! program

Client Satisfaction Surveys *Acceptability*

We regularly undertake Client Satisfaction Surveys. These surveys help us to understand: client's perceptions of our services; the degree to which clients are satisfied with the services; which elements of the service affect client satisfaction and areas for improvement.

The last round of surveys were completed in October 2009 and the main results from the survey are at right.

It was pleasing to see improvements in almost all areas since the 2008 survey process. Information obtained through this process is fed back into the organisation's planning process. For example, our Information Technology Team (IT) used the results of the 2008 survey to inform the specification for the new website with a specific emphasis on easy navigation to access services, using lay search criteria that are easily recognisable to the general public. The 2009 results indicated that internet usage is greatest among Youth Health Team clients (100%). As a result of this information, IT and the Youth Health Team are working together to maximise internet based technologies to target key health messages to young people and are considering the use of social media spaces such as Facebook, Twitter and blogs.

Survey Criteria	2008 Results	2009 Results
Satisfaction with the service	93% (66% very satisfied)	95% (68% very satisfied)
Increase in quality of life after using services	21% excellent before to 38% excellent after	19% excellent before to 50% excellent after
Expectations were met	84% (44% exceeded)	88% (55% exceeded)
Recommend the service to others	89%	93%
Ease of access	79%	81%

<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>	<i>SATURDAY</i>	<i>SUNDAY</i>
<i>30</i>	<i>31</i>					<i>1</i>
<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>
<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>	<i>21</i>	<i>22</i>
<i>23</i>	<i>24</i>	<i>25</i>	<i>26</i>	<i>27</i>	<i>28</i>	<i>29</i>

May

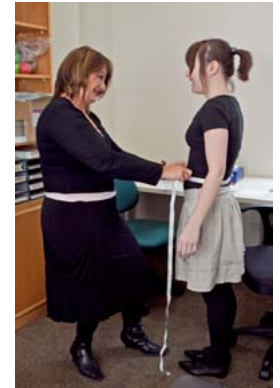


One of our WorkHealth Check nurses, gaining information about an employees health.

WorkHealth Checks *Access*

In October 2009, we commenced providing workplace based WorkHealth Checks in the North and West region, as a WorkSafe endorsed provider. During these checks, information is obtained about the worker's blood pressure, blood glucose level, waist measurement and cholesterol levels. Information and advice is given to individual workers about their risk of chronic diseases, in particular type 2 diabetes and cardiovascular disease. They are also given information about the potential impact of their lifestyle on their health. We now have four nurses employed to deliver this service. Since commencing, we have visited more than 200 employers and completed over 2500 health checks. When appropriate, our nurses have encouraged participants to seek additional medical advice to support proactive management of potential health problems.

In March 2010, WorkSafe conducted an audit of this program and we achieved a score of 45/45 under nine standards including: informed consent and privacy, blood pressure measurement and waist measurement. The auditor recommended that we develop documented processes for: waste management for off-site waste disposal, needle stick injuries and the steps to be taken when the source is known and unknown as well as training and management of medical emergencies.



Dementia Services *Appropriateness*

There are various types of dementia. The most commonly known is Alzheimer's dementia and some of the symptoms of Alzheimer's dementia and other dementias are: ongoing and persistent changes to memory and recall; vagueness in everyday conversation; apparent loss of enthusiasm for previously enjoyed activities; taking longer to do routine tasks; forgetting well-known people or places; inability to process questions and instructions; deterioration of social skills and change in emotional responses. We can all forget things but when there are significant changes to behaviour and memory, it is good to seek proper medical advice and diagnosis. Family members and close friends can often be used as a support and they may also have recognised that something is happening. Alzheimer's Australia (1800 100 500) offers confidential counselling and support for people with dementia and conduct programs for early diagnosis. Your local doctor can also provide some recommendations and suggestions for services to use.

We offer some supports to carers through the CarerLinks North Program which is specifically designed to support the carer. CarerLinks North can assist with future planning, counselling and options for respite. We also provide activity programs which are designed to assist people with memory loss and their carers. These programs, whilst providing a social activity in a secure environment, also provide respite for the carer. There are also programs for Italian speaking clients. Staff are supportive and are able to provide referrals to other agencies who may be helpful.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13 Queen's Birthday	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

June



Participants from the Living Well program.



Living Well *Effectiveness*

The Living Well program is an early intervention in chronic disease program which works with individuals to self manage their health. The program targets people in the early stages of chronic conditions such as diabetes, arthritis, chronic pain, and cardiovascular disease. Key workers in the program assist clients with identifying issues and goals around health and wellbeing and support them to make meaningful and achievable changes. All key workers are qualified health professionals and understand the impact of chronic disease on health. Key workers work with General Practitioners (GPs) and other health disciplines in order to maximise these positive outcomes. In 95% of cases audited, GP feedback was provided, and in 94% of these cases the client had access to other health services.

The Living Well program has had some excellent outcomes over the past year. A 2009/10 sample audit of client cases revealed:

- 94% of clients had improvement in average blood sugar levels over a three month period
- 42% of clients had improvement in cholesterol levels
- 50% of clients lost weight in a specific part of the program
- 56% of clients reported better nutrition habits; and
- 68% of clients reported better exercise habits.

Quality Reviews *Effectiveness*

In the last 12 months, we have been involved in the following quality reviews:

Quality Improvement and Community Services Accreditation (QICSA).

Every three years, we participate in a QICSA review process. QICSA provides independent quality accreditation under license from the Quality Improvement Council. We last achieved accreditation in February 2010, and we were awarded accreditation because we met the required quality standards. An 'exceeded' rating was achieved for five standards, namely: leadership and management; risk assessment and management; identifying and meeting community needs; collaboration and strategic positioning and lastly, community and professional capacity building. We are now working on implementing recommendations from this review.

Department of Health and Ageing Quality Reviews.

In late 2009 and again in early 2010, we were reviewed by the Department of Health and Ageing in relation to the National Respite for Carers Program and Community Aged Care Packages. No specific scoring is used for these reviews, however the outcome letter for each review stated that evidence was provided to demonstrate "effective processes and systems to support MCHS in meeting their obligations" and that these approaches will result in a quality service that is responsive to our clients' needs.

Quality Framework for Disability Services in Victoria.

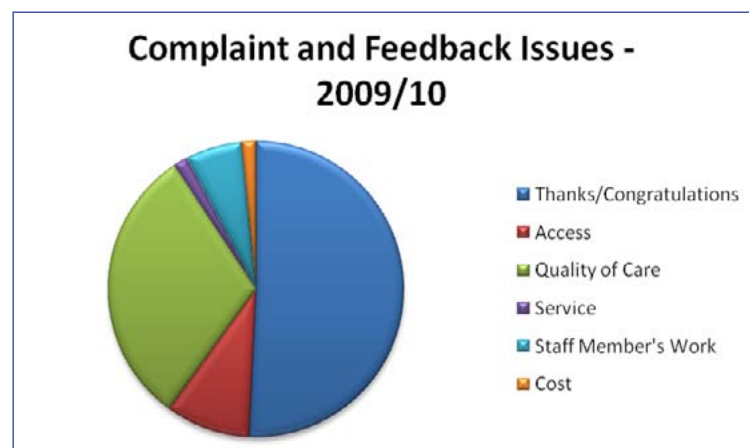
We provide a number of programs and services for people with a disability and their families. In conjunction with the Disability Act 2006, a new Quality Framework for Disability Services in Victoria was developed. We are currently assessing the systems we have and the individual outcomes that are achieved for these clients in line with this new framework.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				< Term 2 ends 1	School Holidays start > 2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 < School Holidays end
Term 3 starts > 18	19	20	21	22	23	24
25	26	27	28	29	30	31

July

Feedback & Complaints *Acceptability*

We value client feedback, including complaints, because it helps us to improve the service we provide. In most cases, the improvements we make relate specifically to the individual who made the complaint, but we also look for ways in which we can use this information to improve services for our other clients. Between July 2009 and June 2010 we received feedback from 65 clients. The graph below shows the issues that were raised in the feedback and complaints received. As always, it was pleasing to see that over half were expressions of thanks and congratulations from clients.



Some of the outcomes achieved in relation to the above issues included: apologies; explanations; changes to procedures; change in care options and staff training. For example, some clients travelling by bus to an Activity Program were unhappy with the length of the journey and requested a separate trip for those who lived close to the site. New arrangements were trialled with a split run, where these clients are picked up and dropped off first, followed by the remaining clients. This new arrangement is working well (see photo on this page).

We encourage our clients to submit feedback and complaints in a number of formats, rather than requiring everyone to fill out a form. In the last year, we received feedback in the following ways: cards; emails; forms; letters; telephone calls as well as discussions with our staff members.



Life! Taking Action on Diabetes Program *Efficiency*

In November 2009, Diabetes Australia Victoria recognised our contribution towards the prevention of diabetes in the community through running the Life! Taking Action on Diabetes Program. We are one of the highest referring community health providers in the state. Our facilitators promoted and ran the program with about 90 community members attending our programs. Life! is an evidence-based program which aims to support people who are at risk of developing diabetes. The facilitators who run the our program work with participants to set lifestyle modification goals in order to reduce the risk of developing Type 2 diabetes.

<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>	<i>SATURDAY</i>	<i>SUNDAY</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>	<i>21</i>
<i>22</i>	<i>23</i>	<i>24</i>	<i>25</i>	<i>26</i>	<i>27</i>	<i>28</i>
<i>29</i>	<i>30</i>	<i>31</i>				

August



Clients from the Greek Activity Program, run in partnership with Fronditha.

Greek Activity Groups *Efficiency*

In March 2009, we entered into a trial of a Greek Activity Program in partnership with Fronditha, an organisation providing services to Greek community members. Fronditha had a group of clients who were not able to access any social programs and we had a number of referrals for people from a Greek speaking background. It was proposed that we investigate how we could work together to provide a valuable social program.

This is a blended program with 10 Greek clients and 15 Italian clients. This has been a very successful program with a keen enthusiasm and warm sense of friendship and support between the staff and clients.

The program is now into its second year. The success of this operation has been the relationship and the willingness of both organisations to work together. We brokered the Greek worker from Fronditha and we have worked to provide the clients with the program in Greek. Greek newspapers are talked over and activities are done collaboratively with all of the clients. Our Italian staff have learnt some Greek words, most importantly the numbers for Bingo! An early improvement to the program, before the second day of the program, was the purchase of Greek coffee and a Greek briki (coffee pot), an addition much appreciated by all.



Teeth Tales *Access*

Teeth Tales is a university-community partnerships project that involves working with people from refugee and migrant backgrounds to explore social, cultural and environmental influences on child oral health. Teeth Tales was established in 2006 and with recently acquired funding, the project will continue until 2013. Over this time, we will be trialling different ways of providing services to people from refugee or migrant backgrounds. This includes:

- Oral health checks for refugee and migrant families who attend a range of local health services participating in the project (such as community health centres, immunisation services and maternal and child health centres)
- Parents and care-givers with young children who are from refugee or migrant backgrounds, will be invited to take part in a community education and support program that will be delivered by local parents; and
- Local health services will be reviewed to see how well they provide accessible service for people from refugee and migrant backgrounds.

Our partners for Teeth Tales are: The Jack Brockhoff Child Health and Wellbeing Program; The McCaughey Centre at The University of Melbourne; Arabic Welfare; Victorian Arabic Social Service; Pakistani Australia Association; Dental Health Services Victoria and Moreland City Council.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

< Term 3 ends

School Holidays start >

September



Our Podiatrist, Warren, providing a bulk billing podiatry service to a client



Additional Services *Access*

In November 2009, we commenced a trial to offer podiatry services to clients who have a Chronic Disease Management Plan from their doctor. These clients are able to access our podiatry services using bulk-billed Medicare funding. Since commencing this service, over 200 appointments have been made for over 50 clients. We have also seen a reduction in the Glenroy podiatry waiting list, decreasing from eight to ten weeks at the end of 2009 to two weeks in June 2010.

The success of our additional podiatry service has resulted in us also offering Medicare funded physiotherapy services at Glenroy.

Tuning Into Kids Parenting Program *Acceptability*

In January 2010, two social workers from our Integrated Family Service (IFS) were trained to run the accredited 'Tuning Into Kids' (TIK) parenting skills program. This program helps parents support their child's emotional world and value emotional connection and intimacy. A key aspect is for parents to understand their own emotional world and how this affects their parenting. To date, we have trained four facilitators and run two TIK groups as well as one booster session in the first half of 2010, for approximately 20 parents across Hume and Moreland. Parents came from a variety of cultural backgrounds, with the ages ranging from 23 to 50 years and most were single parents. More groups are planned for the second half of 2010 with collaboration between IFS staff and workers from our Child Health Team. Evidence so far suggests the TIK program is a valuable support, helping to increase parental skills and knowledge for parents to be more confident and effective in their communication and understanding of their children's emotional development.

Here are a few comments from parents recorded on the feedback sheets:

What did you find most useful about the Tuning Into Kids program?

"Learning about myself and my style of parenting, becoming more aware and mindful of how present interactions can be modified to be more respectful and calmer".

"Going back to the basics and re-learning all the different emotions assisted me in understanding not only my own emotions but also my children's"

"Listening and finding out about the solutions to the problem and naming the feelings"

Were there changes that you noticed in your children or family as a result of participating in this program?

"Remembering when to look for suitable times to Emotion Coach and to take advantages of those opportunities when possible"

"Yes, we can communicate more easily and understand each other's feelings"

"I enjoyed getting lessons in Emotion Coaching, they have been a great help"

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
31					1	2
3	4	5	6	7	8	9 <small>< School Holidays end</small>
Term 4 starts >						
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October



Mulberry Gardens *Efficiency*

Throughout 2009 and 2010, the Moreland Food Access Project has focused on the development of a community garden in Glenroy. Mulberry Gardens is a communal garden where all the garden beds and produce are shared. Built on the site of Glenroy College, we run the garden in partnership with the school and our committed and diverse group of members. Our first working bee on site was in December 2009, and since then more and more locals have joined in. Free community workshops were run in early 2010, educating attendees in composting, seed saving and propagation of vegetables. Garden members now garden together every Saturday morning and have applied for funding to establish an orchard, a chicken run and some raised garden beds that will make gardening easier for older people, people in wheelchairs or people with back problems. There are presently 33 members from all different walks of life. Everyone is welcome to become a member – gardening experience is not necessary! The membership group plan to become an independent incorporated body in 2011.

Left – Mulberry Gardens members enjoying their community garden at Glenroy.

Right – A student from Fawkner Primary School involved in Jump Rope for Heart held at his school. This is one health and wellbeing strategy used in conjunction with the fun 'n healthy in Moreland! project.



fun 'n healthy in Moreland!

Appropriateness

fun 'n healthy in Moreland! is a community based research study that was conducted in partnership with the McCaughey Centre at the University of Melbourne. We received funding from the Victorian State Government as part of the Go for your Life campaign, and from the Jack Brockhoff Foundation. The project involved working with 23 primary schools across Moreland to support strategies promoting health and well being for children and their families. Over the five years of the study, the 12 program schools have been involved in introducing a range of healthy initiatives including drink water policies, school cooking gardens, improving school canteens and working with local groups to increase and promote various physical activity opportunities. The remaining schools participating in the study continued as normal to provide a basis for comparison in the evaluation.

The evaluation is now complete and has shown that *fun 'n healthy in Moreland!* was successful in achieving its aim of establishing healthy dietary and physical activity environments for children in the City of Moreland. This was achieved through school policy and programs, curriculum, environmental, individual and group behaviour change. These initiatives will continue in all schools with the support of the our Health Promotion in Schools Coordinator to help create healthy schools and healthy communities for children and families across Moreland. The findings from the study will also assist State Government decision making and will contribute to international knowledge about developing healthy school environments for children.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	1 Melbourne Cup Day	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

November



Above - A performer at the ceremony to open the District Nurses Quarters, which have been largely funded by us.

Right - Registration for a consultative forum on health care needs of former political prisoners, also funded by us.



Supporting Better Health in East Timor

As a partner to the Friends of Aileu (Moreland and Hume City Councils), we are working with government and community organisations in East Timor on a range of community health projects, primarily in the District of Aileu, south west of the capital, Dili. East Timor is one of Australia's nearest neighbours and the poorest country in Asia. While life is slowly improving for the country's one million people, East Timor continues to face many challenges, particular in regard to health, with very high rates of infant and maternal mortality, high rates of undernourishment and high incidences of preventable disease. In addition, the country continues to grapple with problems associated with past trauma and conflict.

We are supporting projects which seek to address these problems, including:

Fundasaun Alola's Maternal and Child Health Programs. We have continued to support the Mother Support Group program in Aileu District which promotes exclusive breastfeeding and appropriate young child feeding, employing a network of trained volunteers to provide peer support and counselling for mothers at village level.

The Living Memory Project (Projetu Hanoi Moris). The Living Memory Project is dedicated to the cause of the former political prisoners of East Timor, many of whom are survivors of torture. We have helped to fund a health care program for former prisoners, which includes psychosocial counselling as well as physical health care. A major conference on the health care needs of former prisoners was held in December 2009, as well as 2 well attended consultative forums.

Improved Health Through Better Nutrition Project. The project aims to complement and support existing initiatives in the health and agriculture sectors in relation to nutrition, by supporting small scale activities aimed at reducing levels of undernourishment, particularly in young children. Kangan Institute is a primary contributor to this project. Current pilot projects including soya bean production and processing and a group chicken raising project, to diversify and improve diet, coordinated by staff of the Uma Ita Nian Clinic in Aileu.

Fuel Efficient Stoves for Better Health. Together with other partners, our staff fundraising has helped fund a pilot project in Lequidoe sub-district to install fuel-efficient stoves made with local clay. Most traditional Timorese houses use open fires for cooking, which contribute to respiratory illnesses. The fuel-efficient stoves burn less fuel and produce less smoke, which can be piped out of the house.

Future Projects. Discussions will be undertaken in the near future with District Health and other organisations working in Aileu District to identify priorities for future projects. Public support will be important in helping us raise the necessary funding to support new initiatives that will make a difference to community health.

You can help by:

- Donating to the East Timor projects through us (tax deductible)
- Supporting fundraising events; and
- Buying East Timor coffee - Friends of Aileu (available at our sites and through Moreland City Council).

For more information on these projects please contact Kate Jeffery on (03) 9389 2229 or by email: katej@mchs.org.au

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25 Christmas Day
26 Boxing Day	27 Christmas Day holiday	28	29	30	31	

< Term 4 ends
School Holidays start >

December

Preventing Infections *Safety*

Podiatry

A clinical podiatry infection control audit was conducted in July 2009 using the Podiatry Clinical Infection Control Review Form, Version June 2006, Podiatrist Registration Board of Victoria. The audit was conducted across our four podiatry sites: Brunswick; Coburg; Fawkner and Glenroy. Following the audit, recommendations were made and circulated amongst the podiatry team to implement. A follow-up inspection was conducted in December 2009.

The following recommendations from this audit have been implemented across all sites: consistent use of skin antiseptic and hand wash product; reorganisation and labelling of supplies in storage cupboard; maintenance of a log book to record calibration (e.g. temperature testing), maintenance and repairs; provision of separate areas for sterile and non-sterile items.

A checklist has been developed to ensure that:

- The Berchtold drill (used on client's nails and skin), as well as the vacuum bag and sieve, is cleaned monthly
- Sterilisation records are doubled checked by co-workers; and
- Sterile single-use dressings are discarded after each client.

The following recommendations were implemented at each site:

- Brunswick – replacement of the podiatry chair.
- Coburg – removal and rearrangement of clutter on clinic surfaces and storage for the Hospital Admission Risk Program (HARP) was rearranged and tidied. Extra storage has since been provided at each site for HARP supplies.
- Fawkner – HARP storage rearranged and tidied; and
- Glenroy – mounting of the sharps container and tidying of the cables that run along the floor of the clinic room, which make the area difficult to clean.

Dental

The following strategies were implemented by our dental team following their 2009 infection control audit:

- The procedure for reporting and assessing sharps and splash injuries was reviewed
- The process for adding information to the sterilisation log book was improved; and
- Staff have been ensuring that the steriliser trays are not overloaded.

Engaging the Community

Acceptability

Health services are increasingly engaging with consumers and communities in order to improve quality, become more client-centred, align resources to areas of need and reflect government policy. The Department of Health (DoH), formerly the Department of Human Services (DHS), commissioned the Health Issues Centre to research and provide a suite of consumer, carer and community participation indicators. The aim of these indicators is to improve community engagement and to assist health services in reporting to the DoH on an annual basis. Following a forum of service providers, clients, carers and DHS representatives in February 2009, indicators were refined for the mental health, acute health and community health sub-groups. Later, these indicators were the basis for the document *Doing it with us and not for us Strategic Direction 2010 – 2013*.

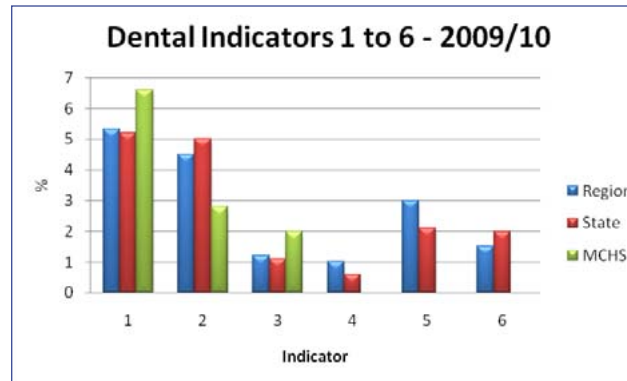
We have adopted the indicators outlined in this document and are currently working with the Board of Director's Community and Member Engagement Sub-Committee to develop an implementation plan. This plan will be progressively implemented over the next 2 years and seeks to identify ways the community can be more actively engaged in our health service.

Dental Indicators *Effectiveness*

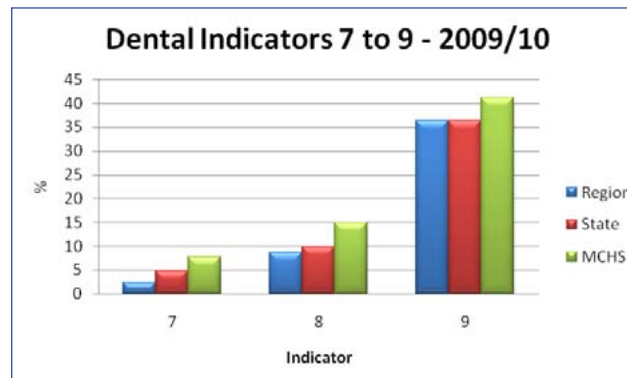
In Victoria, one way in which the quality of dental care is measured, is by calculating the number of times that someone who has received dental care needs to come back for similar treatment. These are called 'indicators' and they include the number of:

1. Fillings re-treated within six months of initial work
2. Clients re-treated within 28 days of emergency care
3. Clients re-treated within seven days of a tooth extraction
4. Root canal clients re-treated within six months of initial procedure
5. Clients requiring a tooth extraction within 12 months of root canal treatment
6. Dentures remade within 12 months
7. Clients with fissure seal (filling material) re-treated within two years
8. Panoramic x-rays used for new clients receiving general dental care; and
9. Intraoral x-rays used for new clients receiving general dental care.

Each dental clinic is measured and the results are provided in comparison to each region and the state. The graph to the right, shows our results for the first 6 indicators compared with our region and the state. The results below reveal that we performed better than the region and the state in 4 out of the 6 indicators. For indicators 2, 4, 5 and 6, our clients were re-treated less than those from our region and in the state. This is consistent with the results achieved last year. This means that our dentists are accurate and competent at diagnosing a client's problem and are able to provide effective treatment.



Indicator 7 (shown in the graph below) refers to a preventative measure carried out and it is pleasing to see that we do this for a higher percentage of clients than our region and the state. We also see a larger proportion of children than other areas, so this result may be a reflection of our population group. Indicators 8 and 9 refer to the taking of x-rays, and the higher percentage of use with our clients shows our commitment to thorough diagnosis of clients' issues.



Pre-Employment Checks *Safety*

In accordance with a new policy, pre-employment checks are required for all employees. As a minimum, this includes the provision of a satisfactory Police Check. For the Aged and Disability sector, providing a satisfactory Police Check is a mandatory requirement and it must be updated every three years. If we fail to satisfy this obligation, it places our funding at risk. To ensure that we do meet our obligations, we have:

- Created a database that allows us to record all of the relevant information and report on it as needed, usually twice a year. This twice yearly reporting allows us to identify Police Checks that are about to expire and therefore alert our employees to arrange for renewal.
- Implemented a new process, including a requirement that all new employees must provide evidence of satisfactory checks prior to employment. Until a satisfactory check is provided, which must be provided within a month, new employees are not permitted to work with clients without direct supervision; and
- Developed a new policy, placing responsibility on staff to advise us of any changes to the status of their police record.

Staff Requirements

Appropriateness

Credentialing within health service organisations is defined as “a process to verify qualifications and experience of medical practitioners to determine their ability to provide safe, high quality health care services” (definition taken from the Australian Council for Safety and Quality in Health Care). In this area, we have undertaken the following initiatives:

- After seeking advice from an expert, we developed a Credentialing Policy and associated procedure. This new policy states that all applicants for relevant roles must demonstrate and provide evidence that they have the necessary qualifications, registrations/license and other relevant criteria (i.e. Police and Working with Children Checks) in order to be employed. In fact, all staff must provide a satisfactory Police Check and let their manager know if this changes. The policy also states that credentials are reported on and checked annually as well as when filling a vacated position. Additionally, we report on and review the status of Police Checks to ensure that up to date checks are completed. We only accept original evidence documents.
- Our Recruitment Policy and procedure states that applicants are required to provide original evidence of their credentials, prior to commencement with us.
- Position Descriptions (PDs) detailing individual position tasks and accountabilities are used for all positions and now include credentialing requirements. PDs are reviewed annually and when required, such as prior to advertising to fill any vacated role.
- Development of a data base for recording an individual's credentials. This information can be reported on whenever required and is reviewed annually.

Scope of Practice is defined as the “extent of an individual practitioner's clinical practice based upon their credentials, competencies, performance and professional suitability”. We check these details annually, or when a vacated role is filled and changes are recorded in PD's.

Primary Care Partnerships

Appropriateness

We became the auspice for the Hume Moreland PCP in November 2008 after a transfer from Moreland City Council. PCPs began in 2000 as an initiative of the Victorian State Government. There are 30 PCPs across the state, charged with the responsibility of engaging local health providers in a partnership response to developing a better coordinated and integrated primary health system. The 4 key areas for PCPs are: partnership development; service coordination; integrated health promotion and integrated chronic disease management. In December 2009, the Victorian Minister for Health endorsed changes to some PCP boundaries in the North and West Metropolitan Region. We are now an active member of the new Inner North West PCP, which comprises Moreland, Melbourne, Moonee Valley and Yarra. We will continue to connect with the new Hume Whittlesea PCP in relation to some programs.

Congratulations and thanks to the individuals, groups and organisations within Hume Moreland PCP who worked together to improve primary health services during the last 10 years.

Elder Abuse Prevention Strategy

Appropriateness

The new Hume Whittlesea PCP has been funded by the Office of Senior Victorians to coordinate the Elder Abuse Prevention Strategy (EAPS) Community Awareness Project which commenced in December 2009. The project is across the Hume, Moreland and Sub-Northern region covering 7 local government areas: Banyule; Darebin; Hume; Moreland; Nillumbik; Whittlesea and Yarra.

The aim of the project is to prevent and address elder abuse by empowering older people and their families by enhancing their understanding of older people's rights and the services available to support older people, in particular Seniors Rights Victoria.

The main strategies of the project are to deliver 10 community based information sessions and 6 World Cafes and to support the development of Local Area Networks (LANS) and policies & protocols for responding to allegations of elder abuse. A steering group consisting of managers of the Aged and Disability Programs from local government and community health services has been convened and to date 4 community information sessions have been scheduled. The project will conclude in June 2011.

North West Mental Health Alliance

Acceptability

MCHS provides a range of Community Mental Health programs funded by the State Department of Health through the Psychiatric Disability Rehabilitation Support Service (PDRSS) funding stream; the Exchange Day Program, Avalon and Linx Outreach programs and Carer Support services. In addition we receive Federal Government funding for other programs including the Personal Helpers and Mentors Program (PHAMS) and CRISP our Day to Day Living in the Community program.

In 2006 the then Victorian Department of Human Services funded an initiative to assist these programs achieve better outcomes for consumers by forming an Alliance with key community partners. Known as the North West Mental Health Alliance, it initially involved Dianella Community Health Service, Western Region Health Centre, Mind Australia (formerly known as the Richmond Fellowship), the North West Area Mental Health Service and the Department of Health. More recently other key services such as Moreland Hall, St Vincent De Paul, Orygen Youth Health, ACSO, SUMITT, Impetus and Brunswick Employment have joined the Alliance.

These services have recently been working together to:

- Develop common processes between services, to make it easier for clients to access each of the services without having to repeat personal information, but also ensuring privacy
- Involve other services that can assist in supporting clients, such as those with dual disabilities
- Create a new Strategic Committee. This committee has a focus on future planning for the alliance, such as submitting funding applications and directing the alliance in line with federal health reform initiatives;

- Develop two working groups. One group is focussing on coordination between the services. The other is working on specialised training for staff and will soon trial a new orientation program for workers.

In March 2009, the Department of Health released a new strategy called 'Because Mental Health Matters (2009-2019)'. This strategy aims to support people with a mental illness to access high quality, timely care and live successfully in the community. We have represented the alliance and been working with the Department of Health to implement this strategy within our current and future services. We are committed to assist in the creation of new services for people impacted by mental health concerns.

Ensuring Quality Care

Safety

In mid 2009, we developed a Clinical Governance Framework and then measured ourselves against each of the aspects so that we could see where we were doing well and where we needed to make improvements. We have recently been developing a work plan that explains how we intend to address the areas that need improvement. Some of these areas include: community engagement, health information, clinical risk, reporting and access.

Carer Satisfaction Surveys

Acceptability

In addition to annual Client Satisfaction Surveys (see page 14), we also conduct annual Carer Satisfaction Surveys. These surveys are organised through a state-wide carer network. In the 2009 Carer Satisfaction Survey, among the carers who indicated that their overall expectations were not met, the main concerns were associated with:

- The amount of respite and support provided
- The amount of information provided; and
- Communication with both the carer service and respite providers including: too much information, lack of (relevant) information when needed and the service provided by the respite service.

In light of this information, we:

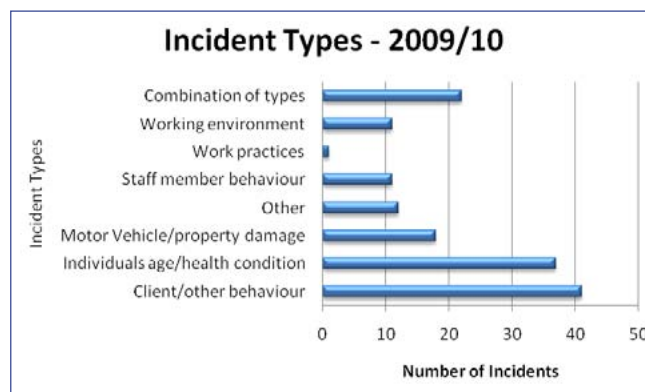
- No longer set limits on the amount of respite/ brokerage carers receive or communicate these limits with carers. Even though we may explain the short term nature of our involvement, an assessment is based on carer need and carers receive services that assist them; and
- Are attempting to provide the appropriate information as carers request and need it. We no longer hand out large information kits to each carer receiving services. All essential information is provided (e.g. information on privacy and rights) but an assessment is made and information is provided accordingly. It is important for all health care services to have a system for monitoring the service delivery or clinical work, with a focus on safe and quality care. This is usually referred to as Clinical Governance.

When An Incident Occurs *Safety*

Incidents refer to events that occur that are not part of the normal service or care, such as accidents or situations that may result in accidents. We keep a record of all incidents, both those that involve clients and those involving staff. Records are kept to ensure that each incident is handled in the right way and to try to prevent the same thing from happening again in the future. The table below shows 2 types of incidents that occurred in the last 12 months and what was done in response.

Incident	Action Taken
A client walked into a glass panel near the front door of the site. The client's nose was cut.	A follow-up phone call was made to the carer regarding incident. Staff posted pictures on the windows to prevent others from making the same mistake.
A client opening a toilet door got their arm caught on the latch	Saline solution and a non stick bandage was applied. The team leader was notified via telephone. The client's care plan was updated. Staff members are now required to assist this client when walking to the bathroom due to poor eyesight and balance.

Between July 2009 and June 2010, 153 incidents were reported. The graph below shows the different types of incidents that occurred. As in previous years, the majority of incidents relate to the clients' behaviour and their age or health condition.



What happens when an incident is reported?

Relevant staff notify their manager.

Incident Report Form is completed and given to the manager. The manager conducts an investigation and records any recommendations. WorkSafe, the Department of Health and/or the Chief Executive Officer (CEO) are notified when necessary.

Follow-up is made with affected individuals to inquire after their welfare and to assess if further assistance is needed.

The report is sent to the Occupational Health and Safety (OH&S) Committee. Further recommendations for accident prevention are discussed and implemented.

Quarterly reports are provided to the Board of Directors and bi-monthly reports about the outcomes of incidents are provided to the OH&S Committee and the CEO.

Intake *Access*

Our centralised intake service is responsible for the initial assessment of referrals. It comprises 2 teams: the Service Access team and the Information and Response Service for the Commonwealth Respite and Carelink Centre/ CarerLinks North (CRCC/CLN). Client Services Officers are the initial entry point to our services. They assess eligibility for services and provide basic information to clients. Intake Workers conduct assessments, provide information and refer clients to appropriate services.

Client File Audits *Appropriateness*

Each year, a team leader or manager from each program conducts an audit on a sample of client files. Before commencing the audit this year, we amended the audit checklist so that it included a new section about care planning. This is an area that was identified as needing improvement in last year's audit and the new criteria was added to help us to gain more information about how we can continue to improve in the planning we do with our clients. We are currently in the process of collating these results and further improvements will be identified and implemented within the next year.

Development, Distribution and Feedback of the Quality of Care Report

Over 45 staff were involved in the preparation of this report, including the Chief Executive Officer, all 3 general managers, 9 managers and staff from the following areas: Case Management Services, Activity Programs, Physiotherapy, Human Resources, Dental Program, Volunteer Program, Podiatry, Health Promotion, Information Technology, WorkHealth Checks, Counselling and the Commonwealth Respite and Carelink Centre/CarerLinks North. In addition, a number of clients and volunteers were involved in the photography for this report and we appreciate their willing cooperation. We would also like to thank Jessica Romagnano from the Photography Studies College for the images that she took for this report. This report was compiled by the Senior Quality Officer and the Continuous Quality Improvement Committee provided assistance with the content. 4,000 copies of this report have been printed and they have or will be distributed in a number of ways such as:

- It will be made available at our Annual General Meeting
- Copies of this report will be delivered to libraries and community houses in the Moreland area
- Copies of the report are available from each of our sites
- As is usually done with our annual calendars, staff are encouraged to give the report to their clients; and
- This report is available from our website at www.merrichs.org.au.

This method of distribution was chosen as an effective way to make this report available to residents in our community. We will measure the success of these methods next year when we determine how many of the 4,000 copies remain. Feedback on last year's report was requested and we received 5 responses from community members. All responses indicated that the report was easy-to-read. 3 responses requested further information about dementia and this information has thus been included in this year's report.

If you would like information about our services, please visit our website at www.merrichs.org.au or visit one of our sites. Site information is provided on page 36.

WE WOULD LIKE YOUR FEEDBACK

cut along dotted line

We would appreciate your feedback on this report. In particular we would like to know:

- Was this report easy-to-read and interesting?
- What other information would you like us to include in next year's report?

Please write your thoughts in the space below.



Merri Community Health Services

Your name (optional): _____

Phone number (optional): _____

You may submit feedback by filling in this form and giving it to a staff member at any of our sites or by sending it to:

Quality of Care Report Feedback
Level 1, 368 Sydney Road
Coburg VIC 3058

SITE INFORMATION

■ CENTRAL ACCESS PHONE NUMBER: (03) 9388 9933

■ BRUNSWICK - Registered Office

Merri Community Health Services Limited
ABN 24 550 946 840 / ACN 135 261 988

Address: 11 Glenlyon Road ,
Brunswick, VIC 3056
Phone: (03) 9387 6711
Fax: (03) 9387 5417

■ COBURG

Address: 93 Bell Street, Coburg VIC 3058
Phone: (03) 9350 4000
Fax: (03) 9350 1518

■ BROADMEADOWS

Address: 56 Dimboola Road, Broadmeadows VIC 3047
Phone: (03) 9302 1780
Fax: (03) 9302 1720

■ BRUNSWICK WEST

Address: 382 – 386 Moreland Road,
Brunswick West VIC 3055
Phone: (03) 9386 3575
Fax: (03) 9386 1849

■ HARDING STREET

Address: 1st Floor, 368 Sydney Road,
Coburg VIC 3058
(entrance via Harding Street)
Phone: (03) 8319 7400
Fax: (03) 9350 3864

■ FAWKNER

Address: 79 Jukes Road,
Fawkner VIC 3060
Phone: (03) 9357 2444
Fax: (03) 9359 9542

■ GLENROY

Address: 5D Cromwell Street,
Glenroy VIC 3046
Phone: (03) 9304 9200
Fax: (03) 9300 3283

■ ILMA LEVER GARDENS

Address: 2A Station Street,
Coburg VIC 3058
Phone: (03) 9386 4241
Fax: (03)9384 2245

■ THORNBURY

Address: 298 Victoria Road,
Thornbury VIC 3071
Phone: (03) 9484 5314
Fax: (03) 9416 7564

■ VICTORIA STREET

Address: 21 Victoria Street,
Coburg VIC 3058
Phone: (03) 9355 9900
Fax: (03)9355 9993

■ CHIFLEY DRIVE

Address: Level 2, 110 Chifley Drive,
Preston VIC 3072
Phone: (03) 9495 2500
Fax: (03) 9495 2599

■ INTERCHANGE NORTH WEST

Address: Shop 9E Anderson Street,
Pascoe Vale VIC 3044
Phone: (03) 9350 4600
Fax: (03) 9350 4132

MERRI COMMUNITY HEALTH SERVICES VISION AND VALUES

Values Statement

Our values underpin and drive our efforts to provide high quality services and build the strength in our community. Our core values are Passion, Responsibility, Integrity, Diversity and Engagement.

PASSION: Enthusiasm, Commitment, Making a Difference

We will be leading voices on issues affecting the health of our community
We will maintain our vigour and vitality
We support our staff, enabling them to do their best work

RESPONSIBILITY: Purposeful, Quality and Accountability

We strive for excellence in everything we do
We embrace good governance practice
We follow through on our commitments

INTEGRITY: Honesty, Respect and Fairness

We treat all people with dignity and respect
We communicate openly and honestly
We act against discrimination

DIVERSITY: Breadth of Services, Innovation, Responsiveness

We are flexible and respond to the needs of our community
We embrace the diversity of our people and the community we serve
We promote creativity and innovation
We strive to be accessible to our community

ENGAGEMENT: Co-operation, Partnerships, Sharing

We work in partnership with our community and stakeholders
We share our ideas and skills
We know that everyone has something to contribute and something to learn