ANNUAL REPORT
& QUALITY ACCOUNT
2018

ADVOCACY
RESPECT

INTEGRITY
INNOVATION

ACCESSIBILITY
CARING
EMPOWERMENT

NDCH
NORTHERN DISTRICT COMMUNITY HEALTH

CONTENTS

ANNUAL REPORT

ACKNOWLEDGEMENTS

NDCH acknowledges that our work occurs on the country of the Traditional Owners of the area, the people of Barapa Barapa, Wemba Wemba, Yorta Yorta and DjaDja Wurrung, and acknowledge their ancestors who have been custodians of this land for thousands of years. We acknowledge and pay our respects to their Elders past and present and extend that respect to other indigenous people.

NDCH proudly supports the LGBTIQ+ communities.

DEDICATION

This Annual Report & Quality Account is dedicated in loving memory to our friend and colleague

Kristen Louise Jukes
14/6/1969 - 7/11/2018

We will all miss her generosity, kindness, and larger than life spirit which she shared with us for the better part of the last 8 years.

"All that mighty heart is lying still."


2017 Wurreker Awards
Finalist
Lloyd Murray
Northern District Community Health
Community Based Employee Award

OUR MISSION

To provide an INNOVATIVE, COORDINATED and QUALITY EXPERIENCE to people in our COMMUNITY, which enables them to increase their control over maintaining or improving their HEALTH and WELLBEING.

OUR VISION

Healthy, empowered and connected people in our rural communities.

OUR VALUES

Accessibility - Respect - Empowerment – Advocacy - Innovation
Integrity - Caring

2018

30 years since a working party was established to evaluate the need for community health services in the area.

2019

30 years since Interim Committee elected and first CEO appointed

2020

30 years since the very first NDCH services began in the form of three part time community health nurses

OUR PURPOSE

1.1 The World Health Organisation in its Social Model of Health defines good health as a state of optimal physical, mental and social well-being, which is seen as a resource for everyday life, not the object of living.

1.2 Adopting this definition of good health, the purposes of the Service are:

(a) to improve the level of good health in the community through access to information and knowledge and skill development in order that people can take greater control over their lives;

(b) to create a community resource service for individuals, groups and the broader community that promotes healthy lifestyles;

(c) to actively encourage and support community participation in the development, management and delivery of health services

(d) to foster a personal, friendly, responsive, ethical and confidential service that provides and maintains a high standard of professional conduct;

(e) to provide a community health service that is geographically and financially accessible;

(f) to integrate and use the range of health services available;

(g) to have community development as the underlying philosophy of the Service so as to ensure:

(i) a local identity,
(ii) community participation,
(iii) skill and knowledge development, and
(iv) the best use of resources;

(h) to provide field experience and supervision for students in training and to be a resource agency for others; and

(i) to use a health promotion framework upon which all activities of the Service are modelled and provided.

ACCREDITATION

NDCH is committed to continuous quality improvement and maintains full accreditation against the following standards:

- Quality Improvement Council (QIC) Health & Community
- Services Standards
- Department of Health & Human Services (DHHS) Standards
- Royal Australian College of General Practitioners (RACGP) Standards
- Home Care Standards

NDCH receives funding from the Victorian and Commonwealth Governments.

CHAIR'S REPORT

BY MERRIL KELLY

Northern District Community Health. What a great organisation to be a part of!

One of our core values is innovation, which indeed has been vital to be able to be flexible and responsive to change and challenges right across our rural communities this past year.

One of the main focuses of the board over the past 12 months has been how to address the GP shortage, which our Clinic, like many others in rural areas, has had to deal with and find innovative ways to overcome. Our monthly meeting agenda now includes a recruitment strategy, discussing risks and exploring mitigation strategies to attract GPs to our Clinic and, as an organisation, put in place strategies to ensure successes can be maintained into the future for all medical clinics in our region.

The creation of the video clip 'We Want a GP!' by our team, certainly raised the profile of the critical issue of the GP shortages in rural communities. There, however, needed to be possible solutions developed to address this problem. NDCH, led by our CEO Mandy Hutchinson, has been the lead agency in working with local health services to future proof the medical workforce in rural communities. The Murray Medical Workforce (MMW) has been meeting since December 2017 to find solutions to the GP shortage in rural communities, in particular in Kerang and Cohuna. Since then Boort and other rural communities have joined the group. The MMW has been well supported by peak bodies such as the Rural Doctors Association Victoria and Rural Workforce Agency Victoria, along with Department of Health and Human Services and Murray Primary Health Network, local health services, medical clinics and Local Government Areas (Gannawarra and Murray Shires). With a focus on collaboration, innovation and technology and an acknowledgement of the importance of building a workforce that supports wellbeing, quality training and work/life balance, the MMW has developed a long term solution known as The 4 Pillars.

Our board commends Mandy for her endless energy and commitment to this vital project. We approach the end of 2018 with optimism as we are now in discussions with a number of GPs who want to work in our clinic.

During the past year the Board took the opportunity to conduct an audit of the Clinic to look at what is working well and what could be done better with the aim being that NDCH is a desired first port of call that people feel comfortable to access. This audit, carried out by leading industry professionals, gives us specific information to plan effective changes to ensure that not only are services to our community accessible and of a high quality, but also that our clinic remains a place where people will want to work within a strong team.

The Board recognises the importance of providing a range of health services in each of the communities we work with a placed based approach and a strong belief that people in our small rural communities are entitled to equity of access to quality services. The Board continues to advocate for a service that is accessible and affordable to all, regardless of a person's income or the complexity of their situation. NDCH has a wonderful team providing these services and programs to our communities.

This year, the Board has created a Rural Health Student Scholarship to support our local students considering a career in the health field and to help them accomplish their dream. It is also to encourage our local people to return to our rural area to pursue their career in the health services industry.

Work on transitioning to NDIS (Loddon 2017, Gannawarra 2019), continues to be complex. It is great to see how other agencies, having already transitioned to NDIS or about to, have been so willing to share their knowledge and resources so we all learn from each other. The Board is confident that NDCH is well placed when this transition occurs in January with a lot of great work done already, including the recent appointment of a NDIS Transition Co-ordinator. The role of the co-ordinator is to support community members with any questions they may have, linking them to the most appropriate supports, whether they be at NDCH or another agency, allowing them choice over their care, which is one of the fundamental ideas of the NDIS.

For some time the building standard of the Pyramid Hill site has caused some concern. Discussions have taken place with Loddon Shire expressing our concerns and exploring how we might be able to provide a better service to the Pyramid Hill community as well as appropriate spaces for other partners who visit our Pyramid Hill site. This is still progressing now and we will continue to work with our partners and Pyramid Hill community to find solutions to the issue.

Our relationships within our community are extremely important to us. A highlight last year was when the Kerang Turf Club and very generously donated funds raised on Melbourne Cup day to NDCH. This was so very much appreciated as it allowed us to put these funds back into providing services to our community. The Turf Club asked that we use the funds towards mental health programs and services and so we have made sure this is how the money has been used, including funding education for community members to be trained in applying mental health first aid to people in crisis or suffering from a mental illness.

I wish to thank my fellow Board Directors who have contributed to NDCH with robust, honest input to good decision making for an organisation we are deeply passionate about and committed to. We thank our executive team and the broader NDCH team. We are truly proud of your contribution to an organisation we are privileged to be part of.

NDCH BOARD 2017/2018

Merril Kelly (Chair)
Sandra Fry (Vice Chair)
Margaret Piccoli (Treasurer)
Charlie Gillingham
Anne Lethlean
Meghan Stewart
Tom O'Reilly (Resigned 2018)

CEO'S REPORT

BY MANDY HUTCHINSON

I am very proud to be part of the great team we have at Northern District Community Health. As I approach my first anniversary in the role of CEO, we have a lot to celebrate!

NDCH is committed to providing a suite of health services to our community. We are also committed to ensuring these services are provided using a placed based approach, whether it be in each of the five NDCH sites, any of our many other shared spaces across all communities, or in a community member's home. With the support of our Board we will continue to advocate to ensure that our small rural communities continue to receive equity of access to health services. This is an ongoing challenge given the current funding models have economic measures and population base at their heart.

SERVICES TO THE COMMUNITY

It has been a jam packed year! NDCH's large and comprehensive suite of services continue to provide person centred, inclusive and quality support to people in our communities.

Our health promotion team have been devoted to promoting important community health issues, of which the following events have been highlights of the year, mostly planned and executed in partnership with our wonderful Gannawarra Local Agency Meeting (GLAM) and Loddon partners: Gannawarra Goes Orange, Reconciliation Week (featuring our wonderful Typien Kwe group), Wear it Purple, Marriage Equality celebrations, A House is not a Home, Café Smart, I Stand With Community Health, and 4 Pillars – future proofing the Murray medical workforce.

Our nursing team continues to develop skills to better support some of the chronic health issues facing our communities with focussed work on health assessments, diabetes, dementia, continence and sexual and reproductive health. This is in addition to the great community health nursing and Nurse Practitioner services provided to the communities of Pyramid Hill and Quambatook and in Kerang through our Medical Clinic.

Our allied health and community support teams continue to provide critical 1:1 support where our skilled professional team demonstrates respect and an inclusive practice to some of the most vulnerable in our community.

We have been listening to the community and trying to address any gaps in rural health services, and so we have been thrilled to add new services this year including a Physiotherapist, Credentialled Mental Health Nurse, NDIS Transition Coordinator and our Healthy Hearts and Lungs program.

We also celebrate the journey we have been on regarding the medical workforce. We thank the many locums who have visited our clinic and in particular Doctors Lindsay and Dianne Sherriff for giving us 6 months of their time, giving us the opportunity to strengthen the clinic's workforce.

We have also been leading the advocacy for the Murray Medical Workforce- a partnership with local health services and peak medical support agencies - which is starting to receive some positive action, which is exciting. The fragility of the medical pathway cannot be underestimated and we need to future proof it so that small communities are not left without services. We wish to thank the community for being on the journey with us and for supporting our creative ways of drawing attention to this critical issue.

QUALITY ACCREDITATION

We have increased the focus on continuous quality improvement and compliance as we continue to be required to measure against an ever growing list of standards, especially as we move into the NDIS space. We have appointed a Quality & Compliance Coordinator to strengthen our quality systems and give us a more focussed plan towards accreditation later in 2018 and early 2019.

CELEBRATIONS

Board Chair Merril Kelly and I attended the Wurreker Awards in October 2017. We received beautiful certificates as finalist for the Community Based Employee Award- Lloyd Murray; and finalist for community based employer award- NDCH.

NDCH was grateful for being the recipient for the Kerang Turf Club's Melbourne Cup Day event and we received $9000 to put towards supporting mental health.

LEARNING COMMUNITY

This year, all levels of our organisation worked together to build and implement a defined workplace culture that has at its heart a commitment to our staff. At NDCH each staff member is valued for what they bring to the team, we each support the other to be the best they can be and we will be transparent and take responsibility for ourselves.

We are a learning community and together we have provided the Child Safe Standards training to all staff and some Board members, attended LGBTIQ+ training, and provided countless other training and development opportunities to our staff.

NDCH has also facilitated the development of the Gannawarra Professionals Network together with Gannawarra Shire Council– a group dedicated to: Connecting - people with each other & the community, Linking – people with community groups, activities & interests and Networking – with other professionals.
We also facilitated the inaugural Gannawarra GP Forum together with the Murray Primary Health Network, with a focus on mental health.

Further, the Board decided to offer a Rural Scholarship to students completing their secondary studies in 2018, demonstrating a commitment to the next generation.

THE FUTURE

Even as we reflect on all that has been accomplished, our focus is firmly on the future. NDCH has embraced change and prepared the organisation for unprecedented health-sector reforms, whilst maintaining a strong emphasis on delivering quality services based on a social model of health.

We could not do this without our dedicated Board members, led by the wise Merril Kelly. Our Board's support for the service, and to me during my first year, has been unwavering and allows our team to rise to meet all challenges. Thank you for your time, commitment and wisdom.

I also wish to acknowledge our executive team, Alexia and Brad; our leadership team, Tanya, Jenny, Jacqui, Helen, Anna, Jodi, Meryl and Matt - your support, deep thinking and guidance has been and will continue to be embraced and enjoyed.

We will continue to safeguard NDCH as a trusted place – a place where staff, clients and the community feel safe and are celebrated for who they are. Our staff remain passionate about the work we do and the communities we partner with.

The future is looking bright!

PROGRAMS & SERVICES

BY ALEXIA STEPHENS
GENERAL MANAGER, PROGRAMS & SERVICES

This year has been another year full of activity within all the communities we cover in the Gannawarra Shire and the northern end of the Loddon Shire.

Many of our programs and services now extend out past these once traditional boundaries for NDCH, into southern Loddon and Buloke Shires.

NDCH works in partnership with many established and new organisations to bring a more sustainable and productive service to our community members. This year has seen the ongoing work in Gannawarra Shire through the Gannawarra Local Agency Meeting (GLAM) and, in Loddon Shire, the Living Well in Loddon, Loddon Community Wellbeing Network. These partnerships have seen significant progress on the Victorian Health Priority Areas, including: Supporting Mental Health, Reducing Drugs and Alcohol (including smoking), Preventing Family Violence, Supporting Sexual and Reproductive Health, and Healthy Eating and Active Living, to empower people to achieve the best health outcomes.

Other newer partnerships have developed and consolidated over 2018, including the Buloke Loddon Gannawarra Health Services Executive Network. Work that began in 2017 in this group has grown to enable collaborative group funding applications to the Murray Primary Health Network (PHN) to support Healthy Hearts & Lungs, Stepped Care in Mental Health and the Alcohol and Other Drug Supportive Care Program. These programs have been a welcome inclusion to our current suite of community health-based programs and have come about through us listening to our communities, our own staff and our partner agencies to get a thorough understanding of the much needed supports in our communities.

This year saw the second year of operation of the NDCH Medical Clinic. While recruitment of any staff member is complicated it has been evident again that securing General Practitioners remains the most difficult. The Medical Clinic has maintained an extremely high standard of care despite all the challenges that have presented themselves this year, including a period of time with with locum GPs, changing clinic staff and a constant expectation, from all at NDCH, to deliver the very best of care for our clients/patients.

This year we have been able to extend some staff to work in both the community health area as well as the Medical Clinic. This has included a Physiotherapist, Registered Nurses and a Nurse Practitioner working over more than one site, including regular Nurse Practitioner clinics in Quambatook and Pyramid Hill. This approach has enabled continuity of care and an understanding of the broader health impacts for community members that was not available before.

We will be supporting this type of transdisciplinary care into the future as we look for more opportunities to care for people close to where they live.

This year we adopted a new workplace culture that was developed with consultation with the Board of Directors, Executive Team, Leadership Team and staff. This new articulated culture has enabled us to work in a way that we can support staff to achieve positive results every day as we know clearly the behaviours and activities that are expected of us all. Staff have embraced this new culture as a way to work well together but to also support each other when their work becomes challenging. The culture supports staff to be action based, reflective and experimental, which is evident in the development of a new intake system for the Community Support Team to better manage referrals, waiting lists and staff workloads.

We have much to be proud of this year with the establishment and the expansion of new and existing programs and services. 2018 has been an action packed year but nothing short of what our communities expect and deserve from their local health care services.

Next year the wins and the challenges will continue as delivering health care in a rural area is never static and with changes such as the roll out of the National Disability Insurance Scheme in the Gannawarra Shire from 1st January 2019 we look forward to another exciting year ahead.

Thank you to the NDCH Board for their dedicated oversight and guidance, and the other two thirds of our Executive Team Mandy and Brad together with whom we have created a workplace where we all can contribute and support people but also challenge the status quo.

To all NDCH staff, thank you for your hard work and commitment every day. And to our community members thank you for ensuring NDCH is delivering care that is informed by local community voices.

CORPORATE SERVICES

BY BRAD TARR
GENERAL MANAGER, CORPORATE SERVICES

This past year has been one of incredible challenges and phenomenal successes.

It has meant many of us have had to step out of our comfort zones to recruit health professionals, including GPs (viral YouTube video, anyone?), and embrace the changes and challenges that the ever changing world of health brings with it.

Our financial management systems, including budgeting, reporting, risk management and planning, continue to function despite the ongoing stagnancy of funding dollars. We could not do the work we do across our region without the funding from many varied funding bodies. However, it must be said, that maintaining the range of services we provide into our communities does not come without its challenges when the cost of providing services is ever increasing, but the funding in many cases remains the same. We also strive to make our fees as low as we can and include a waiver clause for people in financial hardship.

To get around these challenges, we continuously look for new funding opportunities and advocate for increased funding from government departments. This year we actively participated in the "Stand Up for Community Health" campaign through the Victorian Healthcare Association, appealing to whatever party wins the Victorian state election in November to seriously invest in community health as a fundamental part of the overall health system. This includes:

- New community health centres where the public need them;
- $60 million every year to improve outdated facilities;
- Better leveraging community health to reduce pressure on Victoria's public hospital emergency departments;
- Support for community health services to provide an even stronger health safety net for vulnerable Victorians;
- Increased public dental funding, so people can access care when they need it; and
- Increased funding to enable community health services to keep pace with a growing population.

We have been very lucky to receive some generous donations this past year, including the significant donation from the Kerang Turf Club from their Melbourne Cup Charity Luncheon, which has gone into funding programs and services to support mental health in our area. There has also been donations from private people and some community groups, which is fantastic.

We have been able to bring new desperately needed services into our area this year. The Credentialled Mental Health Nursing service, provides a stepped model of therapeutic care for clients with mental health needs.

With all the changes and demands that must be managed when they arise, there are still countless essential functions that must occur every day in the corporate world of NDCH. I am lucky to have a team of dedicated staff I can rely on to make sure these things continue to take place as we deal with the thrills and (not so often) spills of running a rural health service with more than 65 staff across such a large area.

This year we re-structured our teams a little to better support some of our essential functions across the organisation, particularly our continuous quality improvement systems. Matthew Barker was our Corporate & Quality Team Leader, however with the demands on the organisation for accreditation and compliance, we needed to focus his time solely on that, creating the Quality & Compliance Coordinator role, which sits at the Team Leader level and coordinates the governance work of the agency. Jodi Condely stepped into the Team Leader role, changing that team to the Customer Engagement Team. In the clinic, with Tim's leaving the practice, Meryl Metcalfe successfully applied for the Practice Coordinator role, taking on the role of Clinic Team Leader. Both Jodi and Meryl have many years of experience at NDCH and/or in the Clinic and I thank them for stepping up and for their work already.

Thank you, also, to Mandy and Alexia with whom we make up NDCH's Executive Team. With the support and input of our incredible Board of Directors, we are able to negotiate the shifts and challenges in the rural health service landscape with innovation, courage and confidence.

NDCH is a strong, comprehensive primary health service provider across a large rural area that increases, especially as we shift into NDIS and commit to reaching the most vulnerable in our communities. The work we have done over the last two years, with Greg Little as CEO before he took on that role at Grampian's Community Health, and now Mandy Hutchinson as CEO, we look forward with excitement to a bright future with much to celebrate.

ALLIED HEALTH

BY JACQUI MINNIS
TEAM LEADER, ALLIED HEALTH

Allied health is an extremely rewarding field for all of our team members. Here are just a few of the highlights for us over the past year…

PHYSIOTHERAPY by Preet

Assisted a 40 year old client with back pain from a damaged disc and referred pain with return to work through a combination of education, manual therapy and exercise prescription. The client no longer experiences referred pain and has strategies in place for the management of back pain.

OCCUPATIONAL THERAPY by Chris

Had a client that lives alone and had been having falls in her bathroom when trying to get in and out of her shower over bath. She had lost a lot of confidence and was no longer showering herself. A personal carer was coming to supervise her showers in case she fell, but she wanted to get back to showering independently. Helped her trial and purchase a bath transfer bench to sit over her bath. She has now regained her confidence and is now able to shower herself again independently.

OCCUPATIONAL THERAPY by Denise

I have been working with a client where her main mode of transport is with a powered wheelchair. As a passenger in a vehicle, she was feeling unsafe when transferring into/out of her 4WD. We successfully trialled a door mounted lifter, and she can now transfer from her wheelchair with the hoist into the car, with the assistance of her husband. She reports that she feels much safer and is now not afraid of falling.

DIABETES EDUCATION by Angela

Royal Flying Doctor Service Telehealth Endocrinology teaming up with NDCH has opened up options for the community to access specialist service, with the support of the Diabetes Nurse Educator. It is gratifying to hear and see people with diabetes speaking about their good health outcomes. We are seeing significant improvement in diabetes management with education, support and access to new therapies. One such success story direct from a client….

“Being able to access not just NDCH services but my Endocrinologist without having to travel 100’s of km is amazing. Also having video chat allowed me to be able to see the excitement on both my Diabetes educators and Endocrinologist faces as I lost weight and lowered my insulin. So what would have been on overnight trip each Dr appointment per month is just a quick trip away. Thanks.“

PODIATRY by Jack

Healed a client that had a chronic ulcer for 2 years. He came for care fortnightly, travelling 45 minutes, and having to applying dressing everyday over this time. It was really interfering with his work, the lack of progress, regular GP appointments, specialist reviews in Bendigo was frustrating for all of us. The ulcer is now is resolved and he attends NDCH every 3 months for monitoring with no other appointment or care required, avoiding hospitalisation or amputation. Very satisfying outcome.

PODIATRY by Brandon

Saw a Teenage boy that had over 5 years of pain in his feet with no improvement after countless different treatments and appointments. After attending NDCH Podiatry he was given a few exercises, orthotics and changed his shoes which resulted in having pain free feet just 6 weeks later! He got back to playing Football and even won the Grand Final at the end of the season.

SPEECH PATHOLOGY by Jacqui and DIETETICS by Leesa

We have had the opportunity to work collaboratively with pre-schoolers who are fussy eaters for various reasons. One child has had tonsillitis on and off for several years making it painful and scary to eat. We have together been trialling different textures of foods and exploring different foods that has shown her ability to eat more and try new foods. By advocating on her behalf, she has been able to see a new specialist and have her tonsils and adenoids removed. After just a couple of weeks she continues to eat more and has more energy and emotional resilience.


KSHAKES
SMOOTHIES
OCOLATE
MANGO
RASPBERRY
ANILLA
BERRY
TRAWBERRY
OFFEE
ARAMEL
ATE
BANANA
SIGN UP YOUR CAFE
03.08.18

MEDICAL CLINIC

BY MERYL METCALFE
TEAM LEADER, MEDICAL CLINIC

We have had a challenging year in the clinic yet with the huge support from the Board, CEO, Executive Committee and Staff we have continued to provide the community of Kerang and outlying districts with Doctors and a very high standard and continuity of healthcare.

As Dr Graeme Wood and Drs Lindsay & Dianne Sherriff retired from the clinic, the recruitment of new Doctors to a rural area became an exhausting and time consuming exercise for Mandy and her Executive Team. A very successful media campaign, including our “We Want a GP” video highlighting the problems of recruitment certainly raised our profile and took the issue of doctor shortages in rural areas to the whole country. From all of this support and hard work the clinic will have four GPs by November as well as Yvonne Fabry our Nurse Practitioner.

The clinic continues to offer numerous health services to all patients and is establishing Chronic Disease Management plans, Health Assessments and Care Plans to help provide good health outcomes and referral pathways to maintain better health.

The joining of the clinic and the diversity of allied health services all under the banner of Northern District Community Health has meant our staff, patients and community, despite the challenges throughout the year, have optimism and a commitment to providing health services to all who need our services.

Thank you to everyone.

COMMUNITY SUPPORT

BY ANNA BEAMISH & HELEN MCKAY
TEAM LEADERS, COMMUNITY SUPPORT

Rural Withdrawal Nursing continues supporting people to change their drug or alcohol misuse for better health, through the withdrawal process including external referrals for holistic care. In addition the team provides support for families experiencing issues with alcohol and other drugs.

The Mental Health Carers Support Program has faced the challenge of helping clients and their families prepare for the transition to NDIS or accessing My Aged Care. The program places emphasis on self-care and putting additional supports in place for the long term after it finishes in June 2019.

‘AWARENESS’ has been the 2018 theme for the Specialist Homelessness Service, engaging our region in learning about our homeless population. The Murray Street Project, Winter Drive, CafeSmart Day, A Couch Is Not A Home, and the Summer Drive have together generated community participation and increased knowledge of our vulnerable people and those at risk.

Two new and exciting programs were introduced in 2018 – Primary Mental Health Clinical Care and Psychological Treatment Services. Both provide ongoing mental health support to those in the community who have difficulty accessing services due to low income, living in a rural or remote area, as well as other hard to reach groups.

Our Counsellors provide counselling support for individuals with Generalist or Alcohol and other Drug (AOD) issues. This service is available across Gannawarra, Loddon and Buloke Shires.

Partners in Recovery offers individual and group support for clients wanting to increase their capacity and reach personal recovery goals. Clients with mental health alongside their Partners in Recovery worker aim to achieve a life that is meaningful to them. The service engages external organisations wherever possible to provide the best holistic opportunities for the client.

CUSTOMER ENGAGEMENT TEAM

BY JODI CONDELY
TEAM LEADER, CUSTOMER ENGAGEMENT

Another great year of achievements and highlights for the Customer Engagement Team.

We have seen the introduction of myself as New Team Leader, with thanks to Matt for his guidance and commitment to our team and wish him all the best in his new role. We participated in the very entertaining YouTube video “We Want a GP” with everyone looking very professional in our new uniforms.

We now have a monthly newsletter, and are making appointments for new or expanded services including a Diabetes/Cardiac Rehab Nurse, Continence Nurse and a Mental Health Nurse, as well as a Physiotherapist working between Community Health and the Clinic.

This year the Customer Engagement team completed the transfer of over 24,000 documents to our new client management system: what a great achievement from everyone. The team participated in a number of professional development opportunities this year including CPR and Child Safe Standards.

I would like to thank my Team for their commitment to the organisation, especially the extra help backfilling without question when needed throughout the year. Looking forward to the year ahead as we continue our focus and commitment to our clients – our community.

> “Receptionist was excellent, smile, friendly, welcoming. Podiatrist was also excellent, could not have been better!”
>
> Client Satisfaction Survey Result


LGBTI
Equality
Roadshow
www.engage.vic.gov.au/lgbti
VICTORIA
State
Government

We want a GP

17K views

NURSING TEAM

BY JENNY BRERETON
TEAM LEADER, NURSING

The nursing team consists of 11 nurses, being a mix of Registered and Enrolled Nurses and one Nurse Practitioner, all of whom work part time.

Many of the Registered Nurses work across both Community Health Nursing and Practice Nursing in our medical clinic. This past year has been one of both challenging and exciting changes in the Nursing team. There have been many new roles developed & services implemented in line with community need, such as the Continence Support Nurse, Diabetes Resource Nurse, Cardiac Rehabilitation Intake Nurse and supporting the “GPs in Schools” program.

Our Nurse Practioner Yvonne works across both our Community Health clinics at Pyramid Hill and Quambatook, as well as in the Medical Clinic. The Nurse Practitioner role is an advanced nursing role offering many services such as general consults, repeat scripts, prescribing some medications, ordering pathology requests, various investigations, referrals, women’s health including cervical screening. Yvonne also runs a Women’s Health clinic in Cohuna.

Our Pyramid Hill clinic is open Monday to Friday and in Quambatook, we’re open Tuesdays & Fridays, with Yvonne in Quambatook of a Thursday afternoon. We have a “drop in” clinic time between 9-10am and by appointment outside of these times.

We do home visits throughout the day at a time suitable for the client. Various services are provided such as pathology collection (e.g. blood tests), wound care, checking vital signs such as blood pressure monitoring, hospital discharge follow-up, injections (excluding vaccinations), general advice and coordination of care such as referral for aged assessment and “My Aged Care” referrals.

Our team of Practice Nurses work alongside our GPs Monday to Friday, providing services such as wound care, ECGs, 24hr Holter monitoring, 24hr BP monitoring, vaccinations & injections, Spirometry (lung function test), ear syringing, ABI (ankle Brachial index test) and assisting with procedures such as excisions of lumps and bumps and venesections. We also assist with referrals as required such as Aged Care Assessments, Allied Health referrals and complete Health Assessments and individualised Care Plans in collaboration with a patient’s GP according to their needs. Right across all our sites we can assist and inform people and their families/carers in Advanced Care Planning (ACP).

All of our nurses have many years of experience, are highly skilled, dedicated and caring. We take on a holistic/individualised approach to care, will respect you, advocate for you, be accessible to you and will coordinate care guided by your own wishes.

As the Nursing Team leader, I feel extremely fortunate, supported, reassured and proud to work with such a wonderful team of nurses who are selfless and passionate in the care of their clients.

HEALTH PROMOTION

BY TANYA MAHER-TOOSE
TEAM LEADER, HEALTH PROMOTION

4 Things Worth Knowing About the Health Promotion Team...

Why is Health Promotion Important?

NDCH Health Promotion work is vital as it focuses on the prevention of illness and the promotion of health and wellbeing, as well as intervening early when health issues arise.

How Do We Decide What We Focus On?

We are informed by our community, our partners, our staff and government priorities. We also consider the community data available to us on health and wellbeing issues. We focus our work on important health issues such as getting enough physical activity or mental health and wellbeing. Or we look at important groups in our community like Aboriginal Children and their families, through specific programs like Tyipen Kwe and Kethawil Pembengguk.

As an example, we may look at the amount of fruit and vegetables local children eat each day to see how our community is fairing around meeting the daily recommended serves. We know that eating fruit and vegetables is an important measure for health and wellbeing, chronic disease prevention, good oral health and that it supports healthy learning and growth. Another example is that we may look at public spaces in the region that support community members to be more physically active and support strategies so that these spaces are user friendly, safe and shaded.

How Do We Do Our Work?

Health Education - so that the community can receive the right information to improve their health, increase their knowledge and understanding, and make more informed choices about their health.

Informing Policies - so that community members have ongoing opportunities to live well.

In Partnership - working with others. Together we do better, in our communities, with our communities, for our communities.

Environments for Health - we advocate for communities that are safe, stimulating, satisfying and enjoyable.

Our programs include:

Our funded programs include the Aboriginal Children and Families Program, Health Promotion Program, FReeZA and R YOU IN?, ENGAGE , School Focused Youth Service Program, Loddon/Gannawarra Healthy Hearts and Lungs, and Smiles 4 Miles.

Our staff:

Jim Hirst, Tanya Maher-Toose, Emily Wood, Justine Farley, Anna Beamish, Gwenda Bott, Lloyd Murray, Casey Hancock.

STAFF PROFILE

NAME: YVONNE FABRY
POSITION: NURSE PRACTITIONER

Time with NDCH:
14 months, but was with NDCH for 7 years previously as a Community Health Nurse in Quambatook prior to becoming a Nurse Practitioner.

What is your background?
I have been a nurse for 39 years including as a Midwife, Nurse Practitioner, and Maternal & Child Health Nurse. I have a background in all areas of nursing including administration (accreditation role), theatre, oncology and community health nursing.

What is the role of a Nurse Practitioner with NDCH?
To treat clients in the primary care setting, to liaise with GPs about patients and to refer when their condition is out of my scope. I can refer to specialists and order pathology and diagnostic tests. I am able to treat clients and assist in the management of chronic disease in collaboration with GPs. I am also credentialed in cervical screening. As a midwife and maternal and child health nurse I am well placed to focus on women's health checks.

What do you see as the biggest obstacles for our clients in the community?
Access to specialist care, however this is improving with telehealth – something NDCH is a big part of – and waiting times for surgery for patients without private health cover. Also, mental health services in our rural area needs more resources.

What are the biggest challenges to you and your team in your day to day work?
Nurse Practitioner is a very challenging role. Probably my biggest challenge is when I am not able to order certain diagnostic tests that are required to manage a patient's condition. Also limited access to Medicare item numbers is frustrating in that we only have 4 item numbers as nurse practitioners, this makes it a challenge to keep the role financially viable. But NDCH, in advocating for our community, advocates that the Medicare item numbers available to Nurse Practitioners be expanded.

What does NDCH do to support your professional development?
NDCH is very supportive of me attending the National Conference in Canberra and other professional development days. This is so important to network with other Nurse Practitioners.

If you were offered the opportunity to make one change in our community, what would it be and why?
Given the demands on rural health and the burden of chronic disease I would love to see more Nurse Practitioners endorsed to help meet the health needs into the future. On a recreational level, and in this community, I would love to see an indoor pool and gym for the health benefits of the whole community.

"We value the great care given by our nurses and couldn't have the quality of life that we currently do if this service ceased. They are the lifeline of our aging town."

Client Satisfaction Survey Response

SERVICES & PROGRAMS

INCLUDING:

ALLIED HEALTH

- Occupational Therapy
- Speech Pathology
- Podiatry/Footcare
- Endocrinology Telehealth
- Diabetes Education
- Dietetics
- Life! Program
- Physiotherapy

COMMUNITY SUPPORT

- Alcohol & Other Drugs Counselling
- Drink Drug Drive Education
- Youth Counselling
- Drug & Alcohol Withdrawal
- Specialist Homelessness Service
- Partners in Recovery
- Mental Health Carers Support
- Smoking Cessation
- Dairy Support

COMMUNITY NURSING

NDCH MEDICAL CLINIC

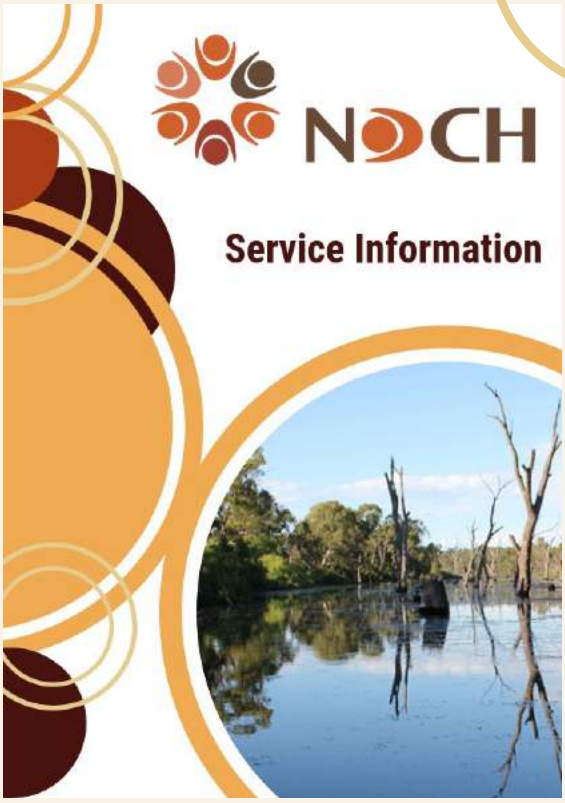
- GP Consulting
- Health Assessments
- GP Management Plans
- Medicals Specialist Referrals
- Practice Nursing
- Nurse Practioner
- Skin Lesion Biopsy/Excision/Cryotherapy
- Wound Management
- Immunisations
- Travel Vaccines
- Ear Wash/Clearance
- Spirometry
- Asthma Education & Management
- BP Monitoring

HEALTH PROMOTION

- Indigenous Children's Program
- Mental Health First Aid
- School Focussed Youth Service
- FReeZA
- Smiles 4 Miles

NDIS Registered Services

- Occupational Therapy
- Community Nursing Care
- Podiatrist
- Dietitian
- Speech Pathology
- Nursing
- Physiotherapy
- Early Childhood Supports
- Support Coordination



FUNDING

A wide range of funding agreements and partnerships help us to provide the programs and services we do. Each of these is planned, funded and evaluated to meet the requirements of the funding body and the needs of the community.

NDCH acknowledges the support of the Victorian Government. NDCH is supported by funding from the Victorian Government under the HACC program.

NDCH is supported by the Australian Government Department of Health.*

*Although funding for this nursing and allied health service has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Community & Women's Health Program, Alcohol & Drug Program, Home & Community Care, Specialist Homelessness Service, Dairy Support, FReeZA

DEPARTMENT OF HEALTH
Commonwealth Home Support Program, Substance Misuse Delivery Grants Fund – Rural Withdrawal Program

DEPARTMENT OF THE PRIME MINISTER & CABINET
Children & Schooling Program – Kethawil Pembenguuk, Many Children Project

DEPARTMENT OF THE PRIME MINISTER & CABINET
Children & Schooling Program – Kethawil Pembenguuk, Many Children Project

MURRAY PRIMARY HEALTH NETWORK
Primary Health Services Program, Partners in Recovery Program (PIR) – Loddon Mallee Murray, Primary Mental Health Program, Chronic Disease Management Program.

BENDIGO HEALTH GROUP
Mental Health Carers Support Program

DEPARTMENT OF EDUCATION & TRAINING
School Focussed Youth Service
Engage Program

DIABETES AUSTRALIA - VICTORIA
Life! Program

BENDIGO COMMUNITY HEALTH SERVICE
AOD Community Alliance

GANNAWARRA SHIRE COUNCIL
Children & Youth Strategy – Engage Program

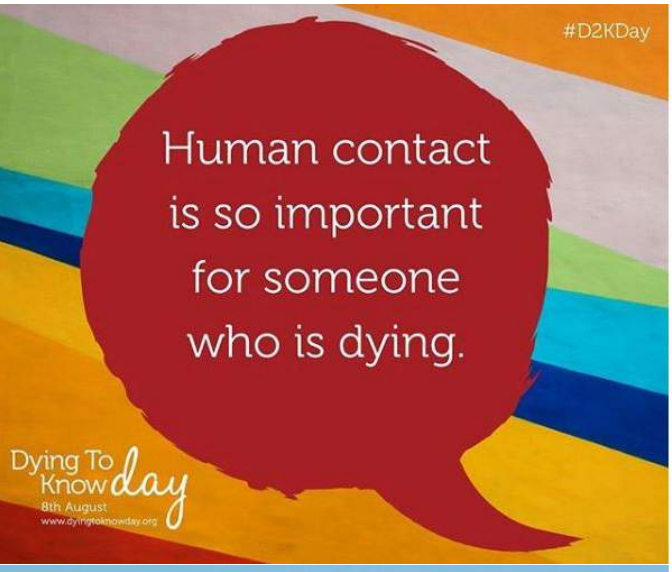
DENTAL HEALTH SERVICES VICTORIA
Smiles 4 Miles – Oral Health Promotion Program

NDCH is a registered charity.

SOCIAL MEDIA

HAVE YOU FOUND US ON FACEBOOK - TWITTER - INSTAGRAM

Over the past year we made an effort to reach more people across social media.



ndchvic • Following

ndchvic A pearl of wisdom on this Dying to Know Day 2018. #D2KDay2018

www.dyingtoknow.org

#NDCH - your first port of call in the pursuit of good health!

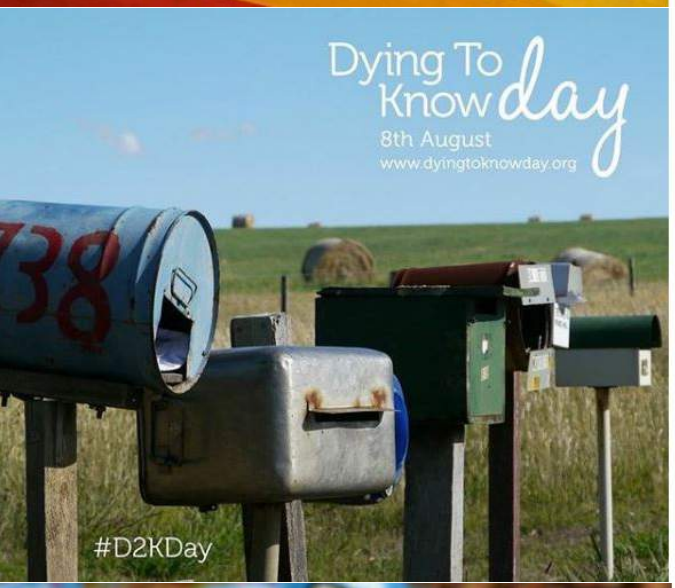
12 likes

6 DAYS AGO

Add a comment...

74%

People Reached on Facebook



ndchvic • Following

ndchvic Does your family know what your wishes are for how you want to die and for what happens with your 'stuff'? That you don't want Aunt Betty to get your stamp collection, but your nephew Edwin can have your vintage 1956 matchbox car. Maybe it's time to let them know?
Here's a good place to start getting your things in order.
http://www.dyingtoknowday.org/walkthetalk/

hoggfarmlakecharm @thesugarologist

matthew_barker_writer likes this

6 DAYS AGO

Add a comment...

34%

Facebook Page Likes

ndchvic • Following

matthew_barker_writer, cohealth_ch, glch1975, bradwolski and acacia6843 like this

NOVEMBER 15, 2017

22,655

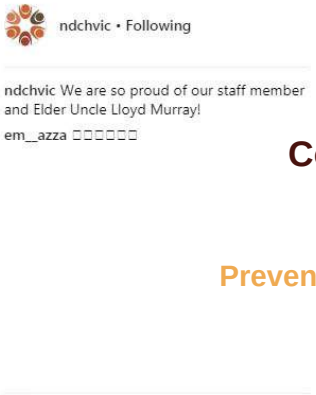
Most people reached by a single post on Facebook.

December 2017 - GP Job Ad
Unpaid Advertisement

4,075

people reached by a single post on Facebook that was not a job ad.

7 Women's Health Night in Cohuna
Unpaid Advertisement



"I would be lost without it. We need it in Pyramid Hill."

Client Satisfaction Survey Result

NDIS
Pyramid Hill Filipino Community
Codeine Medications
Men's Health Week
Hepatitis A
IDAHOBIT Day
World Oral Health Day
Prevention of Family Violence
FLU
St Vinnie's Winter Drive
Mallee Regional Partnerships
Cervical Screenings
Commonwealth Games
Queen's Baton Relay
LGBT
Living in a Digital World
Roadshow
Harmony Day 2018
Cost of Alcohol Consumption
Daily Physical Activity
Heat Related Illness
Speech Pathology Australia National Conference
Passing of Marriage Equality Legislation
CPR
GP Recruitment
Women's Health Nurse Practitioner
Physiotherapy Services
Hand Rail at Cohuna Site
Dementia Education Sesions
Take the Oath (Prevention of Family Violence)
International Women's Day
Jean Hailes Online Survey
Severe Weather Warnings
Life! Program
Royal Flying Doctors Service Dental Clinic
Flood Water Safety
Murray PHN
Gannawarra Goes Orange
Carbon Monoxide Poisoning
VHA Conference
Motor Neurone Disease
R U OK Day?
Australian Hearing Bus
Gannawarra Professionals Network
CafeSmart Day
Community Health
Ride 4 Life
Kick Start Hospitality Program
Mental Health Week
Nursing
Homelessness

NDCH POSTS ON SOCIAL MEDIA

LGBTIQ+ Support During Marriage Equality Plebiscide
Extreme Temperatures
Giving Up Smoking
Dr Wood's Retirement
Healthy Eating for our Kids Session
Breast Screen Victoria's Mobile Screening Service
We Want a GP
Mental Health First Aid for the Suicidal Person
The Invisible Farmer Project
Online GP Appointments
HART - Stories of the Stolen Generations
Esther Kirby's Queens Birthday Honours
Reconciliation Week

Family Relationship Support
National Child Protection Week
Marriage Equality
White Ribbon STOP Kit
NDCH Newsletter
Kerang Turf Club Charity Luncheon
VAEAI Wurreker Awards
National Day Against Bullying & Violence
World Continence Week
SMS GP Appointment Reminders
Zero Discrimination Day

MONEY MATTERS

	2018	2017
Revenue	6,106,446	5,148,159
Employee benefits expense	(3,492,406)	(3,096,005)
Program costs	(1,503,156)	(1,098,256)
Impairment Losses	(635,000)	-
Advertising and promotion	(26,671)	(12,925)
Occupancy and associated costs	(116,321)	(119,829)
Depreciation and amortisation expense	(228,624)	(202,577)
General administration expenses	(394,693)	(347,645)
Share of losses of associates and joint ventures	(6,136)	6,040
Surplus / (deficit) before income tax	**(296,561)**	**276,962**
Income tax expense	**(296,561)**	**276,962**
Surplus / (deficit) for the year		
Other comprehensive income	**(296,561)**	**276,962**
Total comprehensive income for the year		

ASSETS	2018	2017
CURRENT ASSETS		
Current Assets		
Cash and cash equivalents	1,254,801	1,016,139
Trade and other receivables	128,265	79,835
TOTAL CURRENT ASSETS	**1,383,066**	**1,095,974**
NON-CURRENT ASSETS		
Property, plant and equipment	3,398,076	3,478,656
Goodwill	-	635,000
Investments accounted for using the equity method	84,801	86,706
TOTAL NON-CURRENT ASSETS	**3,482,877**	**4,200,362**
TOTAL ASSETS	**4,865,943**	**5,296,336**
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	323,632	405,448
Borrowings	240,000	240,000
Provisions	667,343	537,948
TOTAL CURRENT LIABILITIES	**1,230,975**	**1,183,396**
NON-CURRENT LIABILITIES		
Borrowings	120,000	360,000
Provisions	173,012	114,423
TOTAL NON-CURRENT LIABILITIES	**293,012**	**474,423**
TOTAL LIABILITIES	**1,523,987**	**1,657,819**
NET ASSETS	**3,341,956**	**3,638,517**
EQUITY		
Accumulated surplus	3,341,956	3,638,517
TOTAL EQUITY	**3,341,956**	**3,638,517**

QUALITY
ACCOUNT

"Quality means doing it right when no one is looking"

Henry Ford

CONTENTS

Welcome to our 2018 Quality Account...

The purpose of this account is to share with our community information on our continuous quality improvement systems and the standards to which we are held as a community health service.

Copies of this account will be available at all our centres and on our website following the Annual General Meeting.

Please take a moment to fill out the very short survey on the back page to let us know what you thought of this report and how we could improve upon it in next year's report.

Internal auditing, feedback, complaints, accreditation, risk assessments, incident/hazard reports

HOW OUR CONTINUOUS QUALITY IMPROVEMENT SYSTEM WORKS

Review of the system and identifying what changes can be made to make things better.

Actions and people responsible for them put in our Continuous Quality Improvement Masterplan.

Actions put into place by those responsible.

Outcomes from actions checked to make sure they have been effective, or if there needs to be more.


GO
GRAND

THE 'A' WORD

BY MATTHEW BARKER
QUALITY & COMPLIANCE COORDINATOR

You might hear about a hospital, community health service, nursing home or other health service going through “accreditation”.

Most accreditation cycles are three yearly, but that doesn’t mean the work to make sure every ‘t’ is crossed and ‘i’ is dotted only happens every three years.

For us, accreditation is not a sprint, run in the few weeks or months before the auditors show up. It is a marathon, and a team one at that. It is something that happens every day of the week. In the past two years we have done a lot of work to strengthen our quality improvement systems, taking best practice resources and evidence based knowledge to place NDCH in a position where our systems and day to day provision of services stand up under close scrutiny.

There is always work to do and always areas we can improve on. The health services landscape is always changing and right across the industry we take knowledge from each other through partnerships and forums, learning from the experiences of other agencies whether they are within our service area or across the state or country. By being open to where we can make improvements and embracing the opportunity to make things better for our communities, we build a service that is robust and where people are proud to come to work, where people feel safe and secure in accessing services and putting their trust in us to look after their needs.

To strengthen our quality systems even further, we have started working on our NDCH Quality Governance Framework, which will define all our continuous quality improvement and compliance systems across the whole organisation and how each part of those systems links to another.

Another key goal of ours in strengthening our continuous quality improvement systems is to engage even further with our communities through community reference groups. We have already begun the groundwork to formalise existing community partnerships so we can easily and effectively tap into the lived experience of people living in our area and measure how what we are doing and what we are planning to do in the future fits with the needs of the community.

The NDIS is a massive change for us at NDCH, just as it is for anybody with a disability or developmental delay who may become a participant in the scheme. NDCH sits within what is known as a “thin market”, which basically means that the number of people who need services under the NDIS are fewer than in some other areas such as larger regional and metropolitan areas.

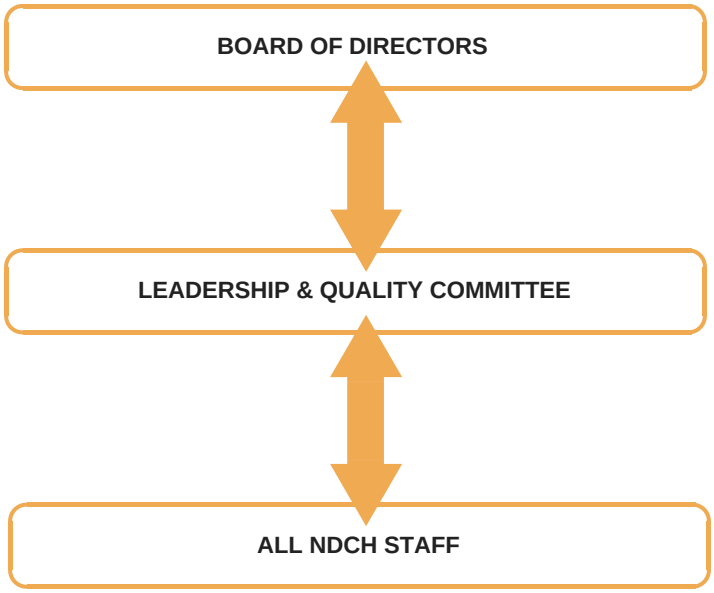
Each service area under the NDIS requires different levels of registration and accreditation, often increasing the burden of compliance significantly to such a point that some agencies are not registering to provide NDIS services. With the professional clinicians we have at NDCH, we have registered to provide a number of services that either build on what we already provide, or change the outlook altogether. The disability services area is a very particular field, as it should be given the vulnerability and specific needs of people living with disability and their carers/families.

To do this, we have committed to undertaking the recruitment, professional development and capacity building necessary to make sure these services are available across our service area. What it means for us is additional rounds of accreditation against national standards we have not been measured against before, including the Early Childhood Interventions Standards and the National Standards for Mental Health Services.

> “To err is human; to cover up is unforgiveable; and to fail to learn is inexcusable.”
>
> Professor
> Sir Liam Donaldson

LEADERSHIP & QUALITY COMMITTEE

In 2017, we merged our Quality Care Committee (QCC) and Leadership Committee into the Leadership & Quality Committee. As both committees covered a lot of the same ground and the Leadership Committee was made up of leaders from all NDCH Teams and the Executive Team, it meant that we could improve input from all areas into quality and compliance issues and reduce the number of meetings some staff had to attend, by placing the responsibility of the QCC with the Leadership Team.



MEETINGS & MEMBERS

The committee which meets at least once per month consists of:

Mandy Hutchinson – Chief Executive Officer
Alexia Stephens – General Manager, Programs & Services
Brad Tarr – General Manager, Corporate Services
Anna Beamish – Community Support Team Leader
Helen McKay – Community Support Team Leader
Jacqui Minnis – Allied Health Team Leader
Jenny Brereton – Nursing Team Leader
Jodi Condely – Customer Engagement Team Leader
Matthew Barker – Quality & Compliance Coordinator
Meryl Metcalfe – Clinic Team Leader
Tanya Maher-Toose – Health Promotion Team Leader

"Excellent service to the community"

Client Satisfaction Survey Result

ACCREDITATION

The burden on health services to continuously improve their quality systems and meet state and national standards is ever increasing. In early 2018 we appointed a Quality & Compliance Coordinator to strengthen our approach to the ever changing and often demanding world of quality improvement and compliance.

As we move into the NDIS space, this has also meant an increase in the standards against which we must be measured, adding the Early Childhood Intervention Standards for services provided to children under the age of 7 who have a disability or developmental delay.

NDCH is also working towards being in the strongest place possible to be accredited against the Rainbow Tick Standards, which recognises organisations for their commitment to safe and inclusive service delivery for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) people in our communities.

TRANSITIONING TO AGED CARE STANDARDS

Subject to parliamentary processes, the new single set of Aged Care Quality Standards will come into law later in 2018 with assessment and monitoring against these new standards commencing from 1 July 2019. This new range of standards will replace the Home Care Standards, which NDCH was accredited against in October 2017 and applied to Occupational Therapy, Pyramid Hill Nursing and half of our Podiatry services provided to clients aged 65+ (50+ for Aboriginal or Torres Strait Islander people).

In preparation to be reviewed against the new standards at some point after July 2019, appropriate NDCH staff are attending training provided by Australian Aged Care Quality Agency to get a better understanding of the new national standards and how we can make sure we meet them.

"I don't think I've ever been worried about the attention I've received here, it's always been excellent"

Client Satisfaction Survey Result

Australian Aged Care Quality Agency
Home Care Standards
18 out of 18 expected outcomes met.

OCTOBER 2017

Quality Innovation Performance
Quality Improvement Council Standards
93 criterion across 21 standards to be measured against
Human Services Standards
16 criterion across 5 standards to be measured against

OCTOBER 2018

Quality Innovation Performance
Royal Australian College of General Practitioners (RACGP) Standards
41 criterion across 15 standards to be measured against

NOVEMBER 2018

Quality Innovation Performance
Early Childhood Intervention Standards
13 criterion across 5 standards to be measured against.

FEBRUARY 2019

Australian Government
Australian Aged Care Quality Agency

Quality Improvement Council

AGPAL QUALITY IN PRACTICE

Quality Innovation Performance

COMPLAINT HANDLING STANDARDS CONSULTATION

NDCH has participated in the Health Complaints Commissioner's consultation with health service providers on the Complaint Handling Standards. This was a chance for us to inform the proposed standards, which should be released in draft later in 2018 for public feedback. The Health Complaints Commissioner is to whom a person's complaint can be taken if they are not happy with the way a health service has dealt with their complaint.

COMPLAINTS

As a health service we are required to adhere to the rules about not only giving clients/patients the chance to give us feedback, including complaints, but to invite and encourage it. And we do! We want to know when we've done something wrong or right or if you just have a suggestion. It all helps make sure we can be the best we can be every day for everybody.

As we expand into more service areas, including NDIS, our responsibilities about informing people about escalating their complaints also expands. For general health service complaints, complaints can be elevated to the Health Complaints Commissioner. For Aged Care Services it is the Aged Care Complaints Commissioner and for Early Childhood Services (NDIS) it's the Department of Education & Training.

How can you give us feedback or make a complaint?

- Personally
- Letter
- Email
- Phone
- NDCH Feedback Form
- NDCH Client Satisfaction Survey

We treat all feedback with the utmost privacy.

Victorian Healthcare Experience Survey

Each year, NDCH participates in the Victorian Healthcare Experience Survey (VHES). The VHES is run by Ipsos Australia for the Department of Health and Human Services and requires a minimum number of people to fill out the survey for us to get any data reported back to us on how we are doing.

So far, we have not had enough people volunteer to do the survey, which consists of 66 questions (you don't have to answer all of them if you don't want to).

So, if you want to help us out and fill in one of these surveys, drop in to one of our offices in October-November this year and ask for one of the white envelopes the survey comes in.

FEEDBACK

The NDCH Client Satisfaction Survey and Feedback Form are available in all sites and linked to our online profile.

This year, we have added or expanded on questions to collect more data, particularly around access and engagement. The questions:

- "Did you have any trouble getting to or into any of our buildings?" and
- "Do you feel we respected your culture and cultural identity?"

These were added to better meet the Human Services Standards:

- 1.2 – People exercise their rights and responsibilities;
- 2.1 – Services have a clear and accessible point of contact;
- 2.2 – Services are delivered in a fair, equitable and transparent manner; and
- 3.5 – Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury.

To better help people understand what we are referring to when we speak of "advocates" we added some additional information to the two questions referring to advocacy, using the terminology "support person" much as we have in our information resources. We have found that people do not always know what we mean by "advocate".

NDCH seeks feedback from our clients through a number of ways. Our Survey and Feedback Form are both available in all our sites and on our website every day of the year. At least once a year, we make an extra effort to gather feedback through our survey by directly asking a number of clients across all services to fill out a survey.

Our Feedback Form invites complaints, compliments and suggestions. It gives clients/patients the chance to get feedback from us, especially if there's something we can do better.
All feedback is collected and entered into a database so we can prepare reports to help in planning of programs and services, and to make sure we are continuously improving.

Reporting from client feedback is tabled at the Leadership & Quality Committee meetings and presented by Management to the Board of Directors. Official complaints are documented and managed according to procedure, which outlines how we as an organisation respond to the complaint.

NATIONAL RELAY SERVICE

Language Loop
Powering VITS

VITS
Let's talk

While we have not had a client or patient use the Victorian Interpreter Translation Services this past year, we encourage anybody who is deaf or has a hearing or speech impairment, or whose first language is not English, to use any of the services available.

OUR IMPROVEMENTS

100% of applicable survey respondents said we respected their culture and cultural identity.

100% of survey respondents felt their rights were respected, an improvement from 98% last year.

100% of survey respondents felt they were free to make their own choice about their care, an improvement from 96.5% last year.

97% of survey respondents felt their options were explained in a way they could understand, an improvement from 91% last year.

GETTING THERE...

83% of survey respondents said they were given information on making a complaint or giving feedback, an improvement from 76% last year.

77% of survey respondents said they were given information on accessing an advocate or bringing a support person, an improvement from 63% last year.

"You have all done a good job helping me and now I can make decisions on my own"

Client Satisfaction Survey Result

THINGS WE ARE GOING TO DO BETTER

88% of survey respondents said they were given information about their rights and responsibilities, a drop from 90% last year.

OUR WORKFORCE

VISION

Healthy, empowered and connected people in our rural community.

We are dedicated to supporting our community to feel great, with a particular interest in assisting those who are most vulverable.

MISSION

To provide an innovative, coordinated and quality experience to people in our community, which enables them to increase their control over maintaining or improving their health and wellbeing.

For us to achieve our mission we have the freedom to develop new ideas, whilst remaining responsible and accountable to each other and our funding bodies.

VALUES

We will be guided by the values of: Accessibility, Respect, Empowerment, Advocacy, Innovation, Integirty and Caring.

- We want to perform at a high level.
- We want to be the best we can be at what we do.
- We understand that sometimes we need to be aware of the context where we are working and what funding/guidelines we have to work with.
- We will endeavour to be creative and inclusive in all we do.

CULTURAL PLATFORMS

- Talented People
- Behaving in the Right Way
- A Clear Strategy and Plan of Action
- Supported by Good Systems and Processes
- Achieving Successful Outcomes

PROFESSIONAL DEVELOPMENT

Our strong professional development program has included a broad range of areas in which staff have up-skilled.

Training and skills development is planned through our continuous quality improvement system such as by external reviewers recommending we build skills in certain areas, and through staff reflecting on their achievements and opportunities for growth over the coming year.

Skin Integrity
Diabetes
Leadership
Nurse Practitioner
Speech Pathology
Life!Program
Alcohol & Other Drugs
Oral Health
Photography
Family Violence
Counselling
Physiotherapy
Podiatry
Asthma
Marketing
Defensive Driving
My Aged Care
First Aid
NDIS
Community
Youth
Child Safe Standards
Dietetics
LGBTI
Diabetes
Assessment
School Focussed
Youth Service
Education
Self Care
Food Handling
Diversity
Mental Health
Homelessness
Rural Communities
Cardiac Health
Dermatology
Occupational Therapy
Dementia
Chronic Pain

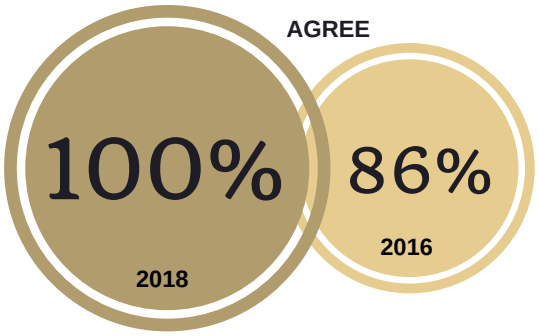
PEOPLE MATTER 2018

In 2018 we again participated in the People Matter Survey to seek feedback from staff on how we are doing as an organisation and a place to work.

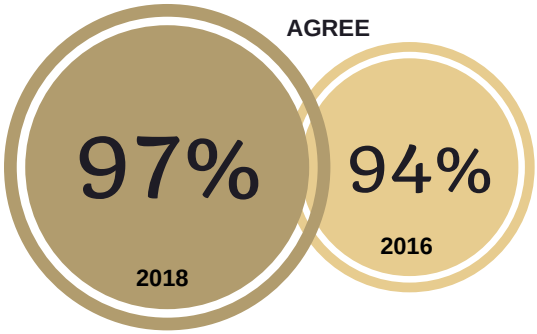
NDCH was not in the scope of the survey in 2017, so we are comparing to the 2016 results, which has shown great improvement across a number of areas. This confidential data will be used across the organisation to reflect on how we do things and find ways, where needed, to make any improvements.

The Executive Team, Team Leaders and Board will explore the results, discussing any actions with all staff so any successes and any improvements are owned by all.

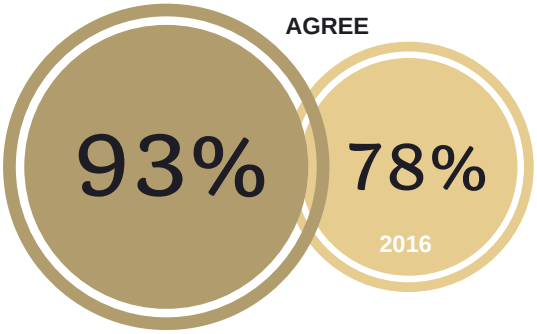
MY ORGANISATION ENCOURAGES EMPLOYEES TO ACT IN WAYS THAT ARE CONSISTENT WITH HUMAN RIGHTS



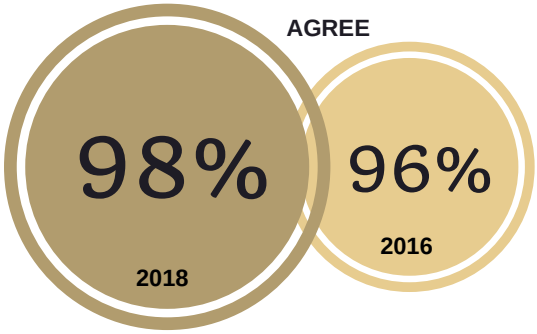
IN MY ORGANISATION, EARNING AND SUSTAINING A HIGH LEVEL OF PUBLIC TRUST IS SEEN AS IMPORTANT



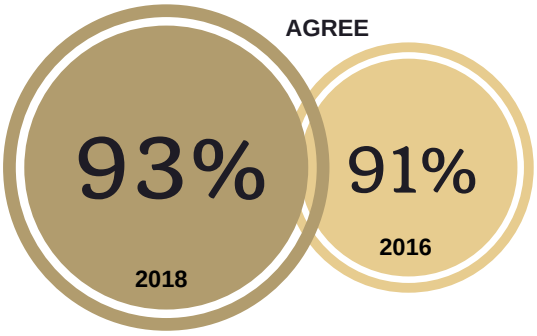
MY MANAGER IS COMMITTED TO ENSURING CLIENTS RECEIVE A HIGH STANDARD OF SERVICE



MY WORKGROUP IS COMMITTED TO ENSURING CLIENTS RECEIVE A HIGH STANDARD OF SERVICE



I AM ENCOURAGED BY MY COLLEAGUES TO REPORT ANY PATIENT SAFETY CONCERNS I HAVE



POLICIES

POLICIES REVIEWED AND/OR DEVELOPED THIS YEAR INCLUDE:

- **Intake, Assessment & Reassessment**
- **Person Centred Care & Care Planning**
- **Eligibility & Priority**
- **Referrals from and Visiting Clients in Hospitals**
- **Managing Difficult Behaviours Including Intoxication**
- **NDCH Fees Policy**
- **Emergency Client Financial Support**
- **Boundaries & Group Programs**
- **Medication Storage & Administration Policy**
- **Patient/Client Records**
- **Governance Policy & Terms of Reference**
- **Management of Risk**
- **Financial Management Policy**
- **Financial Reimbursement of Board Members**
- **Protected Disclosure Policy**
- **Continuous Quality Improvement & Education**
- **No Response Policy** (New policy developed from recommendation from Home Care Standards accreditation)
- **NDCH Codes of Professional Conduct & Ethics** (Expanded on to strengthen system in relation to Child Safe Standards)
- **Diversity Policy** (New policy developed after many months of consultation and research)
- **Data Breach Policy** (New policy developed from data security audit to meet Notifiable Data Breach (NBD) Scheme)
- **Conflict of Interest** (New policy developed to strengthen transparency and accountability and to complement NDCH Codes of Professional Conduct & Ethics)

POLICIES TO BE DEVELOPED OVER THE NEXT YEAR

A suite of policies, procedures and information on family violence including supporting employees who are experiencing family violence, protecting children, and family violence leave.

A suite of policies and procedures expanding on the outcomes of our data security audit and strengthening data security and information management systems at all levels of the organisation.

Over the next year, as our suite of policies and procedures will continue to grow, we will be researching and developing a more efficient system for our comprehensive policies.

Policies and procedures are essential to ensuring effective systems and processes, giving direction to people on how to do something, and providing the measure against which those systems and processes are checked.

THIS YEAR

- NDCH Climate Change Risk Assessment
- NDCH Business Continuity Plan
- NDCH Diversity Policy

NEXT YEAR

- NDCH Reconciliation Action Plan
- NDCH Affordable Housing Strategy
- Cultural Responsiveness Training

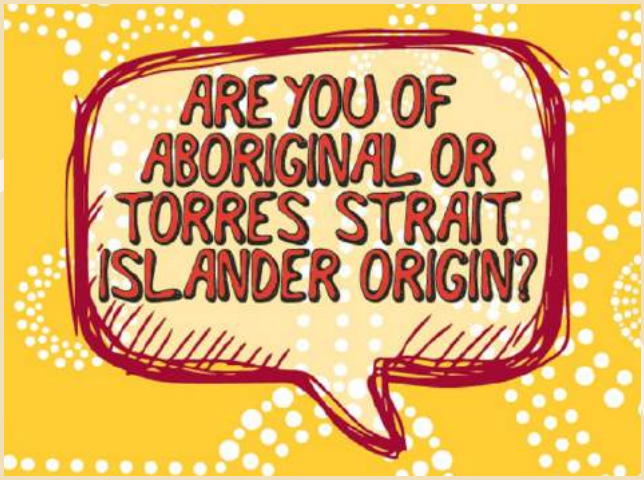
NDCH

VAC LGBTI AFFIRMATIVE TRAINING

Wednesday 21 February 2017

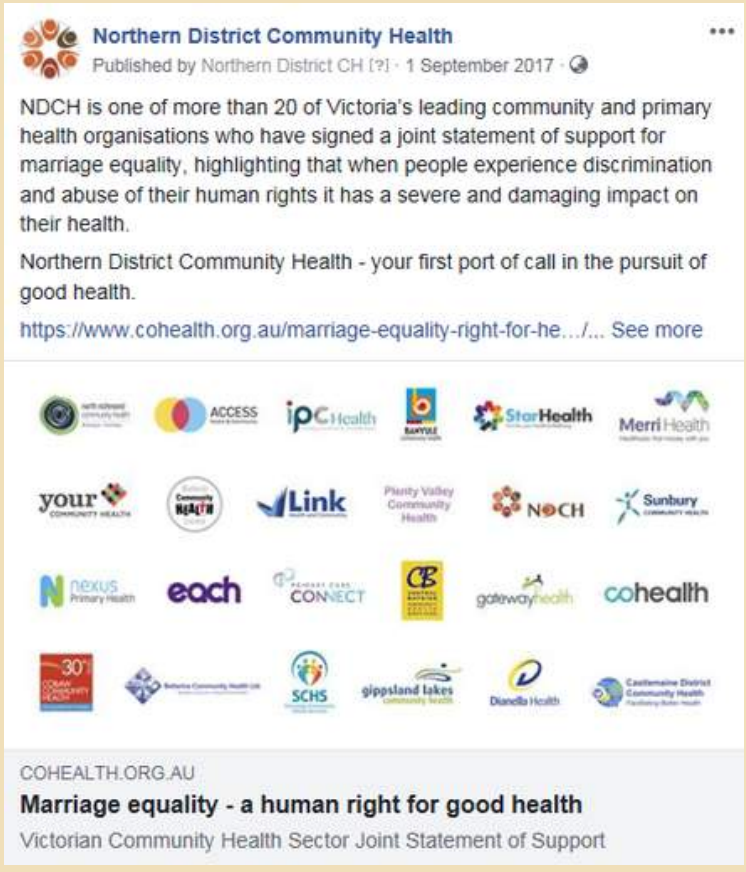
"We believe in the inherent strength of a vibrant, diverse and inclusive community where the backgrounds, perspectives and life experiences of people help us to forge strong, respectful connections. This policy has been developed in recognition of the changing population across our service area and the richness that diversity brings to social, political and community life."

NDCH Diversity Policy 2018



"NDCH recognises that Aboriginal and Torres Strait Islander people have been the custodians of Australia for more than 50,000 years, and by improving our cultural awareness and the competency in our health care delivery across all of our services, we can greatly aid in closing the gap that exist in Aboriginal and Torres Strait islander health care."

NDCH Press Release "Asking The Question" Initiative, Reconciliation Week 2017



CLIENT FEEDBACK

WHAT DO YOU THINK OF OUR REPORT?

It's very important for us to know what you think of our report so that we can make it better next year. While we send out countless copies of this report every year to all our communities, it has been some years since we had anyone take a moment to tell us what they think. We would like to think we're perfect, but it's not likely. So, if there's something you think we can do better for next year's report, please take a moment to let us know…

Did you find the report easy to read?

☐ YES ☐ NO

How would you rate the information in this report? (please circle)

POOR AVERAGE GOOD VERY GOOD EXCELLENT

What, if anything, would you like to see MORE of in next year's report?

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What, if anything, would you like to see LESS of in next year's report?

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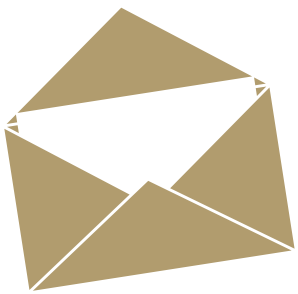
When you have filled out the survey, please cut it out and either drop it off at one of our offices or send to:

Quality & Compliance Coordinator
NDCH
24 Fitzroy Street
KERANG VIC 3579

Or, fill out the survey online: **www.surveymonkey.com/NDCHAnnualReportFeedback**



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