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#### Who we are

Bellarine Community Health is a not-for-profit community health organisation that provides vital services to local communities. Access and social equity are crucial to improving personal and community health outcomes.

We provide access to health care to all people and promote health and wellbeing and prevention to help people keep living well and out of hospital.

We provide a positive and inclusive environment and work with diverse communities to deliver health services that matter.

#### **Our Mission**

Bellarine Community Health will be the leader in primary health services.

#### **Our Values**

Bellarine Community Health delivers a broad scope of health services and wellbeing programs for all people in our diverse communities.



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#### Welcome from the Board Chair and Chief Executive Officer

It is with great pleasure that the Board Chair and the Chief Executive Officer present the 2017/18 Annual Report and the Victorian Quality Account.

This report has been prepared in conjunction with the 2017/18 Financial Report and the guidelines set out by Safer Care Victoria, which requires services to demonstrate performance across a comprehensive range of quality and safety criteria.

Within the reporting period, a number of long serving Board Directors and the Chief Executive Officer retired. The appointment of new Directors and a new CEO provided the necessary platform for a refreshed and revitalised Bellarine Community Health Ltd.

A key focus for this reporting period was to listen to, and re-engage with, the Bellarine Communities, and establish a new governance structure for the organisation. A series of 'Community Conversations' across the Bellarine gave communities an opportunity to discuss their ideas and priorities for BCH moving forward.

These forums were auspiced by the CEO and attended by BCH Members, community members, Board Directors, BCH staff, and members of the BCH Consumer and Community Advisory Group (CCAG). The conversations produced two key reports which provided the framework and strategies underpinning the new Bellarine Community Health 2018 – 2022 Strategic Plan, including a new vision and mission for the organisation, and a new logo.

Looking ahead, we will use the foundation created in 2017/18 to underpin innovative ways to open our services for all members of our communities, without losing sight of our commitment to meet the needs of those most disadvantaged. Bellarine Community Health services play a critical role in reducing the pressures on other parts of the health system, including reducing unnecessary hospital admissions, by providing comprehensive primary health care services within the Bellarine Communities at the right location, right price and at the right time,

Together with the support of our communities, our service partners and our stakeholders, we are confident that Bellarine Community Health will continue to meet all challenges, and become the leader in Victoria for primary health services.



Margaret Belfrage Board Chair



Shane Dawson CEO

## **Our Board of Directors**



Margaret Belfrage Board Chair



Damon Burn Director, Chair Quality, Safety & Risk Committee



Marion Westrup Director



Fay Agterhuis Deputy Chair & Chair Special Projects



Kristina Dimasi Director



Tim Walsh Director

The following Board Directors retired during the financial year.

Hazel Ingram

Von Philp

Graeme Smith Virginia Dickon-Swift **Doug Grant** 



Adam Murray Treasurer, Chair Finance & Audit Committee



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The 2017/18 financial year was a period of significant change, growth and reinvigoration for Bellarine Community Health at all levels, and a focus on developing a solid foundation for the future.

Significant consultation was undertaken with BCH Members, staff and the Bellarine Communities, reported via the "Community Conversations" reports, and reflected in the Bellarine Community Health 2018 – 2022 Strategic Plan. The Community and Consumer Advisory Group (CCAG) played an important role in supporting and enhancing the BCH/Community interface, while at the same time growing its capacity and independence. We thank this dedicated group for their contribution.

Several new services were launched in 2017/18, including NDIS Service Coordination, a Medicare Benefits Scheme Podiatry Clinic at Portarlington, a Continuous Glucose Monitoring Clinic, and the My Aged Care navigation and support service to assist potential aged care users to secure maximum opportunities from their service eligibility. BCH established a Palliative Care Advisory Committee which resulted in development of these services. The Palliative Care Advisory Committee also engaged the communities, including significant work on two Community Forums focussing on key aspects of palliative care and the dying process.

Agreements are in place between Bellarine Community Health and Ambulance Victoria for the ongoing accommodation for Ambulance Victoria Paramedic Services at both Portarlington and Point Lonsdale sites. This agreement was first in place 2017/18 and will continue into 2018/19 under current agreements.

Bellarine Community Health strengthened components of our youth service delivery model which culminated in finalising a sub-head agreement with Barwon Youth and Family Services. The ongoing delivery of the headspace hub is one of the many youth related services on offer from the Bellarine Youth Mental Health Services site at Drysdale.

A new online induction system, human resources and online payroll system were introduced. These systems support our efficiency drive, and enabled new staff to undertake an "onboarding orientation program" before commencing with BCH, facilitating immediate understanding of the organisation before commencement.

The organisational restructure in this period established three key Executive positions to provide clarity for service and program areas, and to drive business growth. The restructure highlights the BCH commitment to Adult and Aged Services, and to Family, Children and Youth Services. The restructure also increased robustness in financial management and operations.

The major milestones in the organisation's capital works and redevelopment program completed in this reporting period include completion and opening of Stages One and Two of the Point Lonsdale redevelopment project. Stage One included the opening of a new three chair Dental Clinic, while Stage Two involved the reorientation of the entrance to the building, new reception for both the Medical Centre and Community Health, and new and extended car parking for clients. The Board of Directors also announced their commitment to the reopening and refurbishment of the existing housing units on the Point Lonsdale site called the Eric Tolliday Units.

The focus of the period was to re-orientate the organisation, and to create a foundation on which the organisation can move forward, allowing for future growth and financial sustainability, and positively impacting the community health outcomes for our Bellarine communities.

## Year in Review



Our People 167 staff Full Time25 Part Time 111 Casual 31



ATSI Clients Age 26 + 100 12-25 years 25 0-11 years 16



**& Community Nursing** 43,520 in home or at centre appointments



Our Clients Age 26 + 78% 12-25 years 11% 0-11 years 11% Community wellness 24% Community nursing 35% Allied health 41%









Our Volunteers 148 Volunteers contributed 20,000 hours of volunteer support 75% of Volunteers are female 70% of Volunteers are over 65 years



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## **Finance Report**

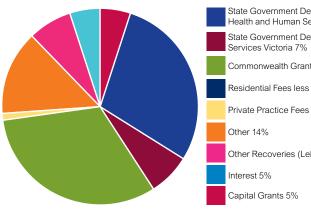
Bellarine Community Health continues to retain a strong financial position with revenue for 2017/2018 consistent with the previous financial year.

Employment costs were still the main expenditure line item throughout 2017/18, with also a slight increase in contractors and consultants.

Operating Surplus was down on 2016/17 mainly due to the impairment of the Aged Care Facility.

The unaudited financial information is provided by the Board of Directors of Bellarine Community Health. The full audited results for the financial year will be made available at www.bch.org.au

Bellarine Community Health gratefully acknowledges funding and support from the Australian Government and the State Government of Victoria.

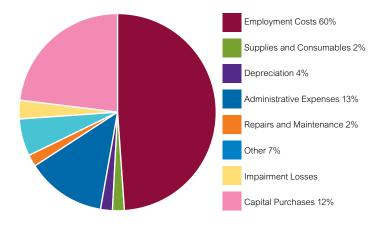


#### Revenue 2017/2018

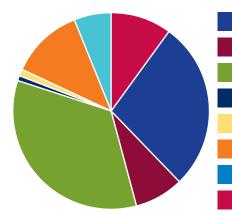


Other Recoveries (Lehmann Bros)

## **Expenditure 2017/2018**

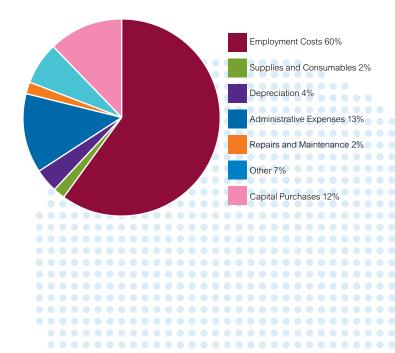


## Compared to Revenue 2016/2017



- State Government Department of Health and Human Services 28% State Government Dental Health Services Victoria 8%
- Commonwealth Grants 34%
- Residential Fees 1%
- Private Practice Fees 1%
- Other 12%
- Interest 6%
- Capital Grants 10%

## **Compared to Expenditure 2016/2017**



#### **Our clients experience**



Bellarine Community Health is committed to providing responsive services and the Department of Health and Human Services Client Experience Survey helps us understand what we are doing well, and how we can continue to improve. The survey was conducted in late 2017 with survey forms distributed at all BCH sites.

Our clients gave positive responses to questions regarding information about our services.

- 88% of respondents said they were comfortable raising issues and asking questions
- 94% of respondents said they knew who to contact if they had a question about the care they received
- 95% of respondents were positive about how much information they received about their care

Our clients also said we could do better to help them understand how to make a complaint.

#### What we did

- Have your say feedback form was reviewed and updated to include contact details for all relevant agencies
- BCH website was updated to include all relevant contact details and allow for electronic feedback to be submitted





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#### Our diverse community

## Building consumer, carer and community capacity

In early 2018, the Bellarine Community Health Diabetes Nurse Educator established a free Continuous Glucose Monitoring (CGM) service as a trial to a number of patients.

CGM offers insight for people with Diabetes that have poor glycaemic control. It offers an understanding into efficiency and effects of medication and what impact client's lifestyle has on their overall management of their diabetes.

The trial involved clients wearing a sensor for seven days and keeping a log of all factors in their day including food intake and activities.

The trial was evaluated and as a result regular CGM clinics are now held.

#### **Client story**

Mrs S is 73 years old and has been living with Type 2 diabetes for 17 years. She was referred to the BCH diabetes education service to help her understand that the disease had progressed and she needed more aggressive injectable medications to remain at safe levels of blood glucose.

However Mrs S is scared of needles and was feeling depressed about her condition worsening. She tried for years to lose weight and eat healthily and saw her change in medications as a failure on her part. She worried that the impact of diabetes was getting too big for her to maintain any quality of life and was worried about insulin injections.

Mrs S met with the Diabetes Nurse Educator (DNE) and was provided with a basic understanding of what Type 2 diabetes is and ways to manage it. She was reassured that through some changes to both lifestyle and medications she would still have a good quality of life and be supported and monitored throughout her transition. It was recommended Mrs S have a Continuous glucose monitoring study performed. This study showed that Mrs S had a blood glucose lowering effect following exercise sessions and was having elevated reading upon waking.

Working as a team with both her GP and DNE Mrs S was able to understand the reasoning for changing her medications. She was prescribed a once a week injection as opposed to multiple daily injections of insulin as her CGM profile suited such therapy. She was motivated to continue her exercise regime and with support began self-injecting.

She continues to receive diabetes education and support at BCH and is happy with the idea of a Diabetes Care team approach.

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#### **Interpreter services**

Bellarine Community Health uses the Victorian Interpreting

& Translation service to assist our non-English speaking clients. We promote this by placing the national interpreter symbol on our promotional materials and publications.

Clients required a total of nine hours of interpreter services during the financial year for two language groups.

#### Key worker model

The Early Childhood Intervention Guidelines has introduced a Key Worker approach to improve service delivery for young children and their families. Bellarine Community Health's Child Health and Development team, also known as CHAD, has adopted a key worker approach to working with families who access multiple services for their children and who have an NDIS plan.

A Key Worker is the main contact person for your family who can assist you and your child to develop the skills they need in everyday life.

A Key Worker can also;

- Support your family to make choices regarding your child's therapy needs.
- Help answer your questions.
- Coordinate the services your child receives (both internal and external services).
- Link your child in to other services throughout their therapy journey.

#### **Client story**

A young family, living on the Bellarine, had been provided with a funding plan through NDIS for their 4 year old child. Bellarine Community Health was approached by the family to be the child's service provider.

The first therapist involved with the family discussed the possibility of implementing a Key Worker approach, so the family has to only contact 1 therapist, rather than communicating and retelling information to a number of therapists. The family agreed that due to their busy lifestyle and extra curricular activities for their other children, the Key Worker model would best fit their family.

The Key Worker liaised with the child's mother, at least once a week to check in how the family was going with therapies and to support the parents implementing the strategies into their everyday routine.

When the NDIS plan was due for review, the Key Worker was able to collate therapy reports from all clinicians involved and attend the plan review meeting to support the mother in advocating for her child.



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Bellarine Community Health's public Dental service provides high quality care to both children and adults.

The 2017/18 financial year saw significant change for our Dental team as they relocated from their ageing facility at our Point Lonsdale site into a brand new building.

The new building now accommodates a three chair facility which has allowed BCH to increase its clinical services. This expansion will see the inclusion of an oral health educator and dental prosthetist.

Almost 4,030 courses of care were opened during the financial period. The Dental outreach program performed

dental screening to 1242 students across 15 primary schools and preschools across the Bellarine.

The waiting times for BCH Dental services are lower than our targets. The target is 23 months and BCH averages 16.9 months. In addition our failure to attend rate is 9.4%, compared with the regional figure of 11.7%.

State Government funding was also secured during the financial year to develop and implement a project to improve dental experiences for Victorians on the autism spectrum through individualised care planning.





## Action in the community

#### **Child Safe Standards**

As an organisation that provides services for children, Bellarine Community Health has an obligation to ensure that it implements the Child Safe Standards.

BCH does this by;

- Embedding the Child Safety Standards Code of Conduct in the BCH culture
- All staff and board members are required to have a current Working with Children's Check
- The BCH commitment statement to child safety is displayed in waiting areas at all sites

The Child Safety Standards are part of the BCH online induction process

#### LGBTIQ

Bellarine Community Health celebrates diversity in our communities and recognises that in general, members of the LGBTIQ community can experience poorer health and well being outcomes due to discrimination and stigma related issues.

BCH is an inclusive service provider and as part of our assessment process, particularly in our youth services area, we ask LGBTIQ status and prioritise those clients.

#### What we did

- Provided hormone therapy to Trans clients to minimise the need to attend specialist services in Geelong or Melbourne
- We provided a facilitator to attend a local LGBTIQ youth lead support group
- We celebrated International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT) with colourful displays at our youth site and on our digital platforms
- We delivered an extra 1700 occasions of service for youth clientele and their families

Bellarine Community

#### **Family Violence**

Violence against women is serious, wide spread and driven by gender inequality. It affects physical and mental health in many ways. By taking action to prevent violence before it occurs, we can reduce the burden on people, families and services.

At Bellarine Community Health we are working to support this effort, which is driven by the recommendations of the Royal Commission into Family Violence.

BCH worked with Women's Health and Wellbeing Barwon South West (WHWBSW) to lead a prevention of violence against women workplace survey in March 2018.

BCH believes it is vital for the workplace to focus on prevention because it has a major impact on health. The aim is to prevent violence against women before it occurs. This will be a health promotion focus for BCH over the next four years.

BCH will use the survey results as baseline data to inform training needs to build workplace knowledge and provide tools which can support action.

The survey will be repeated in 18 months to assess any changes that have occurred.

#### What we did

- Health Promotion funds committed to prevent violence
  against women
- CEO joined other local leaders in signing a Statement of Commitment pledging to take an active and public stance against family violence
- BCH re-committed to White Ribbon Day with promotional activity for staff and community
- Resources on family violence made available for staff and community at all sites



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The results in the Victorian Healthcare Experience Survey indicated that there was room for improvement in the approach by BCH to Care Planning.

A My Care Treatment Plan is a tool used with clients to establish what their goals are for treatment. Currently this document is completed at the assessment stage of each individual discipline appointment. It is then reviewed throughout the treatment and/or at discharge.

Feedback from clients indicated they are not always involved in the planning of their care. Service providers have also noted that the current form is not utilised in the most appropriate way and that better training on being able to work with the client on creating more meaningful goals is required.

#### What we did

- · Involved the client to set the goals
- $\cdot\,$  Set goals for the client as a whole and not discipline specific
- Redeveloped the care plan document and reviewed how it is applied to allow BCH to gather meaningful data
- Consumer input through the Consumer and Community Advisory Group to provide valuable information on how to make it
  easier for the client to think about and set their own goals

#### **Priority groups**

Community and public dental health services use certain criteria to determine priority access to services for people. Bellarine Community Health takes great care to ensure it meets the needs of priority population groups.

#### **A Clients Journey**

Eileen was confused about why she was on the Dental waiting list. She asked the Dental staff why she wasn't a priority for service being a 'Forgotten Australian'.

The Dental staff was unaware of the term Forgotten Australian, so Eileen explained her circumstances. The Dental team realised they could assist her as a priority client. A letter of recommendation to support Eileen being exempt from fees and waiting times was provided based on her mental health issues relating to her status as a 'Forgotten Australian'.

Dental Health Services Victoria guidelines make provisions for priority target groups such as clients with mental illness.

#### The Outcome

- Through open dialogue, compassion and understanding, Eileen's needs were met
- Eileen is now very satisfied with her service at the dental clinic, and reports she now feels like she is 'treated like gold'
- The dental team now understand what it means to be a Forgotten Australian, and are more aware of the unique nature of each individual who may be a 'Forgotten Australian'.

## **Comprehensive Care**

#### End-of-life care

Bellarine Community Health provides specialist Palliative Care services as part of its Community Nursing team and demand for this service continues to grow.

In September 2017 Bellarine Community Health established a Palliative Care Advisory Committee to assist with identifying any gaps in the coordination, integration and delivery of Palliative Care services. The Committee is headed by Palliative Care Specialist Dr David Brumley with membership drawn from the community, health professionals, clients, volunteers and staff.

The Committee meets regularly and has made several recommendations for system improvements resulting in equitable, accessible, high quality Palliative Care to the Bellarine Community.

In addition BCH staged a successful Palliative Care Forum as part of National Palliative Care week. Speakers talked about early Palliative Care support, ways to improve community understanding of language around end of life care, how to link patients and families with local services and train volunteers to provide practical support.



Bellarine Community

#### **A Clients Journey**

My partner Bob was diagnosed with mantle cell lymphoma 5 years ago. He had an initial period of chemotherapy and a stem cell transplant which gave him 2 years in remission. When he relapsed he was able to participate in a 13 month new drug trial which was successful, until the last PET scan when the cancer showed up again. More chemotherapy failed to be successful and he was told he had only weeks to live.

He was philosophical about death and although, we were both shocked by the final diagnosis, he talked about what he wanted – to die at home with dignity. We discussed grief and its many forms, the details of donating his body to research, the nature of the service to be held after his death. We cried and we laughed; we reminisced about our lives together, and made plans for my future without him. He ensured that legal matters were all in place and the family knew his wishes.

The palliative care staff came and helped us consider what we needed, what was important for each of us and how we wanted things done. They explained, they listened, they made suggestions, and they were there when we needed them. Practical things were quickly and easily put into place. When we needed extra support we leaned on our friends and family, and everyone helped.

Bob died a very gentle and peaceful death with our beloved dog beside him while I had slipped out for a very quick walk. I am sure he chose to go at that time.

The following hours, days and weeks were very busy for me. It takes a lot of effort to arrange a service, to receive friends and flowers, to answer the phone calls and emails, and on it goes. It helped greatly to know what Bob had wanted and I was able to fulfill his wishes.

I have survived this very sad time in my life much better than I might have imagined. Taking one day at a time throughout the last 5 years was a great help. Talking about everything was the other key which, I guess, was all part of his 'end of life plan'. I am so grateful that Bob was able to do that, which thereby helped us both along this journey.

Written by Pauline



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The Bellarine Community Health Consumer and Community Advisory Group (CCAG) is a group of community representatives who all have an interest in ensuring the voices of clients, carers and the community are heard by the BCH Board, Staff and Teams. Members in the group have particular expertise or personal experience in different health areas and are able to reach broad and diverse networks across the Bellarine. The CCAG generate advice and provide recommendations to the Board based on client, carer and community need.

Some big changes were made to the governing and reporting structure of the CCAG during the 2017-2018 financial year. The CCAG now operates as an independent group reporting directly to the Board. Other changes have enabled the CCAG to elect their own Chair and members, extend the number of people on the group and the CCAG now meet monthly rather than every 2 months.

Key activities of the CCAG this year have included supporting and reviewing two rounds of Community Conversations, providing feedback and recommendations on the new BCH Strategic Plan.

CAGG now rotates monthly meetings to visit other BCH locations and build connections with staff and teams. This has enabled new ways of working and planning activities, to build on the skills and strengths of the group for future work.

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## **Volunteers**

#### Volunteers making a difference

Our volunteers work in partnership with staff and also independently to ensure we achieve the best possible outcomes for our clients and local communities.

Their care and dedication allows our staff to provide excellent person centred care to all clients, particularly in group situations.

Some of the groups our volunteers assist with are our Social Support Groups and Physical Wellness Programs. These volunteers work directly with staff and clients to facilitate better participation in the group.

We also have some community based programs that directly involve our volunteers. Portarlington Food Relief (PFAP) is one example of a program run by volunteers to support those less fortunate in our community. A bereavement support coffee group is also supported by a volunteer and we are looking to expand our volunteer efforts for community based Palliative Care.

Our volunteers have their own newsletter to keep them up-to-date with the happenings at BCH and also to celebrate their individual stories and activities.

We thank our amazing volunteers for their on-going support and dedication and to recognise their many hours of tireless work for clients and our communities.



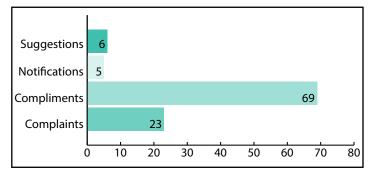


## **Quality and Safety Matters**

#### Listening and acting

Bellarine Community Health values feedback from clients and the community and actively encourages comments through our 'Have Your Say' form which is displayed at all our centres and available on our website.

All feedback is recorded and tracked with through our online system called GEMBA and notification of outcomes delivered where required.



#### We love getting your feedback

learning about dental hygiene and the staff make our

"All the nurses who call on me are absolutely fabulous"

#### How we action your feedback

Feedback
The Executive Manager received feedback from a client around miscommunication or error in interpretation with regards to clients re-booking podiatry appointments. The initial client appointment was Nov 2016 with the client given letter to phone in April 2017. When client rang was told that because it was more than 3 months since last appointment, would need to go on waitlist.
How feedback handled
Acting Executive Manager communicated with the podiatry team around the process that if a client is given a letter indicating a time frame to re-book then the client should be booked in that time frame. A new online client management system will also prevent a similar mistake.
Outcome
The introduction of the Client Managment System called Uniti now makes it clearer that a client has an active Podiatry episode and hence should be rebooked.
We sought feedback on last year's report via our website and through communication to our members and the broader community. No feedback on the 2016/17 report was received. Feedback is important as it helps us continue to develop how we present information.

If you have any comments, suggestions or feedback about the 2017/18 Annual Report and Quality Account then please tell us. You can email qualitycompliance@bch.org.au or submit feedback form on our website www.bch.org.au

#### Listening to our staff

An electronic Client Management System called UNITI was implemented in August 2017. This system was chosen following research, a consultant's briefing, references and training.

A three month evaluation survey was developed in October 2017 for all users of the system. A total of 41% of users responded to the majority of questions in the survey.

Survey Response example UNITU

NITT has made my role:	
Much less efficient	2.7%
Less efficient	23.03%
The same	13.51%
More efficient	40.54%
Much more efficient	16.22%

Overall the multiple choice questions were positive about the system although the responses did indicate the need for further training which was conducted.

A number of open text questions were also presented. There was a common theme around scanning of documents and the speed of the system. Both of these issues were followed up with UNITI to improve outcomes for staff and clients.

## **Quality and Safety Matters**

#### Accreditation

Bellarine Community Health undertakes a number of independent quality and safety reviews to meet healthcare standards and accreditations.

In March 2018, a mid-cycle accreditation review was conducted under the National Safety & Quality Health Services Standards (NSQHSS). The expected outcomes of all three standards were 'Met' and one was 'Met with Merit'.

The Quality Improvement Council full accreditation process began in October 2016 with 35 recommendations identified. It was noted at the mid-cycle review that 28 of the 35 recommendations had so far been completed.

The auditors were impressed that BCH were able to 'complete' so many of the recommendations and noted the high level of detail supplied.

Bellarine Community Health believes that quality is everyone's business. We ensure that quality, safety and improvement is part of every day work activity.

#### Accessing our services

The responses to the Victorian Healthcare Experience Survey questions on accessing our service were overwhelmingly positive.

- 89.5% of respondents said it was easy to find the location of the health service
- 89.75 % of respondents said they got all the information they needed before an appointment
- 98.75% of respondents said the reception staff were polite and helpful

However with the introduction of My Aged Care, Commonwealth Home Support Program and the National Disability Insurance Scheme, the intake process for clients to access our services has become more complex.

The intake role is the first point of entry for a new client and it's essential that the process not be complicated.

#### What we did

- · Reviewed intake process
- Developed a standard operating procedure for all intake officers
- · Provided additional training for Client Service Officers

The new process was implemented and reviewed again three months later to ensure continuous improvements were carried out.

The success of the review and the organisation's recognition that clients were experiencing 'assessment fatigue' has resulted in a region wide project to strengthen the intake role and systems for other service providers.

Funding has been gained for the first stage of the project which involves mapping an analysing the essential components of the intake process.



#### **Environment and facilities**

Positive responses were also received from respondents to the Healthcare Experience Survey around Bellarine Community Health's environment and facilities.

- 96% of respondents felt positive about feeling welcome at the service
- More than 82% were positive about privacy at reception

BCH did respond to concerns from clients around the functionality of buildings and facilities. A relocation and renovation of the reception areas at our Point Lonsdale site during the financial year received negative feedback regarding access to footpaths and wheelchair accessibility.

#### What we did

- · Added handrails for client safety
- Modified car space for clients using wheelchairs



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## **Our focus on Quality and Safety**

#### **Work Place Safety**

Bellarine Community Health had an increased focus on preventing injuries and incidents during 2017-18 which resulted in an increase in the number of hazards or near misses reported during the period.

As a result of more accurate reporting, aggression towards staff and reducing client falls will be given increased attention in the coming year in order to reduce the prevalence of these incidents.

#### What we did

- Improvements were made including the replacement of older lights with LED lights
- · Car cleaning arrangements changed
- Staff training in relation to key risk areas
- · Improvements to first aid kits
- Upgrade Information Technology and Telecommunications
- · Upgrade of client and clinical furniture
- Improved security arrangements for staff



Health and Safety Incidents 2017/18

First Aid, Minor Complaint or Damage 46 Reported

Hazard no Injury or Damage 36 Reported

Injury, Near Miss, Serious Threat, Criminal or Threatening Behaviour 19 Reported

Death or Serious Injury, assault Serious Property Damage 0 Reported

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Incident Related to Quality Systems 8 Reported

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# **Bellarine Community Health Ltd**

All correspondence to: PO Box 26, Point Lonsdale Vic 3225

## **Our Services**

#### **Primary Health Services**

- Cardiac Rehabilitation
- Community Health Nursing
- Community Nursing & Palliative Care
- Continence Clinic
- · Counselling
- · Dietetics
- · Dental
- Diabetes Education
- Home Care Packages
- Footcare Nursing
- · Health Change
- · Meals on Wheels
- Occupational Therapy
- · Physiotherapy
- Physical Wellness Program
- Planned Activity Groups
- Podiatry
- · Volunteers
- Women's Health Clinic

#### **Child, Health & Development**

- Dental
- · Dietetics/Nutrition
- NDIS Coordination
- Occupational Therapy
- · Physiotherapy
- · Podiatry
- Speech Pathology

#### **Services for Young People**

- · Counselling
- Dental
- · Dietetics/Nutrition
- Health Nurse
- Occupational Therapy
- · Physiotherapy
- · Podiatry
- · headspace Drysdale
- Drug & Alcohol
- Mental Health

To enquire about any of these services contact the Information & Access Officer on 5258 0812 Email: intake@bch.org.au







## **BCH Site Locations**

#### DRYSDALE

21-23 Palmerston Street Drysdale 3222 Ph: 5251 4640 Fax: 5253 1134

#### DRYSDALE YOUTH

Peninsula Drive Drysdale 3222 Ph: 5253 0400 Fax: 5251 5099

#### **OCEAN GROVE**

Cnr Presidents Avenue & The Avenue Ocean Grove 3226 Ph: 5255 0440 Fax: 5256 3948

## QUEENSCLIFF

Cnr Nelson & Grimes Road Point Lonsdale 3225 Ph: 5258 0888 Fax: 5258 0811

#### PORTARLINGTON

39 Fenwick Street Portarlington 3223 Ph: 5258 6140 Fax: 5259 3269

