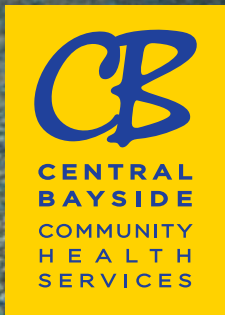


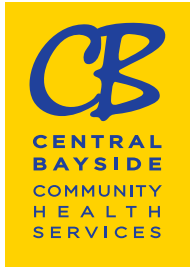
CENTRAL BAYSIDE COMMUNITY HEALTH SERVICES

ANNUAL REPORT 2016-17



*Quality
Community
Wellbeing*

OUR MISSION IS TO ENHANCE THE HEALTH AND WELLBEING OF
INDIVIDUALS THROUGH INNOVATIVE, RESPONSIVE SERVICES DELIVERED
IN PARTNERSHIP WITH OUR COMMUNITY.



CENTRAL BAYSIDE COMMUNITY HEALTH SERVICES **IN NUMBERS**



STAFF

55 FULL TIME
159 PART TIME
37 CASUAL



VOLUNTEERS

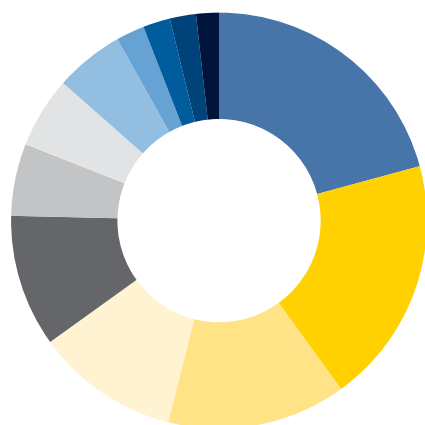
22 ADULT COMMUNITY OPTIONS
8 AUXILIARY
9 BOARD
97 COMMUNITY VISITORS
SCHEME
21 SOCIAL SUPPORT GROUPS
25 PRIMARY HEALTH



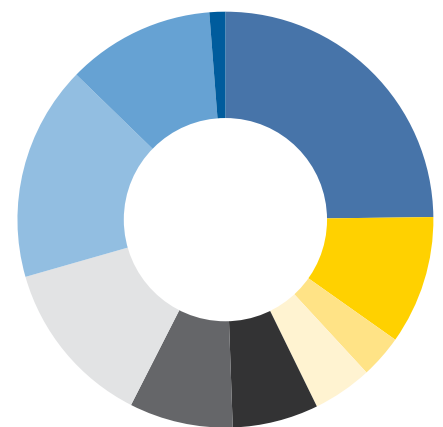
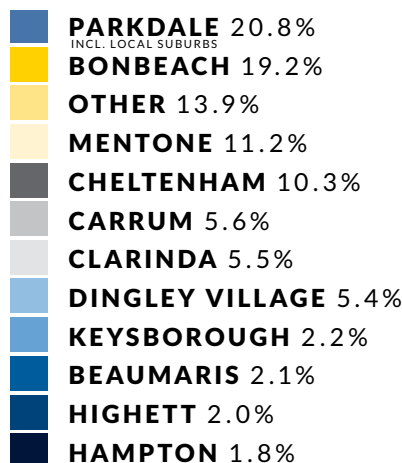
VEHICLES

14 BUSES
22 CARS

OUR CLIENTS



LOCATION



509,775kms

TOTAL NUMBER OF KMS
DRIVEN FOR THE 2016/17
FINANCIAL YEAR BY THE
ENTIRE FLEET OF CBCHS
VEHICLES



AGE GROUP

0-9 YRS	24.8%
10-19 YRS	10.0%
20-29 YRS	3.3%
30-39 YRS	4.6%
40-49 YRS	6.7%
50-59 YRS	8.1%
60-69 YRS	13.1%
70-79 YRS	16.7%
80-89 YRS	11.5%
90-99 YRS	1.2%

THIS REPORT DOCUMENTS CENTRAL BAYSIDE COMMUNITY HEALTH SERVICES LTD'S (CBCHS) PERFORMANCE OVER THE 2016-17 FINANCIAL YEAR.

THE REPORT COMPRISES THREE MAIN SECTIONS:

- THE ANNUAL REPORT - PROVIDING A GENERAL OVERVIEW OF CBCHS SERVICES AND OPERATIONS
- FINANCIAL SUMMARIES
- THE QUALITY ACCOUNT REPORT - EXPLAINING THE INNOVATIVE PROGRAMS AND SERVICES, AND THE QUALITY AND SAFETY PROCESSES.

ABOUT CBCHS

CBCHS is a not-for-profit organisation funded to provide a broad range of health, disability and community services.

VISION STATEMENT

Quality. Community. Wellbeing.

MISSION STATEMENT

Our Mission is to enhance the health and wellbeing of individuals through innovative, responsive services delivered in partnership with our community.

VALUES

RESPECT: for each individual, families and for the diverse cultures within our community.

EMPOWERMENT: as a cornerstone of how we work. We acknowledge the potential of each person and promote client participation and contribution.

COLLABORATION: with each other and with members of the community and colleagues from other organisations. We recognise that together we can achieve better outcomes.

QUALITY: in all aspects of our work. Our practice is evidence based and we continually strive to achieve excellence in all of our programs and services.

TRANSPARENCY: in how we operate, particularly in how we make decisions and communicate.

TABLE OF CONTENT

2

FAST FACTS ABOUT CBCHS

3

ABOUT CBCHS, VISION, MISSION AND VALUES

5

OUR SERVICES

6

CHAIRPERSON AND CEO REPORT

8

MANAGEMENT EXECUTIVE COMMITTEE

9

BOARD OF DIRECTORS

10

VOLUNTEERS AT CBCHS

11

SAFETY AND RISK

12

DONATIONS & MEMBERSHIP

13

LOCATIONS AND CONTACT DETAILS

14

FINANCIAL STATEMENTS

17

QUALITY ACCOUNT REPORT

OUR SERVICES

INTEGRATED HEALTH AT CBCHS

CBCHS PROVIDES INTEGRATED AND COORDINATED CARE BASED ON CLIENT-CENTRED PRINCIPLES FOR PEOPLE WITH COMPLEX AND CHRONIC CONDITIONS. THIS SERVICE IS OFFERED IN AN INTEGRATED TEAM ENVIRONMENT OR BY CLINICIAN INTERVENTIONS BASED ON CLIENT NEED AND CAPACITY TO SELF-MANAGE.

SERVICE AREAS

ADULT COMMUNITY OPTIONS

CENTRAL INTAKE

CHILD DEVELOPMENT SERVICE

COMMUNICATION SERVICE

COMMUNITY DEVELOPMENT

COMMUNITY VISITORS SCHEME

COUNSELLING

DENTAL SERVICE

DIETETICS SERVICE

GAMBLERS HELP

HEALTH PROMOTION

OCCUPATIONAL THERAPY

MEDICAL SERVICES

- GENERAL PRACTICE
- WOMEN'S HEALTH
- PAEDIATRICS
- ENDOCRINOLOGIST
- GERIATRICIAN

NURSING

- COMMUNITY HEALTH NURSING
- DIABETES EDUCATION

PHYSIOTHERAPY

PODIATRY

SOCIAL SUPPORT GROUPS

TELELINK

FURTHER INFORMATION ABOUT EACH SERVICE AREA CAN BE FOUND ON OUR WEBSITE OR BY ASKING ONE OF OUR FRIENDLY RECEPTION OR INTAKE STAFF.

CHAIRPERSON AND CEO REPORT

ACKNOWLEDGEMENTS

CBCHS ACKNOWLEDGE AND PAY RESPECT TO THE TRADITIONAL OWNERS OF THE LAND ON WHICH WE MEET, THE BOON WURRUNG PEOPLE OF THE KULIN NATION AND PAY RESPECT TO THEIR ELDERS PAST AND PRESENT.

DENNIS O'SULLIVAN SADLY PASSED AWAY IN JUNE 2017. DENNIS CONTRIBUTED GREATLY TO CBCHS OVER A 26 YEAR PERIOD. HE WAS A FORMER CBCHS BOARD MEMBER, PRESIDENT, LIFE MEMBER AND FOUNDER.

THE BOARD OF DIRECTORS WOULD ALSO LIKE TO ACKNOWLEDGE AND THANK CHRIS FOX FOR HIS CONTRIBUTION TO CBCHS OVER 14 YEARS AS CEO. CHRIS RETIRED IN JUNE 2017 AND WE WISH HIM WELL IN THE FUTURE.

THE YEAR IN REVIEW

It has been a challenging year as we prepare for the introduction of the National Disability Insurance Scheme (NDIS). While we support the model of client managed funding, a vast amount of work was needed to prepare for the NDIS rollout and program changes required at our Adult Community Options (ACO), service for people with a disability. In particular, the focus was on how current disability services will operate within the NDIS environment. ACO has committed time and resources to support our clients and their families transition to the NDIS, by providing numerous information sessions. Team Leaders are also supporting families to develop an Adult Participation Statement.

This Adult Participation Statement documents for the NDIS planner, what supports a client will require, when they require the supports and how the supports need to be provided.

Services for children with a permanent and significant disability or developmental delay, will also be impacted by the NDIS. There has been a lot of planning undertaken to ensure we are ready to provide additional services to those children who will come under this new system.

The changes in the sector have meant we need to develop communication strategies to ensure our community is informed of these changes and our future role in their support. To this end in August 2016, a Marketing and Communications Advisor was

employed. The role was introduced to help our organisation meet the opportunities and challenges we will face operating in a competitive market. As a new position, 2016/17 was a foundation year for the Marketing role with a focus on analysis and planning to guide the development of a Marketing and Communications Strategy.

QUALITY ACCREDITATION

There was a whole of service external accreditation this year conducted by the Quality Innovation Performance (QIP) Community Service Accreditation. The process is one whereby external accreditors come to the service and interview clients and staff, review the policy and governance processes, Human Resource, Financial, and Information Technology systems. They review and evaluate current Dental, Allied Health, Disability and Social Support services provided to clients as well as those being planned and developed. It is pleasing to advise that the work undertaken by our staff to ensure we provide high quality and innovative services in a safe and well-regulated environment was recognised by QIP as we met or exceeded all of the standards.

CLOSING THE GAP

We have worked closely with the Southern Melbourne Primary Care Partnership and representatives of the Aboriginal community to develop services that are inclusive and welcoming for members of the Aboriginal community. The Koolin Balit and the Koolin

Liang programs have helped us establish strategies in Health and Dental services specifically. As part of Reconciliation Week we commissioned an art work painted by local Aboriginal school students which hangs proudly in our reception area at Parkdale. Through regular meetings, we established a process and the content for our Reconciliation Action Plan, ensuring that future programs and services are developed with the Aboriginal community.

SERVICES TO CLIENTS

We have met, and in some cases exceeded our hours of service to our community. This is due to the dedication of the staff who provide a well-regarded service to our community. The services provided range from one-on-one consultations, to group activities for health related matters or social and community engagement. Some of our services are centre-based, others are provided in the home, or community-based settings. The age range of our clients is from infants to people of quite advanced age. Our clients range in ability from those almost totally dependent, to those who can confidently self-manage. Regardless of the client's needs,

we put them at the centre of their care to support them to achieve their goals.

THE FUTURE

While it is important to reflect on what we have done, we need to be constantly working towards the future. The disability and aged care landscape is changing significantly and this presents a range of challenges to services like ours. We are entering into a competitive environment which can and will put us into competition with our fellow providers, who we have traditionally worked with in a collaborative way.

However you can be assured our focus is on making the system better and more responsive. To this end we have developed a consortium with Connect Health and Community and Link Health and Community. The consortium, Southern Health Connect is working with Monash Health with a common goal of improving the service links between the acute and primary health sector.

We fully support client held funding as it is important for people to be able to choose their own service providers, whether it is for disability or health services. The challenge remains

one of ensuring that people do not get lost in a maze of pre-service processes that makes it too complex to get to the services they require. We will continue to work with the State and Commonwealth Government to mitigate any unintended barriers of the new models of service. We also need to assess our internal environment as this is the one we can have the greatest impact on. We need to develop our services and internal systems in response to this new landscape. We want to improve and expand on how and when we provide services based on the community's needs. People who hold their funding will expect us to respond to their needs as a private provider would, that is with timely and easy access. This will present a number of challenges, which I am confident we can rise to in the months and years ahead.

VOLUNTEERS

While we have dedicated staff, we also have a great number of dedicated volunteers who provide much needed support to enable us to deliver services to the community. Each and every one adds value to our service in their own unique way. Volunteers offer their time, expertise and insight into the whole service.

On behalf of the Board, we would like to thank all our staff and volunteers who contribute so much to the quality of our service.



Tim Richardson
MP visits our
Parkdale site

PETER SPYKER,
AM CHAIRPERSON

GEORGE ROBINSON
ACTING CHIEF EXECUTIVE OFFICER

MANAGEMENT EXECUTIVE COMMITTEE



GEORGE ROBINSON
ACTING CEO,
GENERAL MANAGER
PRIMARY & ORAL HEALTH



PAUL BUNN
CHIEF FINANCIAL
OFFICER



SAM PORTELLI
CHIEF INFORMATION
OFFICER



DANIELA PHELAN
GENERAL MANAGER
CORPORATE SERVICES



PETER SPYKER
GENERAL MANAGER
AGED & DISABILITY
SERVICES





CBCHS BOARD OF DIRECTORS LEFT TO RIGHT. JACQUI CLANCY, BILL NIXON OAM VICE CHAIRPERSON, PETER SPYKER AM CHAIRPERSON, PETER LAY, RACHEL VOGELSANG, JOHN TETTEROO TREASURER, FIONA M^cALINDEN, NEAL NG AND JANICE MUNT



Left to right, Glenn (Volunteer), Rudy, Margaret (Volunteer) and Glenn

VOLUNTEERS AT CBCHS

Volunteers play an integral role in CBCHS. As well as the volunteering services of our Board of Directors and Auxiliary team, CBCHS relies heavily on the assistance of volunteers in many of its programs.

Our biggest volunteer program is the Community Visitors Scheme which matches volunteer visitors with lonely residents in Aged Care facilities in the Kingston and Bayside municipalities. Within CBCHS volunteers assist in our Social Support Groups, Adult Community Options and in a number of our Primary Health services.

Margaret Beesley has been volunteering with Adult Community Options (ACO) for the past nine months. After

spending most of her working life in office administration roles, she was made redundant last year. Margaret decided it was a good time to step out of her comfort zone and try something completely different. She started volunteering in ACO. Margaret used to dabble in painting at home. One day, she brought some old paints into ACO for the clients to use. Team Leader, Julie Dunn, suggested that Margaret might like to start an art group with the clients. Margaret was hesitant at first, not knowing if any of the clients would be interested. She started her art group earlier this year on a Thursday afternoon. She now has a regular group of six clients that come every week with other clients popping in

occasionally. Glenn Farr, another volunteer, helps Margaret with the art group each week. Margaret plays classical music during the session and the clients enjoy listening to the calming music as they paint. Some clients are now requesting classical music at home! Margaret says that she can really see an improvement in the clients' paintings over the time she has been running the group. She enjoys volunteering and says that the pleasure and joy she gets from spending time with the clients is her biggest reward.

DEIRDRE MARTINZ
VOLUNTEER
COORDINATOR

SAFETY AND RISK

CBCHS' OHS POLICY ENCAPSULATES OUR COMMITMENT TO SAFETY AND OUR COLLECTIVE GOAL OF ACHIEVING ZERO INJURIES IN THE WORKPLACE. THIS IS AN AMBITIOUS TARGET AND ONE THAT CAN ONLY BE ACHIEVED THROUGH INTEGRATED PLANNING, IMPLEMENTATION, TRAINING AND AWARENESS.

YEAR IN REVIEW

OHS COMMITTEE ELECTIONS

The primary mechanism for driving consultation in the workplace is the OHS Committee. Health and Safety Representative (HSR) elections were completed in November 2016 for the three year term commencing in January 2017.

TRAINING

HEALTH AND SAFETY REPRESENTATIVE (HSR) TRAINING

The OHS Committee comprises staff from across CBCHS. Newly elected HSR's received five days of training and existing members completed their annual one day refresher training.

LEGISLATIVE TRAINING

CBCHS' relationship with the law firm Health Legal ensures that our obligations and due diligence requirements are acknowledged and understood. Senior Associates from Health Legal are invited twice yearly to provide legislative training to our senior managers. Following on from this training, responsibilities and amendments are directly incorporated into our OHS system.

CHALLENGING BEHAVIOUR

The OHS Committee identified the need for CBCHS to deliver specific training to staff in dealing with the breadth of situations and incidents they encounter in providing services. CBCHS partnered with David Cherry & Associates to deliver in-house training for staff across different work groups. Workshops included: "Assisting Individuals in Acute Emotional Distress", "Dealing with Challenging Behaviour", "Stress Management", "Managing Difficult Telephone Calls" and "Staff Safety and Defusing Situations where Individuals may be Aggressive".

QUALITY ACCREDITATION

CBCHS was found to have met all the standards and requirements for safety and quality.

INCIDENTS

During the 12 months ending 30 June 2017, 97 incidents were reported.

ANNUAL INCIDENTS REPORTED BY TYPE (1 JUL - 30 JUN 2017)

INCIDENT TYPE	MEDICATION - MISSED OR LATE MEDICATION	7				
	PHYSICAL INJURY - MINOR CUTS, WOUNDS, SPRAINS, STRAINS					28
	MOTOR VEHICLE INCIDENTS	3				
	CHALLENGING BEHAVIOUR / CONDUCT TO OTHERS			21		
	CHALLENGING CLIENT BEHAVIOUR / CONDUCT TOWARD SELF	9				
	DAMAGED PROPERTY AND EQUIPMENT	4				
	SLIPS, TRIPS AND FALLS					25

**DANIELA PHELAN
GENERAL MANAGER
CORPORATE SERVICES**

DONATIONS

OUR CBCHS AUXILIARY RAISED A TOTAL OF \$10,350.80

DONOR AMOUNT

ANONYMOUS DONATIONS	\$73.95
CHELSEA DONATION BOX	\$42.10
ST AUGUSTINE'S SOUTHERN OP SHOP	\$1,300.00
MARGARET ANGER	\$30.00
PETER FASSOULIS	\$50.00
ALL SOULS' OPPORTUNITY SHOP	\$600.00

TOTAL	\$2,096.05
--------------	-------------------



Above, Left
Receptionist, Fiona Lindsay

Above, Right
Warm water exercise



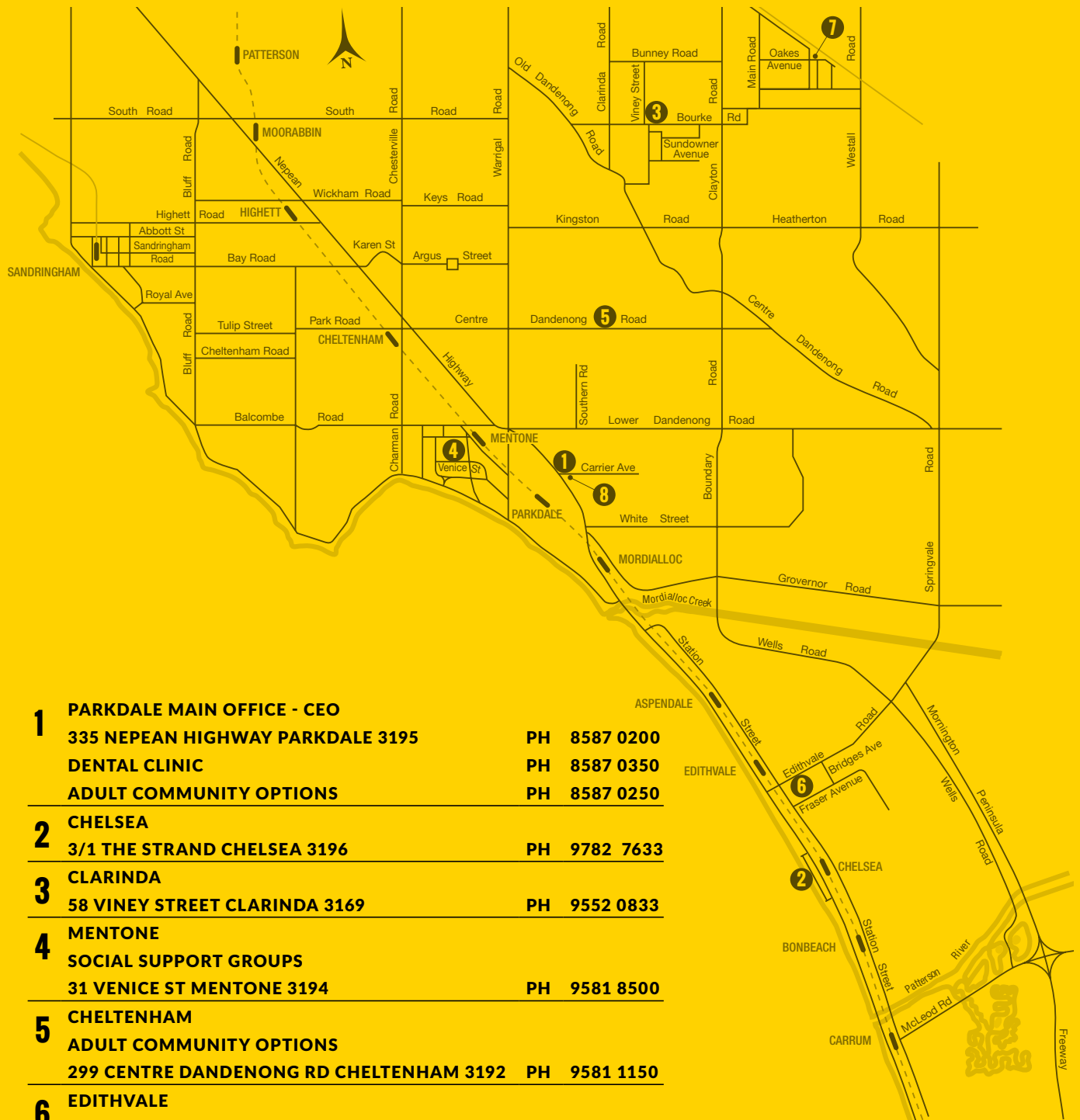
MEMBERSHIP

You can become involved with CBCHS by becoming a member - it is free! Any member of the community is eligible for membership of CBCHS if they are over the age of 18 and live, work or are enrolled as a student at an educational institution in the City of Kingston, or if they are a client, carer or volunteer of CBCHS.

Being a member provides opportunities to see and hear about what we do, through invitation to community consultation forums and the Annual General Meeting. You will also receive a copy of our Quarterly Newsletter! Members are eligible to apply and vote for candidates for the Board of Directors at the time of election.

**IF YOU WOULD LIKE TO BECOME A MEMBER,
PLEASE CALL 8587 0301.**

LOCATIONS & CONTACT DETAILS



1	PARKDALE MAIN OFFICE - CEO 335 NEPEAN HIGHWAY PARKDALE 3195 DENTAL CLINIC ADULT COMMUNITY OPTIONS	PH 8587 0200 PH 8587 0350 PH 8587 0250
2	CHELSEA 3/1 THE STRAND CHELSEA 3196	PH 9782 7633
3	CLARINDA 58 VINEY STREET CLARINDA 3169	PH 9552 0833
4	MENTONE SOCIAL SUPPORT GROUPS 31 VENICE ST MENTONE 3194	PH 9581 8500
5	CHELTHENHAM ADULT COMMUNITY OPTIONS 299 CENTRE DANDENONG RD CHELTHENHAM 3192	PH 9581 1150
6	EDITHVALE ADULT COMMUNITY OPTIONS 6-8 EDITHVALE RD EDITHVALE 3196	PH 9782 7400
7	CLAYTON SOUTH ADULT COMMUNITY OPTIONS 45 OAKES AVENUE CLAYTON SOUTH 3169	PH 9562 3019
8	CAFE ESCAPE 2 CARRIER AVENUE PARKDALE 3195	PH 9588 2463

WWW.CBCHS.ORG.AU

FINANCIAL STATEMENTS

CENTRAL BAYSIDE COMMUNITY HEALTH SERVICES LTD. ABN : 50 362 120 798

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
	\$	\$
REVENUE FROM OPERATING ACTIVITIES	16,361,911	15,751,277
OTHER INCOME	214,594	245,033
	16,576,505	15,996,310
EXPENSES FROM ORDINARY ACTIVITIES		
EMPLOYEE SALARIES & ONCOSTS	(11,211,125)	(10,269,281)
SUPERANNUATION	(1,009,063)	(959,037)
OTHER EMPLOYEES EXPENSES	(196,452)	(159,714)
ACCOUNTING & LEGAL	(27,155)	(10,367)
AUDIT	(18,000)	(15,000)
OFFICE EXPENSES	(627,210)	(564,504)
OCCUPANCY	(66,601)	(66,574)
UTILITY EXPENSES	(106,151)	(123,645)
CLEANING & MAINTENANCE	(353,258)	(467,718)
MOTOR VEHICLE EXPENSES	(232,710)	(241,752)
MEDICAL SUPPLIES	(311,670)	(287,885)
PROGRAM & CLIENT EXPENSES	(1,542,768)	(1,657,296)
OTHER EXPENSES	(244,360)	(152,787)
DEPRECIATION & AMORTISATION	(525,545)	(510,025)
	(16,472,068)	(15,485,585)
	104,437	510,725
CAPITAL CONTRIBUTION	-	212,500
- DENTAL PROGRAM EQUIPMENT		
SURPLUS FROM ORDINARY ACTIVITIES	104,437	723,225
INCOME TAX EXPENSE	-	-
SURPLUS ATTRIBUTABLE TO MEMBERS	104,437	723,225
OTHER COMPREHENSIVE INCOME	-	-
TOTAL COMPREHENSIVE INCOME	104,437	723,225

THE FULL 2016-17 FINANCIAL STATEMENT IS AVAILABLE ON OUR WEBSITE OR CONTACT CBCHS.

STATEMENT OF FINANCIAL POSITION

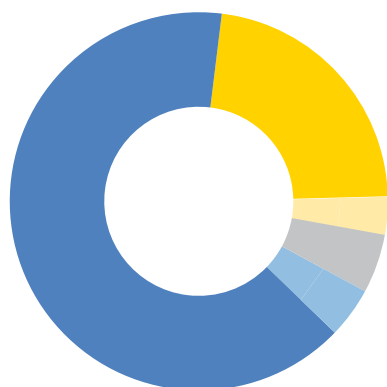
AS AT 30 JUNE 2017

	2017	2016
	\$	\$
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	3,773,965	3,321,409
TRADE AND OTHER RECEIVABLES	113,113	74,520
INVENTORIES	3,796	3,796
FINANCIAL ASSETS	3,489,651	3,392,655
OTHER ASSETS	407,915	320,467
TOTAL CURRENT ASSETS	7,788,440	7,112,847
NON CURRENT ASSETS		
PROPERTY, PLANT AND EQUIPMENT	8,883,162	9,088,721
TOTAL NON CURRENT ASSETS	8,883,162	9,088,721
TOTAL ASSETS	16,671,602	16,201,568
CURRENT LIABILITIES		
TRADE AND OTHER PAYABLES	1,833,641	1,467,882
PROVISIONS	2,066,705	2,196,063
TOTAL CURRENT LIABILITIES	3,900,346	3,663,945
NON CURRENT LIABILITIES		
PROVISIONS	586,805	457,609
TOTAL NON CURRENT LIABILITIES	586,805	457,609
TOTAL LIABILITIES	4,487,151	4,121,554
NET ASSETS	12,184,451	12,080,014
EQUITY		
RETAINED SURPLUS	10,332,670	10,228,233
RESERVES	1,851,781	1,851,781
TOTAL EQUITY	12,184,451	12,080,014

FINANCIAL SUMMARIES

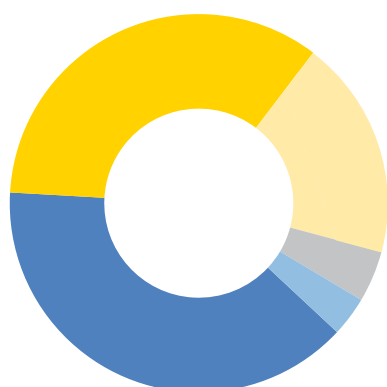
CENTRAL BAYSIDE COMMUNITY HEALTH SERVICES LTD. ABN : 50 362 120 798

OVERVIEW OF FUNDING SOURCES AND MAJOR EXPENSES



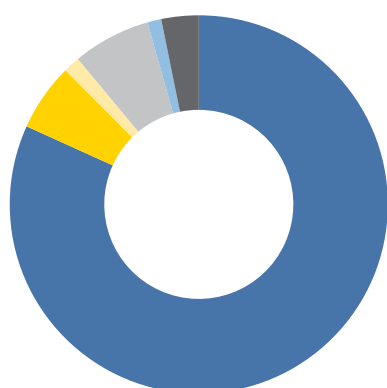
REVENUE BY SOURCE

STATE GOVERNMENT	10,728,956	64.7%
FEDERAL GOVERNMENT	3,751,086	22.6%
NON-GOVT GRANTS	541,664	3.3%
CLIENT CONTRIBUTIONS	838,447	5.1%
BUSINESS UNDERTAKINGS & FUNDRAISING	716,351	4.3%
	16,576,504	100.0%



REVENUE BY PROGRAM AREA

PRIMARY HEALTH	6,457,871	39.0%
AGED & DISABILITY	5,708,000	34.4%
DENTAL	3,119,156	18.8%
PRIMARY CARE PARTNERSHIPS	729,362	4.4%
BUSINESS UNDERTAKINGS & FUNDRAISING	562,116	3.4%
	16,576,505	100.0%



EXPENDITURE

STAFFING	13,468,943	81.8%
PROGRAM	951,911	5.7%
VEHICLES	232,709	1.4%
OCCUPANCY & OFFICE EXPENSES	1,097,459	6.7%
ADMINISTRATION	195,502	1.2%
DEPRECIATION	525,544	3.2%
	16,472,068	100.0%

THE FULL 2016-17 FINANCIAL STATEMENT IS AVAILABLE ON OUR WEBSITE OR CONTACT CBCHS.



Quality Account Report

**EACH YEAR CBCHS WRITES A REPORT ON THE WORK IT HAS UNDERTAKEN TO
IMPROVE THE QUALITY OF THE SERVICES IT PROVIDES.**

THIS IS OUR NINTH REPORT!





IN RESPONSE TO SOME CONCERNS RAISED BY PARENTS AND A NUMBER OF ADULT COMMUNITY OPTIONS (ACO) CLIENTS ABOUT BEING BULLIED,

we initiated a series of ten workshops focusing on anti-bullying behaviours. These workshops were initially targeted at a group of up to 12 of our younger more independent women, some of whom had experienced bullying of one type or another.

The workshops followed the guidelines outlined in the "Bullying. No Way!" website which is a Federal Government resource for secondary schools.

THE WORKSHOPS FOCUSED ON:

IDENTIFYING BULLYING BEHAVIOUR

HOW IT FEELS TO BE BULLIED

HOW OUR BEHAVIOUR AFFECTS OTHERS

UNDERSTANDING WHAT IS ACCEPTABLE AND UNACCEPTABLE BEHAVIOUR WITH OUR FAMILY, FRIENDS, TEAM MATES, COLLEAGUES AND COMMUNITY

HOW TO SAFELY PROTECT OURSELVES FROM BULLIES

WHO AND HOW TO ASK FOR HELP AND SUPPORT

KNOWING OUR AND OTHERS' RIGHTS AND RESPONSIBILITIES AT WORK, AT CBCHS OR IN THE BROADER COMMUNITY.

Really, it is all about learning positive interpersonal skills and safe assertive behaviours and knowing how and when to say **it's not okay!**

The tools used, that the women loved, were enlarged emoji posters depicting a range of "feelings" emoji faces, which they were already familiar with through mobile phones and Facebook. The posters helped the women to identify and recognise their own or others' feelings, when they could not verbally express them. We talked about how our outward expressions can often hide our true feelings, for example fear and sadness may be expressed as anger, looking confused might be feeling scared. Role play was an integral learning tool also as it provided practical opportunities to develop feelings of empathy and to learn alternative positive behaviours when either being bullied or witnessing bullies. The role play activities enabled the women to practice assertive and protective behaviours to effectively deal with bullies in a safe and nurturing environment.

**JULIE TORCASIO
PROGRAM MANAGER**

FALL PREVENTION PROGRAM

THE IMPACT OF FALLS IN OUR COMMUNITY LEADS TO A GREAT DEAL OF SUFFERING FOR PEOPLE.

A fall may lead to a hospital stay and in some cases the effects and injuries are so severe a fall can lead to unexpected death. At CBCHS we know that falls can be prevented and that balance and strength exercise programs are highly effective at preventing falls. We are proud of the excellent outcomes that our organisation is producing in people attending our program and grateful for the efforts of our team of dedicated Physiotherapists, Allied Health Assistants and wonderful support provided by a team of volunteers and our broader health services.

OUR CLIENTS TELL US THAT THEIR LIFE HAS IMPROVED IN THE FOLLOWING WAYS:

"I have more energy for numerous things."

"I can move easier and can prevent falling by being able to recover quickly."

"I now walk alone with confidence."

"I'm more active now and have made exercise a daily routine"

"I am walking faster when walking around the village."

**CARON HILL,
INTEGRATED HEALTH
CO-ORDINATOR**





PILATES HAS ARRIVED AT CBCHS!

**A NEW PHYSIOTHERAPY STUDIO OPENED
IN 2016 AT OUR PARKDALE SITE, WHICH
IS EQUIPPED WITH STATE-OF-THE-ART
PILATES EQUIPMENT.**

It is a bright, fresh facility with an eye catching blue feature wall and floor-to-ceiling mirrors. The programs target the deep postural muscles of the body to improve overall central core stability and posture. It is suitable for people with specific back and neck pain, postural problems, or those recovering from injury. The service provides two programs - Clinical Pilates and Strong Spines.

CLIENTS TELL US THAT THE PROGRAM HAS IMPACTED THEIR LIFE IN THE FOLLOWING WAYS:

CLINICAL PILATES CLASS

"I do not take any pain killers for my knee. I was taking strong daily pain killers. I am able to manage being on my feet all day so much better and I am able to get up and walk after sitting for a few hours. Genuine quality of life has improved greatly".

"Before I started the Pilates program I was experiencing constant back and referred pain. The program has cured this and I now have an understanding of the exercises I need to continue to keep my body strong. I can now do other exercises, like walking and yoga because I have no pain."

STRONG SPINES CLASS

"I feel stronger, happier, in charge of my body, the lower back pain is much improved. Before Pilates I didn't know where to start!"

"It has impacted my life tremendously - I no longer have an extremely sore back on a daily basis. I am now able to lift my baby with added strength - I'm trying to use my core and stomach muscles instead of my back. I had no idea about the core before I started Pilates but now I know how important it is to have a strong core.

THANK YOU SO MUCH"

**CARON HILL,
INTEGRATED HEALTH
CO-ORDINATOR**

Opposite, top
Pilates

Opposite, Bottom
Fall Prevention Program



BUILDING A BRIDGE WITH OUR COMMUNITY

LISTENING TO THE NEEDS OF OUR COMMUNITY IS IMPORTANT FOR US AT CBCHS, TO ENSURE THAT WE ARE MEETING PEOPLE'S NEEDS.

A local resident of Broadway Caravan Park in Chelsea invited the nursing team to join other residents for morning coffee. These activities were a wonderful opportunity for us to get to know the local community, to listen to and understand what people required. Those attending the coffee mornings helped our nursing team realise that it isn't easy to find out what services are available, how to access local health services and what fees are associated with the services. In time, the nursing team were able to understand the health and social support needs that were required and established plans to implement what people were looking for. Additionally, a number of residents were assisted to make appointments and establish their own health goals.

WHAT THE RESIDENTS TOLD US

"We would like to gain access to social activities"

"We would like access to affordable local services"

**CARON HILL,
INTEGRATED HEALTH
CO-ORDINATOR**

WHAT WE DID

Provided monthly social outings with our Social Support Services, which the residents are enjoying.

Provided information about service costs for people on Health Care Cards.

Provided an open day on the 27th July 2017 at the Chelsea site with dental health checks, interactive activities, time to have a look around the centre and chat to our health professionals.





REDUCING OUR WAIT TIME

CBCHS HAS BEEN WORKING TO REDUCE THE AMOUNT OF TIME CLIENTS HAVE TO WAIT FOR AN INITIAL APPOINTMENT ACROSS ITS SERVICES. TWO OF THE SERVICES IDENTIFIED AS HAVING LONG WAIT TIMES FOR CLIENTS WERE WITHIN OUR CHILD DEVELOPMENT SERVICE (CDS), FOR SPEECH THERAPY AND OCCUPATIONAL THERAPY.

AS OF OCTOBER 2016, THE WAIT TIME FOR CHILDREN TO SEE A SPEECH THERAPIST WAS BETWEEN 6-7 MONTHS AND FOR OCCUPATIONAL THERAPY IT WAS 11-12 MONTHS.

IN JANUARY 2017, CDS IMPLEMENTED A NEW PROCESS FOR MANAGING ALL NEW REFERRALS TO THE SERVICE. THE AIM WAS TO:

- Reduce the time children had to wait for an initial appointment
- Provide parents with information about their child's development and how to support them
- Provide a joint screening session for children identified as having more than one development delay i.e. an initial appointment could be with a Speech Therapist and Occupational Therapist.

The implementation of the new process has meant that initial appointments for CDS are now provided upon contacting CBCHS and the appointment is usually within 6-8 weeks from the time the service is contacted.

THE FOLLOWING IMPROVEMENTS HAVE BEEN IDENTIFIED AS A RESULT OF THE IMPLEMENTATION OF THIS CHANGE:

- Children are now receiving an initial appointment with CDS within 6 - 8 weeks
- Children without development delays are identified quickly and therefore do not sit on a waiting list for treatment for extended periods, when support isn't required
- Reduced anxiety in parents, as CDS are able to provide guidance and information to support parents between the initial appointment and commencement of therapy
- From the initial appointment CDS are able to identify if the child needs other service supports and provide referrals to other services if required.

**SAMANTHA O'BRIEN,
INTEGRATED HEALTH
CO-ORDINATOR**

CBCHS RECONCILIATION ACTION PLAN (RAP)

ENGAGING WITH OUR ABORIGINAL AND TORRES
STRAIT ISLANDER COMMUNITY AND IMPROVING
SERVICES

IMPROVING THE HEALTH OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IS ONE OF CBCHS' PRIORITIES. AS PART OF THIS COMMITMENT, WE ARE CURRENTLY DEVELOPING OUR FIRST RAP WHICH AIMS TO:

- Strengthen relationships between CBCHS and local Aboriginal communities, to increase access to our services and assist in 'closing the gap' to help achieve Aboriginal health equality
- Enable CBCHS to implement practical actions that build respectful relationships and create opportunities for Aboriginal and Torres Strait Islander people.

THE RAP IS BEING DEVELOPED BY A WORKING GROUP INVOLVING STAFF ACROSS THE ORGANISATION AND WILL BE COMPLETED LATER THIS YEAR.

NATIONAL RECONCILIATION WEEK ART LAUNCH

This year CBCHS undertook an initiative to strengthen relationships with Aboriginal and Torres Strait Islander communities by commissioning an artist to work with local Aboriginal children. The art work is now displayed at our Parkdale reception area, providing a more culturally welcoming environment to our services. The project also created an opportunity for local Aboriginal students to connect with their culture through the creative experience of art. During Reconciliation Week, CBCHS held an event to unveil the art work in collaboration with the Southern Melbourne Primary Care Partnership. The event was attended by the student artists from Parkdale and Patterson River Secondary Colleges, members of our local Aboriginal community, Tim Richardson MP, Member for Mordialloc and many other services in our district.

REBOOT CAMPAIGN FOR ABORIGINAL KIDS

CBCHS was proud to take part in this year's 2017 Reboot Campaign for Aboriginal kids. The activity involved collecting football boots and runners for indigenous children in rural and remote Australia. We collected 87 pairs of boots which will be distributed by Port Adelaide Football Club's Aboriginal Program. This program makes a big difference to the lives of many kids.

DEBRA STARR
INTEGRATED SERVICE AND
PLANNING MANAGER





HEALTHY MIND AND BODY PROGRAM

THE HEALTHY MIND AND BODY PROGRAM IS A NEW SIX-WEEK PROGRAM RUN BY OUR COUNSELLING AND CHRONIC DISEASE NURSING TEAM TO PROVIDE PARTICIPANTS WITH AN OPPORTUNITY TO:

- Develop strategies for managing anxiety
- Learn and practise relaxation techniques
- Receive education on how to improve overall health and wellbeing
- Take part in health and wellbeing group discussions

CLIENTS TOLD US WHAT THEY REALLY ENJOYED ABOUT THE GROUP SESSIONS:

'The group was really interactive and well led.'

'The program was very well designed and presented - comprehensive for an enormous subject/topic.'

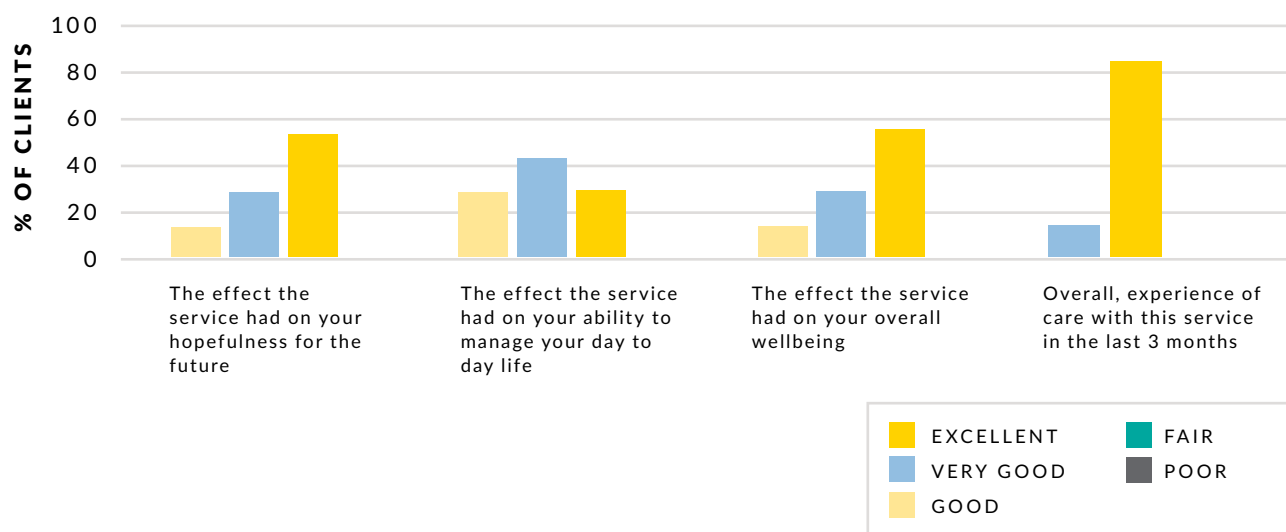
'You felt comfortable in the group.'

A CLIENT TOLD US THAT THE PROGRAM HAS IMPACTED THEIR LIFE IN THE FOLLOWING WAYS:

"It was really good to go there to discuss anxiety because we were all in the same boat and could understand each other. I learnt that anxiety is a normal health condition and you can get help, you don't need to close the door on it. It was beneficial because I felt isolated because I felt anxiety and now I know that there is support there. I enjoyed the group so much I didn't want it to end."

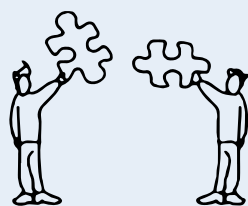
As a result of the experience of this service clients provided us with the following feedback via surveys:

HEALTHY MIND & BODY PROGRAM EXPERIENCE



SAMANTHA O'BRIEN
INTEGRATED HEALTH CO-ORDINATOR

CO-DESIGN OF CBCHS SERVICES WITH OUR COMMUNITY- CONSUMER DIRECTED CARE



users/stakeholders designers/researchers

Traditional feedback methods for health services are to ask user groups to comment on their satisfaction of the service received. At CBCHS we wanted to change that perspective and involve our community by asking about their experiences, perspectives, values, challenges and understandings to assist with planning our services. Over the past year, in collaboration with the Primary Care Partnership, CBCHS has established a clinician's group co-design project with our community to improve services for clients who have chronic complex issues. The aim was to develop a consumer driven model of care for care-planning and improved coordination. The process has been well received and gained international acknowledgement with presentations at both the Australian Disease Management Association Conference and the World Congress on Integrated Care.

DEBRA STARR
INTEGRATED SERVICE AND
PLANNING MANAGER



THE PROJECT APPROACH CONSISTED OF THE FOLLOWING:

- Conducting a series of facilitated workshops using a co-design process with managers, clinicians and clients working together and using a consensus decision making approach
- Workshop activities included:
 - Listening to the client's experience of care
 - Mapping the client journey
 - Using client experience to design the model
- The workshops involved clinicians letting go of their assumptions and actively learning from the client's perspective and experiences.

THE WORK HAS PRODUCED A SERVICE MODEL WHICH PROVIDES:

- Better assistance for clients to navigate the health system
- Full comprehensive assessment on entering the service to determine health needs that link clients into the right types of care
- For those clients needing a higher level of care, a designated clinician will provide on-going support ensuring continuity of care
- Care plans that document client goals
- Designated time for clinicians to meet and develop integrated client case planning, monitoring and review.

Working in a co-design approach with our clients has ensured we are responsive to our community needs and our services are appropriately meeting their health requirements.

DENTAL CLINICAL INDICATORS



Dental Health Services Victoria audits clinical outcomes from all Community Dental Clinics across Victoria. Quality Clinical Indicators are widely used in the health sector as an evidence-based method of measuring Dental outcomes compared to the region and State average.

The indicators are also useful for quality improvement. The Australian Council on Healthcare Standards (ACHS) regularly reviews the indicators in oral health so that they accurately represent the current health care environment.

The data below shows CBCHS' Dental Record Keeping compared to the region and State average for 2016. The following areas were rated greater than 90% and achieved results higher than the region and State averages:

- Patient Charter and Privacy of Health Information Brochure provided
- Patient identification confirmed
- Presenting complaint
- Complete charting
- Diagnostic tests and investigations
- Diagnosis and treatment planning
- Informed consent
- Fee estimate
- Periodontal charting
- Time out procedure
- Treatment details recorded
- Drugs administered – name, concentration dose, anatomical site
- Standard abbreviations
- Objective comments
- Referral documentation
- Instrument tracking
- Clinician working within defined scope of clinical practice
- Clinician following best practice clinical guidelines

93.5%

SUCCESS RATE OF
FILLINGS IN ADULTS

97.4%

SUCCESS RATE OF
FILLINGS IN CHILDREN

97.8%

DENTURE SUCCESS
RATE

98.5%

SUCCESS RATE OF
EXTRACTION WITH NO
COMPLICATIONS

85.21%

EMERGENCY PATIENTS
OFFERED CARE WITHIN
24HR

7,201

NUMBER OF PATIENTS
SEEN IN 2016-2017

DR. PRIYA GOPALAKRISHNAN
SENIOR DENTIST/CLINICAL
CO-ORDINATOR

DIANNE WILLMOTT
SENIOR LEAD NURSE



WARM WATER EXERCISE

THE WARM WATER EXERCISE GROUP HAS A LONG HISTORY WITH CBCHS AND ITS LOCAL AREA.

The group commenced in 1980 and has continued to provide exercise, fun and social opportunities since that time. It was originally named Octopussies as one of the first participants laughed and stated she felt like an Octopus with her arms and legs splashing around in the water.

It has been proven that regular exercise is an important factor in the management of chronic musculoskeletal conditions and potential benefits include improved joint mobility, reduction in pain, improved aerobic fitness, improved balance as well as reduced fatigue and sleeplessness. The program is run at the Don Tatnell Pool in Mordialloc.

The sessions are based around the modes of exercise which are:

- Aerobic: increasing the heart rate
- Strength: working the muscles so they strengthen and grow
- Range of Movement: improving and maintaining joint flexibility and movement
- Stretching for flexibility and balance.

As well as completing the exercises there is lots of chatter, fun and laughter. The social aspect of the program is very important. Many of the participants have been attending for a number of years and always enjoy catching up with their friends each week. For some it is their only chance to get together with others as well as providing an opportunity for them to maintain or increase their mobility and independence.

Participants' comments:

'I COME ALONG EVERY WEEK-I LOVE IT'

'REMEMBER THE SAYING, USE IT OR LOSE IT'

'IF I MISS A FEW WEEKS I NOTICE THE DIFFERENCE IN MY HANDS'

'I AM NINETY AND I STILL LOVE COMING. IT KEEPS ME YOUNG.'

**LYNNE WORCESTER,
TEAM LEADER**

ACCREDITATION

ACCREDITATION IS THE PROCESS OF AN EXTERNAL ASSESSMENT AND REVIEW OF OUR PROGRAMS AND SERVICES; IT AIMS TO PROMOTE A CULTURE OF CONTINUOUS QUALITY IMPROVEMENT WITHIN CBCHS. ACCREDITATION OCCURS ON A THREE-YEAR CYCLE, WHICH ASSESSES CBCHS ON MULTIPLE STANDARDS. THE CBCHS DENTAL CLINIC RECENTLY COMPLETED AN EXTERNAL AUDIT FOR NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS.

OVERALL SUMMARY OF PERFORMANCE

CBCHS has continued to provide culturally safe and effective services for its community despite the challenging service delivery environment.

THE ASSESSMENT TEAM IDENTIFIED SEVERAL SIGNIFICANT ACHIEVEMENTS AND STRENGTHS:

- A culture of critical reflection is evident across the organisation with many examples of the effective use of data to inform service planning and review
- There is a strong client centred approach to service delivery which is valued by staff and clients
- CBCHS works collaboratively with a range of partners to provide services to meet the needs of the community, and stakeholders indicated that the organisation is the 'go to' partner in the region
- HR systems are robust and well established to effectively support staff with access to training and professional development, supervision and annual performance review and development
- Communication across the organisation is good with staff feeling well connected and informed
- The recent work completed on integrated care planning is a good base for the organisation to move forward into a changing service delivery environment.



Level of attainment for each standard: NSQHS Standards

	Standard 1 Governance for Safety and Quality in Health Service Organisations	✓ Satisfactorily Met
	Standard 2 Partnering with Consumers	✓ Satisfactorily Met
	Standard 3 Preventing and Controlling Healthcare Associated Infections	✓ Satisfactorily Met
	Standard 4 Medication Safety	✓ Satisfactorily Met
	Standard 5 Patient Identification and Procedure Matching	✓ Satisfactorily Met
	Standard 6 Clinical Handover	✓ Satisfactorily Met

INFECTION CONTROL DENTAL

PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

INFECTION CONTROL SUPERVISION AND SYSTEMS ARE EMBEDDED WITHIN OUR DENTAL SERVICE, WITH A REGULAR SCHEDULE OF AUDITS CONDUCTED TO MONITOR COMPLIANCE WITH INFECTION CONTROL.

A RISK MANAGEMENT APPROACH IS TAKEN WHEN IMPLEMENTING POLICIES, PROCEDURES AND PROTOCOLS FOR THE CONTROL OF INFECTION WITH A PROACTIVE APPROACH TO MONITORING AND REDUCING THE RISK OF INFECTION TO PATIENTS AND STAFF.

PROCESSES THAT REDUCE THESE RISKS INCLUDE:

- Hand Hygiene
- Standard infection control precautions
- Transmission-based precautions
- Aseptic (non-touch) technique
- Safe handling and disposal of sharps
- Prevention and management of occupational exposure to blood and body substances
- Environmental cleaning and disinfection
- Antimicrobial prescribing
- Communicable infection
- Processing of reusable medical devices
- Single-use devices
- Exposure-prone procedures

THIS GRAPH SHOWS THE MONTHLY
HAND HYGIENE COMPLIANCE RATES

DIANNE WILLMOTT
ORAL HEALTH

HAND HYGIENE COMPLIANCE RATE 2016-17

JULY 16					100%
AUG 16					100%
SEPT 16					100%
OCT 16					100%
NOV 16					100%
DEC 16					100%
JAN 17					100%
FEB 17					100%
MAR 17					100%
APR 17					100%
MAY 17					100%
JUN 17					100%

