

Working together to build healthy lives



Quality of Care Report 2011

This report contains information, feedback and stories. It explains what our consumers and community members think about our service. We are doing everything we can to and ensure the services provided are of the highest quality and that the health of our communities is improved. With the help of our consumers and community members participating in governance, planning, service development and evaluation we make sure our services work for you and meet the needs of our diverse community.

As an organisation, we are accredited by the Australian Council of Healthcare Standards (ACHS) and subscribe to their Evaluation and Quality Improvement Program (EQuIP), which encourages the organisation to constantly reflect on the way we operate and always seek ways to improve the way we do our business. Supporting this, we also have a number of program specific accreditation standards, which are in place to ensure you receive a quality level of care.

Thank you to the staff who wrote about their work. Thank you to the Wyndham Cardiac Rehab group who asked us to make a smaller A5 summary size report with a longer detailed report available on the web and in hard copy on request. They asked for more assertive distribution of the report to existing consumers and community locations such as Doctors clinics and community houses. The group also wanted us to make sure the report was available in waiting rooms all year round. Thank you to the consumers who completed a survey in the St Albans waiting room who helped to choose what information should be in the summary report.

Your feedback on this report is welcome and appreciated. If you have any further comments or suggestions for us or wish to be more involved with helping us improve our services, please feel free to notify a staff member or complete the form on the back of this report.



Consumer, Carer and Community Participation

Consumer and community input is an important part of making sure services are the best quality they can be.

ISIS Primary Care works with and values the input of consumers, carers and the community to improve services. Our Community and Consumer Framework helps us to make sure that consumers have input into policy development, priority and access to the service, planning, delivery and evaluation of services.

Doing it with us not for us

Indicator 1

The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.

100% of the specified strategies were in use;

- ✓ We have a community participation policy
- ✓ The organisation is implementing a community participation plan
- ✓ We record and report on community participation in a variety of ways
- ✓ We have systems processes and structure to involve consumers, carers and community members
- ✓ We build the capacity of staff to support consumer, carer and community participation

Indicator 2

Consumers and where appropriate carers involved in informed decision making about their treatment care and wellbeing at all stages and with appropriate support.

96% of clients were satisfied or highly satisfied with their involvement in decisions about their care

Indicator 3

Consumers are provided with evidence based information to support key decisions making in their care.

100% of new written information sources met standards.

56% of all clients participated in developing their own care plan whether the care required was simple or complex.

Indicator 4

Consumers carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.

Consumers were involved in 5 of the 6 dimensions;

- ✓ Strategic planning
- ✓ Service program and community development
- ✓ Quality improvement
- ✓ Governance
- ✓ Health information

We are also working to a plan to support consumers to have more input into having more reviewing complaints.

Indicator 5

The organisation actively contributes to building the capacity of consumers, carers, and community members to participate fully and effectively. Yes we do this and some of the ways are described in this report.

We do so through supporting you to be active:

- ✓ In your own care
- ✓ As volunteers
- ✓ to plan and develop services with us

Diversity Committee

This new committee was established late in the year and has developed its first plan. Priorities for the next twelve months include whole of organisation work to improve access and make our services more welcoming for the Aboriginal and gay, lesbian, bisexual, transgender, intersex members of our communities. We will achieve this through audits, making changes as necessary and training staff with the help of people from those communities. We will also do a review of all our campus entrances and waiting rooms to check that they are inviting and welcoming to all members of our community.

Language Services

In 2010-2011 ISIS PC spent \$584,000 on interpreter services. Approximately 7500 instances of interpreter use were made both on site and by telephone. Interpreters from 70 different languages were used with 12 languages being used more than 100 times. Stand out languages were Vietnamese, Karen, Arabic and Dinka.



Refugee Health

The last 4 years has seen a continued increase in the number of refugees settling in the Wyndham area. A large percentage of these refugees come from Burma and particularly the Karen state. Traditionally, members of the Wyndham community requiring specialist outpatient services have had to travel to Footscray, Sunshine and the city to access public hospital outpatients departments.

This was problematic for refugees who required a lot of assistance with travel and directions and often needed to attend multiple clinics. This was identified at Service Coordination forums and consultations with the Wyndham refugee community.

Over the last 2 years, the teams have worked to establish partnerships with specialist services to enable provision of clinics at ISIS Primary Care Wyndham. The following clinics now see a range of GP clinic patients and refugees from the local community:

- Weekly Paediatric clinic through the Royal Children's Hospital Centre for Community Child Health (Tuesday)
- Ante-natal case management clinic through Western Health Midwives as required
- Karen Pregnancy classes with the Healthy Mothers Healthy Babies team (Thursday)
- Monthly Infectious Disease clinic with Infectious Disease Physician (Wednesday)
- Monthly Optometry clinic through the Australian College of Optometry (Friday)
- Hepatitis C nurse through Western Health commences August 2011 and planned to increase to fortnightly attendance. This will coincide with the once a month Liver clinic Western Hospital which is planned to commence soon.
- Additionally, informal agreements have been established with many private specialists at Werribee Mercy Hospital. These agreements mean that the specialists will bulk bill referred refugee patients. The Werribee Mercy Consulting suites will also arrange interpreters and liaise with ISIS Primary Care regarding attendance and any appointment changes.

The key outcome is that the attendance of the refugees at specialist appointments has increased significantly. Previously, due to difficulties in travelling to the major hospitals, many refugee patients missed their appointments. This meant that when seen again by the GP, they needed to be rebooked and treatment was delayed.

Attendance at the clinics run at ISIS Primary Care is high. The Paediatric clinic is fully booked with allocated spaces held for new referrals. The Infectious Diseases Physician sees up to 8 review patients and 2 new patients each session. The Optometry clinic sees up to 8 patients each session and a waiting list has been established for patients wishing to see the Optometrist at this site. Extra Optometry sessions have been booked due to the number of patients requiring review visits in addition to the new referrals.

The teams formally meet quarterly and liaise weekly to review attendance at the clinics, access to the clinics and address any issues identified.



Celebration of Cultures Day at Tarneit

Tarneit is one of the new suburbs on the urban fringe in Wyndham. The population is diverse and rapidly growing. Members of the CH Counselling team held a Celebration of Cultures Day during National Diversity Week 2011. The aim of the event was to engage with the local Indigenous community, to introduce local residents to local Indigenous culture, to share and celebrate the cultural diversity of the local area, to decrease social isolation and to foster a sense of inclusion. Activities included art, singing, dance and music.

This event enabled the local community to experience many aspects of Indigenous culture. An internationally recognised Indigenous artist worked with the community to create a large artwork. Participants contributed by having their handprint outlined with paint droplets, or via freehand drawing or painting. The canvas will be hung in the open reception area of the local community centre as recognition and welcome to the Indigenous community and to honour the shared local story of diversity.



Scott Miller Pilot

The Community Health Counselling Team identified the need to find a way to easily measure our clients' opinions about the care they receive. This 'consumer knowledge' is one of the key elements of evidence-based practice in CH counselling. It sits alongside counsellor knowledge, research evidence and population data as the key elements for ensuring a quality service is provided.

The team has trialed the use of two client feedback tools – the 'Session Rating Scale' and the 'Outcome Rating Scale'. The Session Rating Scale enables clients to tell us how well their Counsellor is meeting their needs at each appointment. The Outcome Rating Scale enables clients to tell us whether they are making progress in key areas of their lives. These tools are used in many services across Australia, and in other countries. The aim of using these tools is to improve outcomes for clients.

A Project Team of 4 staff completed a literature review, trialed the tools, consulted with the team and prepared a report with recommendations. The tools were found to be easy to use, and well accepted by clients. Many clients told us they found the tools made it easier to give us feedback, and they liked being asked about the care they received. Counsellors found the tools made it easier for them to be responsive to client needs. A new Project Team now has the task of working with the Counselling team to integrate the tools into our work with clients.

Quality and Safety

ISIS Primary Care is committed to providing services of the highest quality. Quality is part of everything we do. Systems are in place to make sure things are done consistently and in the right way. We review and evaluate our activities to make sure we are doing what we say we do and to check we are using the best methods available.

We make sure our staff are qualified and have the skills they need to provide a quality service. We update our equipment and provide modern and welcoming facilities. We take action to reduce our risk, so that our practice is safe. ISIS Primary Care is also committed to the provision of a healthy and safe working environment and a safe welcoming environment for our clients.

Accreditation

ISIS Primary Care demonstrates its commitment to risk management and continuous quality improvement (CQI) through our policies and procedures, the allocation of resources for the management of risk management and quality improvement, and our ongoing voluntary participation in the Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQUIP).

In December 2010, three surveyors from ACHS spent four days at ISIS Primary Care to conduct the EQUIP organisation-wide re-accreditation survey. We are pleased to say that the organisation was successful in achieving a further four years EQUIP accreditation. The surveyors commented that “a commitment to quality and the evaluation and improvement of services that are provided was obvious to the survey team” and that “quality and risk are very well managed” at ISIS Primary Care.

In addition to EQUIP, the GP Clinics, Family Service, ABI, Linkages and CACPs, and Home and Community Care (HACC) programs have continued to make improvements to ensure they comply with the requirements of the program specific standards they are reviewed against.



Occupational Health & Safety

The ISIS Primary Care Occupational Health and Safety Committee is committed to the provision of a safe and healthy working environment and the wellbeing of staff, visitors, contractors and volunteers. The Committee consists of employee representatives from campuses or workgroups and two management representatives.

During 2010-2011 the committee:

- Conducted fire training as part of induction and annual fire drills, in conjunction with the CFA and MFB at all campuses.
- Conducted site audits at all campuses and undertook remedial safety improvements as identified.
- Reviewed the home visiting, bullying in the workplace and sun protection policy.
- Conducted occupational health and safety inductions for new staff across each of the campuses.
- Created a monthly OH&S report for communication at each campus which identified trends from the electronic incident management reporting system.
- Provided monthly training sessions to new employees in incident management and risk management ongoing skills development.

The Occupational Health and Safety Committee looks forward to implementing improvements across campuses based on the result of consultation with key stakeholders within the organisation.

Client Feedback

ISIS Primary Care demonstrates its commitment to working in partnership with our local communities through a variety of community engagement activities across the organisation at both an organisational and program level.

The organisation's Community Participation Committee has:

- Developed a process for incorporating community feedback into the review process for relevant organisational policies and procedures.
- Identified organisational policies and procedures that require community input as part of the review process.
- Worked with the Health Promotion team to develop a resource to assist employees across the organisation with engaging their consumers.
- Prepared for the organisation-wide Client Feedback Survey to be conducted in August – September 2011.
- Reviewed how we provide feedback to our clients that have provided us with feedback about our services and facilities.

The feedback that clients provide to us about the quality of our services and facilities is important in assisting us to improve. During 2010-2011, we received 125 informal feedback forms from our clients – these included compliments on our services, suggestions for improvement of our services and facilities and complaints about the services received. Additionally, we received 38 formal complaints about the services we provided to you.

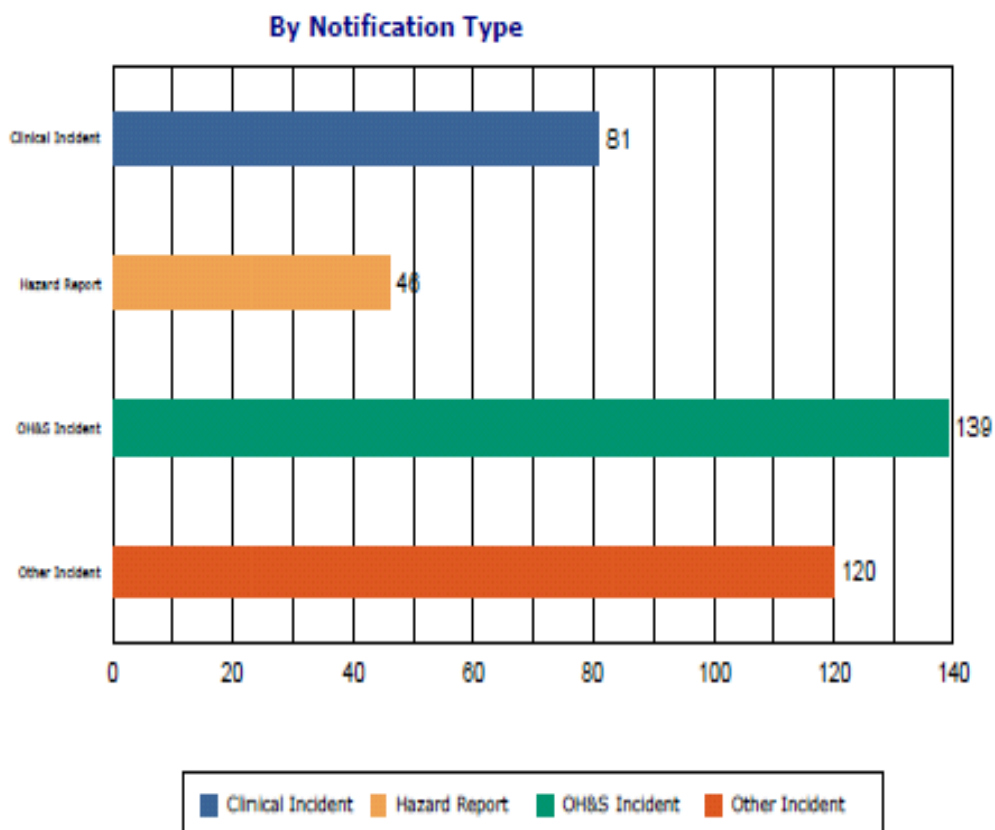
Risk Management

Our risk management systems were reviewed as part of our EQUIP organisation wide re-accreditation survey, with the surveyors commenting that “quality & risk management are very well managed”. Additionally, the surveyors commented that “risk, risk analysis and risk reporting form an integral part of the quality and risk policy and function of the day to day operations of ISIS”.

To improve our risk management processes at ISIS Primary Care, we implemented an electronic incident, feedback and risk management system called RiskMan, which has now been operational for 12 months. This electronic system has allowed for better management and reporting on incidents and feedback for the organisation.

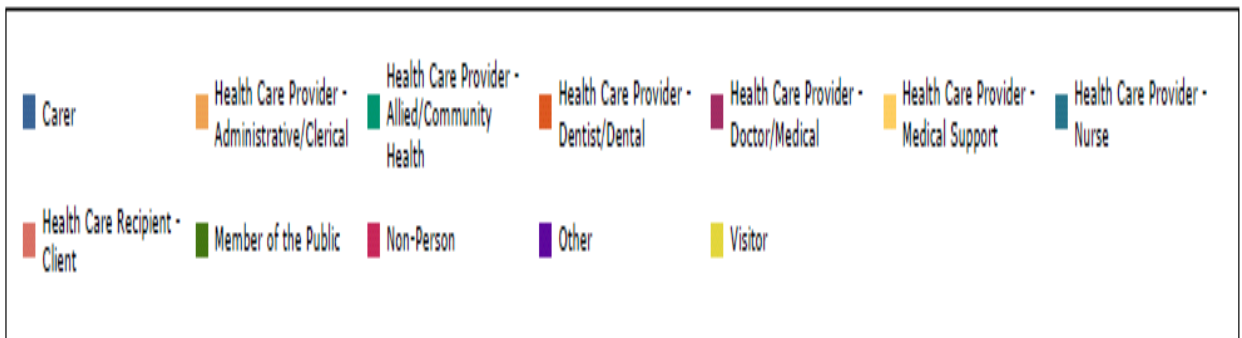
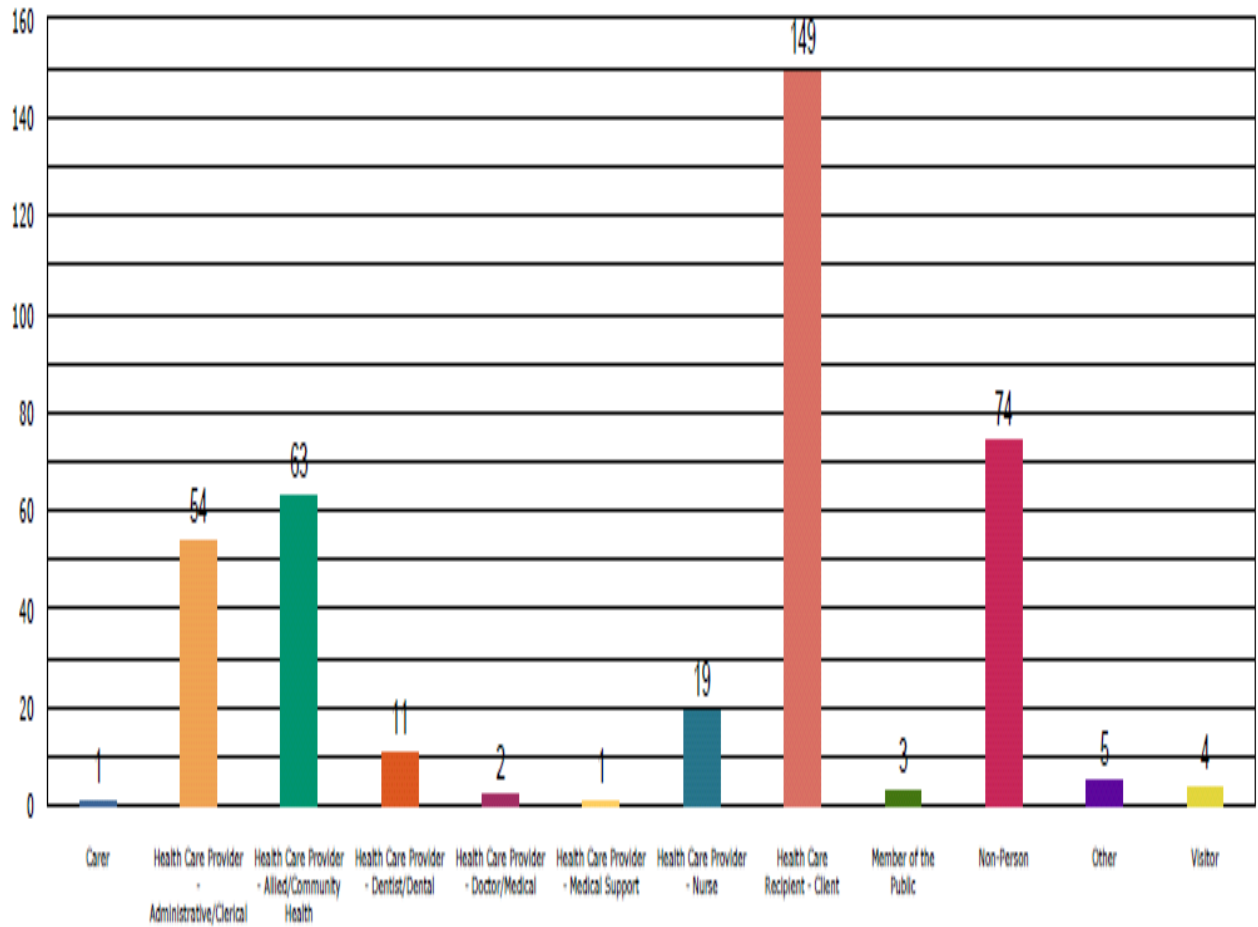
During 2010-2011, 386 incident reports were reported by our staff. All of these incidents were investigated and recommendations have been made to reduce the likelihood of similar incidents occurring in the future. Where incidents reports submitted by staff and complaints received from clients were related to the same incident, these can be linked in our system.

Incidents by notification type

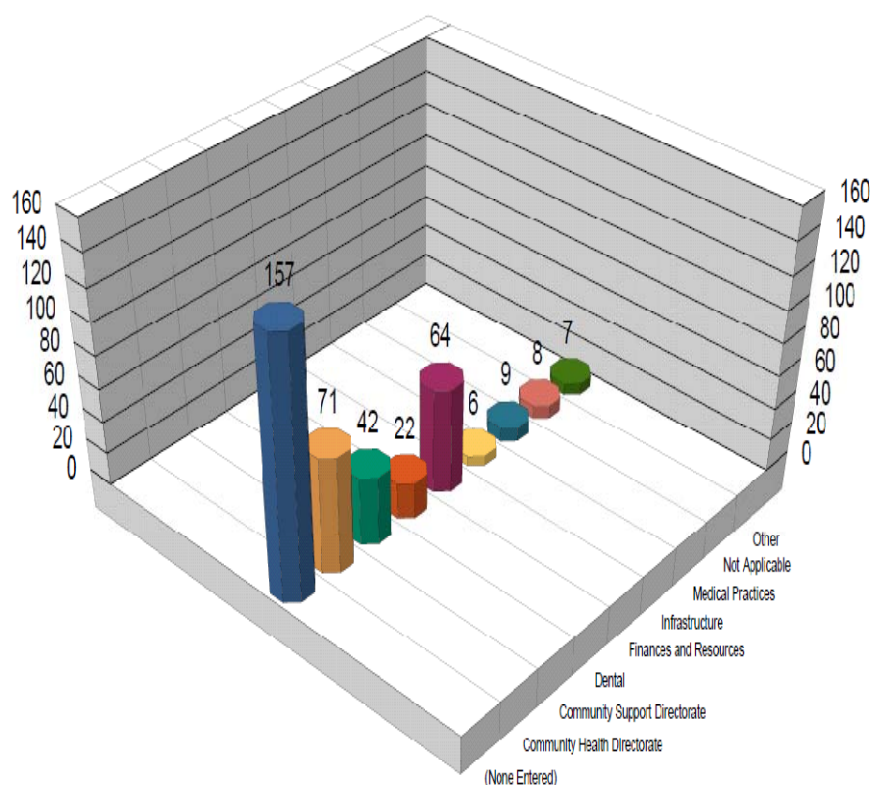


Incidents by person involved

Role



Incidents by directorate



Dental

Each year Dental Health Services of Victoria asks us to carry out a dental record keeping audit. This audit enables us to see how we are progressing with the recording of client notes as other aspects such as treatment planning which may impact on the quality of service with are providing for clients. This also enables opportunities for improvement.

Indicator description	Result Wyndham (% compliance)	Result Brimbank (% compliance)	State average (% compliance)
Signed and updated medical history	90	90	92.7
Complete Charting	95.6	100	96.7
Evidence of informed consent	96.7	86.2	89
Presenting complaint	100	98.5	95.3
Treatment details	100	100	97.6

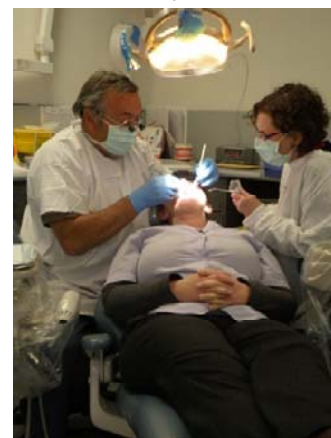
Over the last 6 months a number of changes have been introduced in order to better improve the quality and efficiency of the Dental Services.

Some of these have been:

1. A better spread of appointment allocations- a combination of 15mins bookings, 30minute bookings and 45minute bookings. Previously a number of the 15minute spots in the book were left vacant. Filling the 15minute bookings has enabled us to see more patients from our waiting list for examinations and denture problems and has allowed us to recall children from our recall waiting list. Last year we were not able to meet the demands for child recalls.

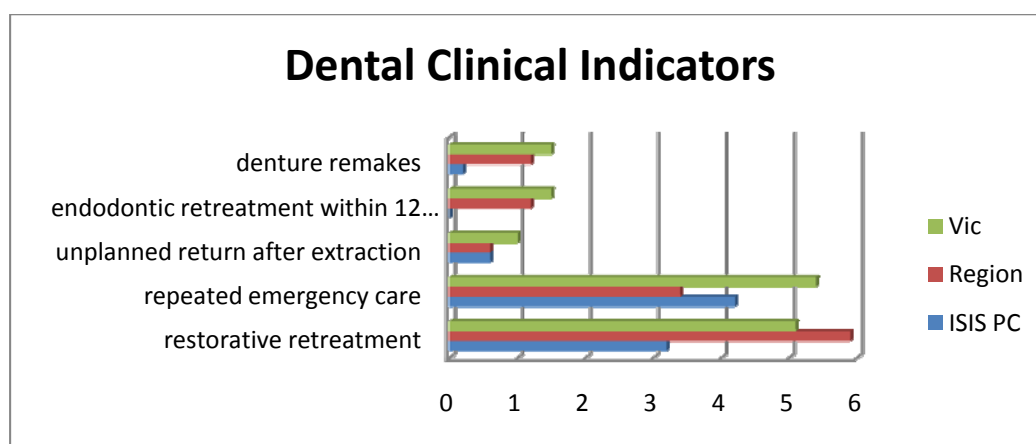
2. Confirmations of appointments-over the last 6 months there has been up to 3 hours or more of appointment times which are booked but not attended by patients. As a result of confirming appointments the fail to attend rate has dramatically decreased from 13% in August 2010 to 5 % in August 2011.

This decrease in failure to attend rate enables us to use our time more effectively and to see more patients off the waiting list and to manage those in pain. It has also enabled the dentists to finish the treatment on patients at a quicker rate as patients now attend and are more committed to their dental needs being met. .



The clinical indicators compare all dental services across the region and state, providing valuable feedback that we use to improve service.

ISIS Primary Care outperformed the region and the rest of the state on 7 out of 9 indicators. We believe that these figures demonstrate the highest quality of ISIS Primary Care dental services, particularly in the endodontic and denture fields.



Practice Manual Voyage Alcohol and Drug Service

A review of the previous Voyage Practice Manual occurred in November 2010 and the manual was based on an individual focused case management approach to alcohol and drug treatment. This did not meet with the service expectation as articulated by the Victorian Government's Alcohol and Other Drug Treatment Blueprint nor the National Drug Strategy 2010 – 2015. Additionally the previous manual did not reflect the significant service improvements that have occurred through 2010 to ensure compliance with state and national policy.

Through the first 6 months of 2011 a Draft Manual was written for consultation with staff and key stakeholders. The contents of the manual reflect contemporary evidence based treatment approaches.

Project outcomes:

- 6 group consultations occurred.
- 4 individual consultations occurred.
- Voyage Practice Manual completed to Final Draft and placed on shared drive.
- Training in respect of content within Practice Manual commenced in August.
- Voyage Practice Manual consultation and training to be concluded in November and the manual then endorsed by Director Community Support.

Infection Control

The Infection Control Committee is committed to reducing the risk of infection for both clients and staff. The committee does checks at the various ISIS campuses on a regular basis. We also check the knowledge that staff have about infection control. These steps help to make sure that ISIS Primary Care keeps following the national guidelines for infection control.

ISIS Primary Care also works alongside Melbourne hospitals. The Infection Control Committee realised that workers at ISIS may see people who have infections after being in hospital. Because of this, the Committee has worked with hospitals and infection control experts to make up guidelines for these situations. Although clients in community health are at low risk of infection, we have still improved our infection control. This means that clients are protected while still getting quality care.

Effective hand washing is still the best way to stop infection spreading. For this reason, in 2010/2011 the committee organised hand washing education sessions for all staff. The committee also updated hand washing posters displayed at campuses. Staff can use these as a quick reference.

Like many things in the world today, infection control often changes. The Committee has set up a central web page for staff to get updates and information. As well as this, a specialist comes to ISIS every year and runs an infection control update session for staff.

Group work at ISIS

Group work is considered an important part of our delivery of services to clients and is an effective way of delivering health education and skill development to clients in a supportive way. In 2009 the Community health directorate decided to review the way it plans and delivers groups in order to improve outcomes for clients.

It was identified that there were no set rules for the planning, delivery and evaluation of group work activities at ISIS Primary Care and therefore groups were poorly planned and there were differences in how the same type of group is conducted across different campuses. There were also no actions to ensure that groups are reviewed and improved on a regular basis. Coordination and management of these groups was therefore challenging and risk management had become an issue.

In consultation with staff, a set of guidelines (rules) were developed to support planning, implementation and evaluation of group work. As well as this, a set of new planning and evaluation tools were also developed to support staff to plan their groups appropriately.

As a result of these changes:

- 100% of all groups running now have a program plan, with 89% of those including plans for how the group will be evaluated
- 90% of group plans now include a risk management plan
- some groups were stopped due to the group no longer meeting the needs of clients.

It was also found that only 17% of plans involved clients in the planning of the group and this has been identified as an area for improvement in the future.

Consent

During the October 2009 client file audits (both internal & external) it was identified that there was low compliance with the collecting of consent. For the entire organisation, Client consent to collect information was 62% and 80% for Client consent to treatment. Adherence to the collection of Verbal consent at the initial phone contact with the client was at this time not audited.

In order to improve compliance a review of the organisational consent policies was undertaken. It was determined that the policy needed to be condensed and the process simplified. The existing three consent policies were amalgamated to one policy, Consent – Service Provision Policy, which also added a new type of consent – Refusal of Treatment.

The criteria were amended to include all areas of consent;

- Consent to Collect; to Obtain/Disclose; to Treatment; to Photography.
- Verbal consent and Refusal of Treatment were also added to the criteria.

The results of the 2010/2011 file audits indicate that compliance with Consent to collect had improved from 62% to 93%, and Consent to Treatment also improving to 97%. The introduction of additional criteria had produced satisfactory results of 100% for Consent to photography and 93% compliance for clients consenting to verbally collect information.

Continuity of Care

ISIS Primary Care strives to make each and every client's service experience positive, with the best outcomes possible. ISIS Primary Care is committed to ensuring service providers have the skills to deliver comprehensive and best practice care.

At ISIS Primary Care, clients and carers (as appropriate) are active participants in all components of their care. Clients are provided with relevant information to inform decision making.

We strive to provide coordinated care both within our service and with other service providers including GP's, hospitals and a huge range of community based support services.

Our work with Health West focuses on improving the health system in the west to ensure better access to services and continuity of care.

Care plan project

Care Planning can improve client outcomes in a wide range of clinical settings. Previous evaluations of care planning practices and audits of client files in the community health directorate have found that many clients do not have a written care plan in place. Care Planning needs to be systematically undertaken by the service and be of a quality recognised by industry standards.

The existing care planning templates were reviewed and modified to accommodate a multidisciplinary approach to care planning. Exit plan template was created to assist client support post discharge. Detailed instructions for staff were created; policy and procedures for care planning were updated. A group of consumers were also asked to give opinion on the new care plans and procedures.

An audit in June 2011 found no change in the number of files with a care plan (63% from 65%) this is possibly because there were many clients were still in an early stage of care at the time of the post project audit. However there was an increase in coordinated care plans 31% from 23%. Communication improved from 36-73% and there were less duplicated care plans 10% from 20%. Care Planning is to be subject to ongoing quality improvement process to better support clients to manage their conditions. Some of the challenges for workers and clients were how to incorporate care planning into existing practices, how to appropriately set goals with clients and how to ensure that clients from CALD backgrounds, refugees and those with competing priorities were able to benefit from the process as well.

Table: File Audit pre and post care plan project:

	Pre (%)	Post (%)
Care Plan In File	65 (65%)	61(63%)
Coordinator where evident	15 (23%)	15 (31%)
Communication evident	18 (36%)	46 (73%)
Client has more than 1 care plan.	20 (40%)	10 (19%)
Goals achieved noted	57 (57%)	55 (75%)
Feedback to referrer noted	22 (22%)	34 (35%)

HARP

Streamlining service coordination for clients referred to HARP Complex Needs Programs was undertaken as a means to further reduce the number of unnecessary emergency presentations within Western Health – Footscray and Sunshine campuses and increase referrals to HARP.

- Immediate Response Service (IRS) team located within emergency departments Footscray and Sunshine Hospitals was commenced and consists of care coordinators, allied health – occupational therapy, physiotherapy, social work and pharmacy as a means to identify clients who would benefit from HARP community outreach services and reduce response time from referral to first contact.
- Referral to IRS allied health services and social worker by community HARP has reduced the need to broker additional private services for clients and increased communication between acute and community providers
- Neuropsychology services within aged care assessment services made available across care coordination teams has reduced the need to broker private services
- Fortnightly to monthly clinical supervision by senior clinician with care facilitators to tease out identified issues and formulate solutions thereby reducing length of stay on program
- Bi weekly case conferences with HARP team and Geriatrician available to HARP team for additional medical advice, problem solving and sharing of ideas. GP's informed of date and time of case conference and have the option of attending in person or via telephone link. Outcome and recommendations sent to GP.

Results:

- Improved communication between acute and community providers
- Reduced response time to referrals
- Reduced need to broker allied health services
- Reduced need to broker neuropsychology services

Living Well

Several strategies were implemented to ensure more widespread knowledge of and increased referrals into the Quit Smoking services offered by the ISIS Living Well Program:

A promotional stand was held at Brimbank plaza on World No Tobacco Day – 20 potential clients were interactive with the stand over a 2 hour period for anywhere from 2-10minutes. This resulted in 12 clients attending the 1 hour World No Tobacco Seminar on How to Quit Smoking - this attendance is up 400% from 3 clients the year before. We then had enough clients to be able to run the 6 week Quit Smoking Fresh Start course which we haven't been able to run since March 2010 due to insufficient numbers of Quit Smoking clients wanting to attend the group.

Results:

- Increased referrals of clients to the World No Tobacco Day Seminar
- Successful running of a full course of the Quit Smoking Fresh Start course
- Living Well staff observed that clients attending the group were more ready to change than clients in other groups ran previously.
- Increased referrals of Quit Smoking clients to our 1to1 sessions
- Increase in the numbers of clients who were first time users of the ISIS Services.



High Risk Foot Clinic

The High Risk Foot Clinic started at Wyndham in July 2010 in response to a growing demand to manage high risk clients with chronic and recurrent ulcerations. The goal of the clinic was to provide a high quality service that would meet the needs of this complex client group, and ultimately provide better, more coordinated care, improve wound healing and improve the client's overall self-management of their chronic complex condition (most often, diabetes). It was also imperative that we adopt the best practice model, as described by Diabetic foot care standards.

Two clinical sessions (using 2 rooms) per week are devoted to HRFC (approx 16 hours per week). Appointments always available for eligible clients – clients have not and will not be refused an appointment. Emergency time slots always available and team works together to squeeze people in if necessary.

Client appointments are not cancelled due to staff sick leave, annual leave or unexpected commitments.

Clients referred to HRFC are not placed on wait list – offered immediate appointment. Clients able to access clinic once to twice a week as needed.

Letters are sent to all GPs notifying of new HRFC structure – leading to increase in referrals from GPs – and therefore better wound management.

Outcomes

- Any clients referred to the clinic have not waited more than one week for an appointment
- GPs have responded to our letters informing them of the HRFC and have been referring clients to HRFC for wound care – cases that were otherwise being undermanaged
- Clients presenting with acute infection and ulceration requiring intensive care are now able to access the clinic twice a week for review.
- Involvement of the dietician and physiotherapist have given clients advice and info that they would otherwise not have been given. Many of our clients refuse to see other services, but have been more than happy to meet them in the clinic for a chat and the relationships that have slowly developed from this have encouraged clients to make changes in diet, nutrition and physical activity.
- We have a number of clients who have changed markedly – their behavior towards staff has improved, their attitude towards themselves and self care has improved, their attendance at appointments has improved and also their self esteem and feelings of self worth. We have a gentleman in particular we can use as an example.

He was very depressed, unmotivated, very shy and uncertain, and did not rate himself very highly at all (repeatedly making statements like; I should have been shot at birth; I am a waste of time and energy). He

had been attending ISIS Podiatry since 2003. We have witnessed an enormous shift in energy and attitude in this client – he attends all appointments, he is brighter and more enthusiastic, he is finally considering spending some money on himself and using the nutritional wound care supplements, he attended the focus group (bringing along a home made cake!) group Christmas party (to which he brought his karaoke machine and sung



for the group) and has also commenced the “foot club” exercise group. These are huge achievements for someone who has for many years now, been presenting so negatively and with an attitude of “giving-up”.

- The clients attending the HRFC are chronic and very complex – with most of all very complex social issues. Most of them are socially isolated and depressed due to this. They are often unmotivated, and would not consider exercise, attending groups or referrals to other health professionals. It has been amazing to see these same clients excited about attending the focus group, about meeting “other people in the same situation as me”, enthusiastic to join the HRFC exercise group and just so positive about coming to the clinic. We believe this exercise group will be the next step to greatly improving their social and mental wellbeing, not to mention providing gentle appropriate exercise for them.
- We have also seen an improvement in client compliance – clients hearing the same message from different podiatrists each week and it seems to be finally getting through! This is not just about listening to advice and instructions, it is also the value they are placing on their health and wanting better outcomes – something that was not happened before.

HACC Women’s support group Wyndham

Through the weekly review of the Occupational Therapy waitlist it was noted that there were a number of single women over the age of 45, living in rental accommodation that were socially isolated.

The women were contacted and invited to meet with some of our staff at ISIS Primary Care to discuss their problems and to see if there was any way we could help them. Following this meeting a group was set up to let the women know what help there is for them, how to get this help and how to have more people and supports around them to help them when needed.

Following the initial get together seven meetings were held with the women, staff from ISIS and other services in the area. At these meetings the seven women talked about their lives, what they can do to improve things as well as having guest speakers talk to them about what help is there for them in the community. They also set some challenges for themselves each week, such as having a coffee with a friend, going to a movie, preparing a healthy meal or going for a walk or swim.

In a short time they were arranging outings and time together and got to a point where they felt they did not need any further help from ISIS.

The ISIS staff arranged to stay in contact with the women to see how they were getting along.

12 months on and the women are now going out on a regular basis with each other as well as being involved in some other activities in the community.

They have said that they no longer feel isolated and are much happier through the friendships they have developed. Most of the women said they were more confident, had more friends, were less stressed and some were eating better and becoming more active.

In regards to the aims of the group: 57% were more aware of what help there was in the community, 71% were more confident in finding help if needed, 43% felt there were more supports around them and 43% felt an increase in support from meeting the other women in the group.

Health Promotion

In 2009 a number of issues were seen to be effecting the planning and delivery of health promotion projects at ISIS Primary Care. It was identified that there were a large number of staff involved in health promotion with only a small number of hours to do this work. This resulted in: poor project planning, limited evaluation and targeting population groups that are easier to work with rather than those at most need. In addition it was also indentified that recruitment and retention of qualified health promotion professionals to support this work was challenging due to our location in the west and the level of experience required to support project work. The current structure also didn't offer opportunities for career advancement to current health promotion staff.

A number of changes were made to the health promotion program in 2010. These included:

- The initial 50 service providers involved in health promotion was reduced to 12, with each of these service providers having at least one day a week of health promotion hours.
- The number of HP projects was also reduced to again increase the amount of time and effort available to plan and implement good projects.
- A new planning template was developed and currently being tested on new projects.

Due to the restructure we were also able to recruit two health promotion graduates to the program in December 2010. It is hoped that this initiative will go some way to improving our recruitment and retention issues to this program.

So far we have seen a huge improvement in the types and quality of projects we are delivering and even though we have less projects they are reaching more of the community and will hopefully have greater outcomes than seen before.



Quality of Care Report 2011

Feedback

Your feedback is welcome and we invite you to complete and return this form.

Age

- under 25 25-45 45-65 over 65

Gender

- Male Female

Was the report interesting?

- All Most Some None

Was the report easy to read?

- All Most Some None

Did you read the long version?

- Yes No