



Research  
Evidence

Evidence  
Based  
Practice



Clinical  
Expertise



Patient  
Preference

# Quality of Care Report 2015



**Dianella**  
Community Health

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## What is evidence-based practice?

**Evidence-based practice means giving the best possible care to our clients and letting go of old or ineffective practices when a different way is possible and shown to be effective.**

Research-proven assessments and treatments are applied in clinical care and service delivery. It means choosing service delivery that focuses on our client, rather than being compelled to use budget conscious service delivery because we can't prove our treatments are effective.

## Welcome

**to the 2015 Quality of Care Report. Dianella is committed to providing safe services and improving the services we offer.**

Our focus this year is 'Evidence Based Practice'. Evidence Based Practice involves our clinicians undertaking research and attending professional development to inform their practices. Some of the stories printed in this report highlight how Evidence Based Practice is used in the delivery of our services to clients.

A copy of this report will be sent to all our members and other organisations we work with. It will also be available to our clients in waiting rooms across all our sites and on our website.

## Feedback on the 2014 Quality of Care Report

We asked our clients to rate the improvements we made in the Quality of Care Report In 2014 against their original feedback.

- 84% agreed it was simple to read
- 93% said that it provided an overview of the majority of our services
- 76% agreed that the graphs were simple and easy to understand
- 91% were happy with the amount of photos
- 93% enjoyed reading real stories

**Thank you to our clients who took the time to meet and give us their feedback on our quality improvements.**

We hope this year's report continues to reflect what our consumers suggested.

### We welcome any feedback that you have by:

- telling one of our staff
- emailing [feedback@dianella.org.au](mailto:feedback@dianella.org.au)
- completing the feedback form on the last page of this publication and placing into the 'Suggestions' box near reception at your nearest Dianella location

# Who are we and what do we do?

*Dianella Community Health (originally Broadmeadows Community Health) commenced in 1978 and has served the people who live, work or study in the City of Hume for over 35 years. Dianella is a registered, not-for-profit organisation independent of Government, a company limited by guarantee, owned and operated by its membership.*

In January 2015, Dianella opened a new location, the Dianella GP Super Clinic, directly opposite the Broadmeadows Shopping Centre in Coleraine St, some 50 metres from where our very first office was established back in the late 70's. Back then we employed some 30 staff, today we have approximately 200 staff and we are supported by over 100 volunteers.

Hume City is one of the fastest growing communities in Melbourne and represents a rich diversity in culture and background. Dianella is aware of the need to not only deliver health services but also to improve the life outcomes for our community. We do this by providing a comprehensive range of primary health services in partnership with Hume City, Department of Health and Human Services (DHHS), Department of Education and Training (DET), Dental Health Services Victoria (DHSV), Department of Social Services (DSS), local non-government organisations, the Northern Hospital, and a wide variety of community groups.

Access to our services is important for our clients hence, at our new GP Super Clinic, many of our services are all under the one roof including MIA Radiology (X-Ray) and St John of God Pathology (blood tests) and specialist health services such as Cardiology (heart). We will also welcome Quality Pharmacy and our Dental services by early 2016. Our clients will also be able to make appointments with our doctors online from November 2015 onwards.

**To enquire about our services please call the GP Super Clinic on 8301 8888.**



*Client preferences contribute to how we deliver our services*

## Our Values:

Professionalism,  
Respect, Integrity,  
Compassion &  
Excellence

*We deliver primary health services to community members of all ages, from different ethnic groups and from different socioeconomic circumstances.*

# From the Chair & Chief Executive Officer



Dr Neil Cowen  
Chief Executive Officer



Dr John Hodgson  
Chair, Board of Directors

*It gives Dr John Hodgson, Chair of the Board of Directors and I, great pleasure to present the Dianella Quality of Care Report for 2015.*

This report provides the Board of Directors and staff with an opportunity to inform our community about some of this year's highlights in service delivery but also how we monitor, compare and change what we do to improve the quality and safety of our care. I started in the role of Chief Executive Officer in October 2014.

## Highlights for the year:

### GP Super Clinic opens

We opened the GP Super Clinic in Broadmeadows in February 2015, which has been hugely successful in allowing Dianella to continue to provide quality health services to the Hume Community.

### Population Health Key Achievements 2014–2015

As a key partner in the Healthy Together Hume (HTH) consortium, Dianella Community Health (DCH) has utilised a systems approach to create a healthy environment for the people of Hume where they live, learn, work and play. We strategically chose to build on the partnerships created through HTH and the framework of the Healthy Together Victoria Achievement Program, to embed the Integrated Health Promotion (IHP) priorities. This approach strengthened the delivery of both the HTH and the IHP objectives across various settings and built strong relationships with local government, business, community organisations and schools.

### Planned Activity Groups – Dietetics – Interim six month report: July 2015

Malnutrition in the elderly is a significant health problem. Studies conducted in

Australia reported that 20–30% of older clients living in the community were malnourished, with an estimated 44% of community dwelling older people at-risk of under-nutrition (Source: National Ageing Research Institute Ltd).

Dianella is improving the lives of older people at risk in the Hume community via the Planned Activity Groups (PAG) Program. As part of Dianella's commitment to working together to improve health and well-being of everyone in the local community, PAG are well placed to support elderly people as they are at the forefront of their care. Aim: The aim of this project is to improve nutritional status amongst clients attending the Broadmeadows Planned Activity Groups.

Physiotherapy team working in collaboration with the Planned Activity Groups to incorporate gentle exercise.

### Surveys

The following Programs conducted client surveys during the past 12 months:

1. GP Super Clinic and Broadmeadows Health Services – Client satisfaction survey;
2. Healthy Mothers Healthy Babies – Healthy Mothers Healthy Babies (HMHB) satisfaction survey;
3. Community Asthma Program Team – Community Asthma Program (CAP) Parent Written Asthma Action Plan Project survey; and
4. Organisation wide – Dianella Day.

Dr Neil Cowen  
Chief Executive Officer

Dr John Hodgson  
Chair, Board of Directors

## Board of Directors

In 2014, the Dianella Board focused its strategic direction on meeting the growing demands for services and we achieved a successful financial outcome. In keeping with our vision for long-term organisational viability and sustainability, this placed us in good stead in 2015 to open our new GP Super Clinic and expand the range of services we deliver. Our Management Team continue to plan for the development of new and expansion of existing services.

The Board of Directors are:

- **Dr John Hodgson** – Board Chair
  - **Ms. Julie Busch** – Deputy Chair
  - **Mr Emmanuel Tsakis** – Treasurer (elected July 2015)
  - **Mr James Hooper** – Community Representative
  - **Ms Anne Jungwirth** – Community Representative
  - **Ms Vase Jovanoska** – Community Representative (elected May 2015)
  - **Mr. Malcolm Vue** – Community Representative
  - **Ms. Margaret Douglas** – Community Representative
  - **Mr. Gary Henry** – Community Representative
- We take this opportunity to thank all Board members for volunteering their time and their ongoing commitment. Special thanks goes out to those Board members who have left the organisation and contributed their time and skills. They are:
- **Mr. Deva Corea** – Treasurer (resigned December 2014)
  - **Ms Sam Denny** – Community Representative (resigned September 2015)

# Accreditation Outcomes

## Quality Plan

*In May 2014, we went through a full accreditation review (which is done every three years). Accreditation is an independent recognition that an organisation meets the requirements of defined criteria or standards.*

The accreditation review was undertaken by a not-for-profit organisation called Quality Innovation Performance (QIP), with more than twenty years' experience in community service accreditation.

Our Quality of Care Report 2014 provided information about the outcomes of the review including an 'exceeded' rating on two standards. The Reviewers' also make recommendations and these are put into a Quality Plan.

Dianella is committed to Continuous Quality Improvement and uses this plan of recommendations to guide quality projects between the accreditation reviews (2014 – 2017).

In February 2016, we will participate in a review with QIP (called a 'mid-cycle review'). Dental and Disability services will be assessed against the National Standards and Dianella as an organisation will be assessed for its progress on its quality improvement projects. Some of our projects are listed here against the relevant National Standard.

### Standard 1: Governance for Safety and Quality in Health Service Organisations



Governance systems are implemented by the leaders of an organisation to set, monitor and improve the performance of the organisation and communicate the importance of the patient experience and quality management to all members of the workforce who use the governance systems. In 2015, all work plans must include quality and safety

objectives with actions that demonstrate our ongoing commitment to continuous quality improvement.

A quality and safety initiative within the Physiotherapy team was to undertake a review of the waitlist. The service experiences high demand and analysis showed that 55% of the clients required an Arabic/Chaldean/Assyrian interpreter.

A clinic has been established, client engagement and improvements in health outcomes are being monitored to inform models of care for similar initiatives in the future. The clinic is discussed in more detail later in this Quality of Care report.

### Standard 2: Partnering with Consumers

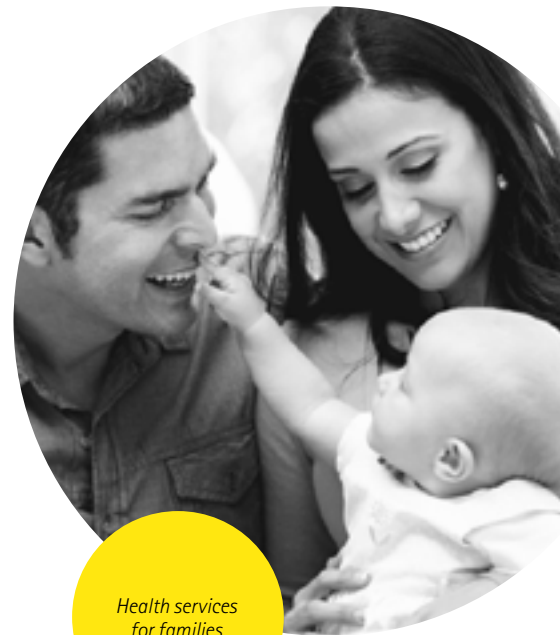


We undertook research in our community by using a professional, independent research specialist to determine the service gaps between what our community needs and what services are currently being delivered.

### Standard 3: Preventing and Controlling Healthcare Associated Infections



We have established a formal Infection Control Committee to implement the Infection Control Plan.



Health services  
for families

*Dianella is committed to Continuous Quality Improvement and uses this plan of recommendations to guide quality projects between the accreditation reviews (2014 – 2017).*

# We welcome our GP Super Clinic to the community

*As early as 2005, Broadmeadows and the Northern suburbs were experiencing a rapid increase in population and needed an expansion in accessible, high quality health services to meet those increasing demands.*

We also asked our community what they wanted and importantly, what they needed. The answers were simple. We need all the services together, we want more services and we want to be able to access it on foot or public transport.

And so began our vision "to create a convenient, central health service hub to improve access to health services for our community".

Over the next 10 years, leaders of the organisation advocated for its community. That journey included entering into joint funding arrangements between Dianella and the Commonwealth Government and the acquisition of the land from the State Government.

On Monday 16 February 2015, our vision became a reality when Dianella officially launched the GP Super Clinic. Located at 42-48 Coleraine Street, Broadmeadows, it is within easy access from the Broadmeadows Shopping Centre and public transport.

Members of Federal, State, Local Government, local health, business and community groups attended the launch and gave feedback that we had delivered a state-of-the-art, purpose-built, easily accessible facility with major health services under the one roof.

Since that date, we have sought to expand the range of services provided to our clients and we have partnered with other agencies in order to provide our community with the ability to receive comprehensive health care. Clients can also access other services in the clinic such as MIA Radiology (x-ray) and St John of God Pathology (blood tests). Quality Pharmacy and our Dental services are preparing to move into the clinic by early 2016.

Throughout the year Dianella has employed additional doctors, specialists, nurses and practice staff to meet the increasing demand for services with service expansion planned for 2016 and beyond.



## Bulk Billing

All doctors bulk bill patients with a valid Medicare Card



## Same day appointments

All doctors are taking new patients



## After hours care

Please call 132 660 Monday to Friday after 7.45pm and all day Saturday and Sunday



## For EVERYONE in the community

If you require interpreting services to speak with our staff please call 131 450 for assistance

More information about our Medical practice can be found on our newly launched, dedicated website  
[www.dianellasuperclinic.org.au](http://www.dianellasuperclinic.org.au)

For information about other Dianella services see  
[www.dianella.org.au](http://www.dianella.org.au)

*The new GP Super Clinic is a purpose-built centre with services under the one roof just a short walk from the centre of Broadmeadows*



*L-R: Dr Neil Cowen, CEO, Dianella; Cr Adem Atmaca, Mayor, Hume City Council; Dr John Hodgson, Chair, Dianella Board; Mr Frank McGuire MP, Member for Broadmeadows; Ms Maria Vamvakinou MP, Federal Member for Calwell.*

# Pathway to Good Health

*Pathway to Good Health is a program funded by the Department of Health and Human Services with an aim of providing a Comprehensive Health Management Plan for babies, children and young people in Out-of-Home care (foster care and / or kinship care).*

Babies, children and young people will be referred to Dianella Community Health in a range of ways such as by Out-of-Home Care agency staff, child protection staff and placement workers.

The children will have a priority appointment to be booked in to see a GP at Dianella Community Health or another allocated Medical Practice for a General Health Assessment and a referral to the Pathway to Good Health Multidisciplinary Program.

Timely health care is particularly important to this group of vulnerable children in the community as they often move placements many times over a short time period and have varied health care.

Dianella is a designated multidisciplinary site for children aged 0-12 years old for the Pathways to Good Health Program.

An essential outcome of the comprehensive health assessment will be to develop a Health Management Plan.

The development of this plan will be undertaken by the multidisciplinary team in consultation with the GP. This plan will outline the health diagnosis, proposed treatment and referrals to other specialist services.

It will become a critical communication tool between health professionals and others caring for the child about the health needs and treatment required for each child.

The multi-disciplinary team consists of an experienced and dedicated Paediatrician, Child and Adolescent Psychologist and a Speech Pathologist.

The Pathways to Good Health Clinic is managed by the Pathways to Good Health Paediatric Nurse Coordinator.

The Dianella Community Health Pathways to Good Health Program has provided services for 90 children since its inception two years ago and will continue to provide this service to the community with goals of short and long term health and wellbeing for these children into the future.

**Enquiries regarding this program can be made directly to our Medical Practice on 8301 8888.**



*At the centre of the Pathway to Good Health model of care is a comprehensive assessment with a doctor*



# Physiotherapy

*Streamlining access to Physiotherapy services for clients requiring Arabic, Assyrian or Chaldean interpreters.*

## Our community profile

- 20,348 persons in our community (12.2% of the Hume population) speak Arabic/Chaldean/Assyrian (ACA) at home<sup>1</sup>
- On average, 7.7% of our community speak limited or no English<sup>2</sup>
- Therefore 1,567 persons in our community and need an Arabic/Assyrian/Chaldean interpreter when engaging with services

## The waiting list for Physiotherapy in November 2014

Dianella interpreters are in very high demand, Clients who need the physiotherapy service may have to wait up to 4 times longer for an appointment compared to clients who speak English

- 62% of the clients were waiting for Physiotherapy services at the Dianella GP Super Clinic
- 51% of the clients were waiting for Physiotherapy services at Dianella Craigieburn
- 89.6% of the clients were waiting for Physiotherapy services at Dianella Meadow Heights

## We asked our clients

ACA Interpreters engaged with our clients and asked them how we could change the way the service is delivered so that we could provide greater access to interpreters. 87% of clients said that having a clinic would be better.

## How the clinic operates

Currently, a client is given a specific appointment date and time on any day. This means that our interpreters usually travel between appointments resulting in time being lost that could be better utilised for seeing clients.

A clinic is where a dedicated interpreter is present for the four hours. Clients are asked to come on the date between certain 'times' so they do not have a specific time, just a time range. Clients are seen in the order they arrive.

From November 2014 to January 2015, Dianella commenced a clinic with a dedicated ACA interpreter. The four hour clinic was run twice a week at different Dianella sites.

## Was it successful?

In February 2015, we looked at the waiting list to see if we had made an improvement by looking at the overall percentage of clients needing an ACA interpreter. The percentage is important because clients are added to the waitlist every day.

- 28% of the clients were waiting for Physiotherapy services at the Dianella GP Super Clinic  
↓ a reduction of 34%
- 23% of the clients were waiting for Physiotherapy services at Dianella Craigieburn  
↓ a reduction of 28%
- 37% of the clients were waiting for Physiotherapy services at Dianella Meadow Heights  
↓ a reduction of 53%

See table on page 9 for more information.

## Developing an evidence base

Anecdotal evidence (by word of mouth) suggests that this resulted in better client outcomes.

As one clinician commented;

*"Susan and I have had positive outcomes with breakthroughs when discussing the complexity of pain for both men and women. The respect/team attitude shared between the health professional and interpreter has had a positive impact on client trust and involvement."*

This also suggests that clients reached their goals in a shorter period because assessments were streamlined, and the therapists saw more initial appointments than usual. This allowed them to see more clients and reduce waiting times.

Anecdotal evidence suggests that therapists spend more time on actual treatment due to the ability of organising her schedule to ensure that the full four hours was spent on client face-to-face contact. Administration and file writing were done upon completion of the daily clinic.



### How successful was it?

	<i>% of clients requiring an ACA interpreter in November 2014</i>	<i>% of clients requiring an ACA interpreter in February 2015</i>	<i>Overall reduction in number of clients waiting for an ACA interpreter</i>
<b>Broadmeadows</b>	62%	28%	34%
<b>Craigieburn</b>	51%	23%	28%
<b>Meadow Heights</b>	90%	37%	53%



### Conclusion and next steps

Changing the way we deliver services by changing to a clinic format improved access for clients by increasing the access to an interpreter and was cost-effective. Clients preferred to be given a time range and were quite happy to wait to see the Physiotherapist as this was an opportunity for a chat with other clients.

The clinic also allowed the interpreter to do follow-up calls and confirm appointment times. Clinicians also reported that by using the same interpreter they were able to develop a rapport that improved the efficiency in delivering health and clinical messages to clients.

This pilot project was an alternative approach to providing interpreting services based on listening to our clients' needs. It was deemed as being so successful that this clinic now continues to be available to clients wanting physiotherapy services on an ongoing basis.



*By listening to our client preferences, better health outcomes have been achieved by changing how we manage our physiotherapy appointments*

# Podiatry

## Diabetes Assessment six months review



*With a better understanding of our client group we are able to provide timely, quality care.*

*Dianella podiatry is currently treating a large number of clients that have diabetes. In the middle of 2014 Podiatry began a review of our process for assessing and treating people with Diabetes.*

Based on this review a new set of procedures and processes based on Evidence Based Practice were implemented in September 2014 and the outcomes reviewed in March 2015.

### September 2014

- 40% of podiatry clients have Diabetes
- Only 42% of those clients had received the required 1 visit in 12 months

### Annual Diabetes Assessment (2014)(%)

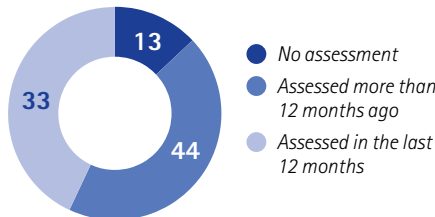


Figure 1: Clients with Diabetes - annual diabetes assessments - initial 2014.

### March 2015 – six months review of procedure

- 67% clients had received the required one visit in 12 months
- 28% had been booked in for an assessment at their next appointment
- An overall increase of 53% had or will have an assessment within 12 months

### Annual Diabetes Assessment (2015)(%)

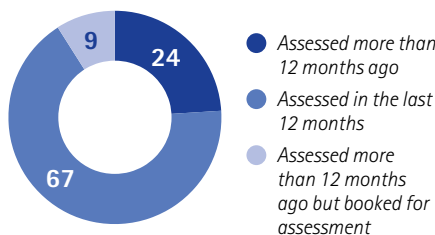


Figure 2: Clients with diabetes – annual diabetes assessments – Review 2015

### Risk assessment

As well as conducting reviews at least once every 12 months, we have also implemented a method of categorising clients based on risk that allows us to give appropriate care based on their risk category of high, intermediate and low risk.

The assessment identified that almost 50% of clients would be considered 'high' risk, 30% intermediate risk and 20% are low risk. Identifying those with a greater risk allows Dianella to give the right quality of care at the right time.

### Foot risk status (%)

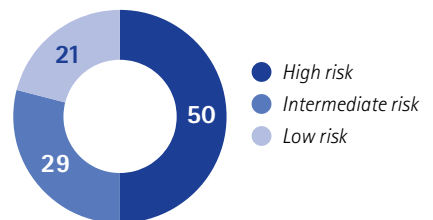


Figure 3: Dianella Foot Risk Status – Review 2015

Evidence Based Practice procedures have been implemented in line with professional guidelines and based on extensive research. By implementing these procedures we have already started to see a significant improvement in our standard of care.

With a better understanding of our client group we are able to provide timely, quality care.

# Refugee and Asylum Seekers

Since 2006, Dianella has provided a Refugee Health Program and since 2013, expanded the program with funding from the Department of Health and Human Services to provide assistance to Asylum Seekers.

Each year Australia receives approximately 13,000 Refugees annually. Victoria receives approximately 4,000 Refugees of which over one third will settle in the City of Hume.

Refugees and Asylum Seekers in the City of Hume come from varied countries including Iraq, Iran, Syria and Afghanistan to name but a few.

## Who is a refugee?

A refugee is a person who is outside their own country and is unable or unwilling to return due to a well-founded fear of being persecuted because of their:

- race
- religion
- nationality
- membership of a particular social group or
- political opinion

Asylum seekers or refugees and migrants have very different experiences and reasons for moving to another country. Migrants choose to leave their home country, and can choose where to go and when they might return to their home country. Asylum seekers and refugees, on the other hand, flee their country for their own safety and cannot return unless the situation that forced them to leave improves.

## Who is an asylum seeker?

An asylum seeker is a person who has applied for a refugee protection visa and is awaiting a decision on this application. In contrast (and to simplify) a refugee is someone whose asylum claim has been successful. This is an important distinction.

## What does our program offer?

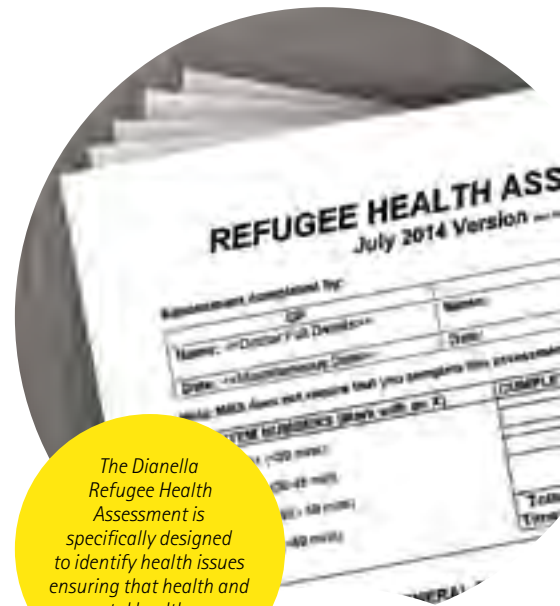
Our Refugee Health and Asylum Seeker Program is a team that is made up of multiple health professionals:

- An Arabic speaking access worker who makes the initial contact with the client
- A nurse and/or doctor who will do a comprehensive health assessment based on Evidence Based Practice depending on the complexity of the client's health needs
- A social worker who specialises in complex mental health needs

These health professionals work together to provide positive client outcomes for a group in our community who have complex health and mental health needs after often long periods of displacement from their home countries or detention.

## Evidence Based Practice Refugee Health Assessments

The health assessment tool is specifically designed to identify health issues in adults, children and babies ensuring that all their health and mental health care needs are met. Following this assessment appropriate referrals are made to other services at Dianella or externally to Refugee Health Organisations such as Foundation House who specialise in providing services for the victims of torture and trauma.



The Dianella Refugee Health Assessment is specifically designed to identify health issues ensuring that health and mental health care needs are met.



*Dianella Community Health has undertaken 420 Refugee Health Nurse Assessments in the last 12 months providing a vital service for Refugees and Asylum Seekers in the community.*

# The Community Asthma Program

## Written Asthma Action Plan Project: A Consumer Survey

### What is asthma?

Asthma is a condition that affects the breathing system. The airways may unexpectedly and suddenly narrow. This could be because of an allergen, cold air, exercise, or emotional stress. Symptoms include wheezing, shortness of breath, chest tightness, and coughing.

### What does the Community Asthma Program do?

The Community Asthma Program (CAP) is a Hospital Admissions Risk Program funded by the Department of Health and Human Services that provides asthma education and self management support to children with asthma and or complex health needs.

Specialised Paediatric Nurse (children's nurse) Asthma Educators deliver asthma education to parents, carers and children in their homes or at the Royal Children's Hospital Asthma Group Education Sessions.

Dianella Community Health is the lead agency for the program with other partnership agencies including the Royal Children's Hospital (RCH) and Cohealth Community Health Service.

### What is Asthma Management?

The most important tool in asthma management for children and their families is a written asthma action plan (WAAP). A WAAP is written by a doctor and provides instructions for parents and carers at the time of their child's asthma attack.

It includes information such as what type and how much of a particular medication to have, when to seek medical attention and what to do in an asthma emergency.

### Is the management effective?

The CAP Team identified anecdotal (by word of mouth) information that the current WAAP used by the RCH did not necessarily meet all the needs of parents and carers in relation to their child's asthma management.

The CAP Team established a working group with other health professionals to form the Community Asthma WAAP Project.

### Gathering the evidence

A consumer survey of parents and carers participating in the CAP Program was undertaken to identify the issues with the current RCH WAAP.

The research also analysed Action Plans from other leading hospitals and when compared to the feedback from parents and carers, it was evident that there was enough information from the data collected to work collaboratively with key stakeholders to redevelop the RCH WAAP to better meet parents, carers and client's needs and improve health outcomes.

### Sharing our findings

Following the outcomes of the Community Asthma Program WAAP Project the CAP Team decided that it was important to share the information with the wider medical and nursing community and provided a poster abstract for the Royal Children's Hospital Nursing Research and Clinical Innovations Symposium titled "The Community Asthma Program WAAP Project: Consumer Survey"

**The poster was accepted by the symposium and was awarded 2nd prize out of 100+ entrants at the Royal Children's Hospital Nursing Research and Clinical Innovations Symposium 2015.**



*Jeanette Jarvis  
accepting the 2nd  
place prize at the Royal  
Children's Hospital Nursing  
Research & Clinical  
Innovations Symposium  
2015*

# Dental Services



Evidence based practice in our dental services

## Dental Accreditation

In May 2014, for the first time, the Dental Clinic was assessed against a new set of accreditation standards which came into effect on 1 January 2013. We achieved great results and in February 2016, Dental will undergo a review against the first three of those standards as part of the cycle of accreditation.

The review will assess the effectiveness of the procedures that were implemented for patient identification, infection control, medication safety, staff orientation, cleaning checklists and clinical risk.

We are also preparing for our relocation in January 2016 of the Dental service located at Broadmeadows Health Service to the Dianella GP Super Clinic.

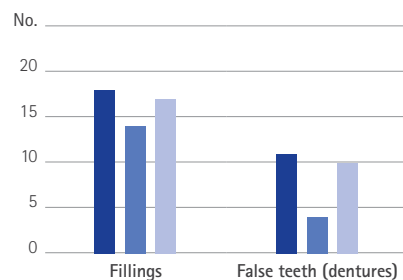
## Dental Data

Dental waiting lists increased slightly from last year as result of withdrawal of extra funding from the Federal Government even though both Craigieburn and Broadmeadows were fully operational. The Dental team has worked hard to help people get dental treatment as soon as possible especially seeking emergency care.

### Waiting lists

#### Organisational Incidents

● 2013 ● 2014 ● 2015

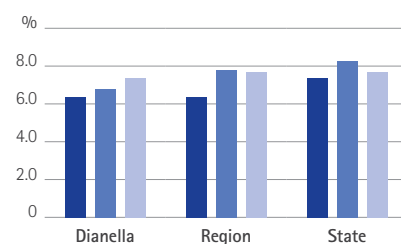


## Other Dental Facts & Figures

The dental team collects data on many of the services they provide. It is analysed and helps us improve the quality of service to our patients. It was pleasing to see Dianella Community Health continues to perform better than the State and regional average on two of the three clinical indicators.

### Teeth filled and retreated within six months

● 2013 ● 2014 ● 2015

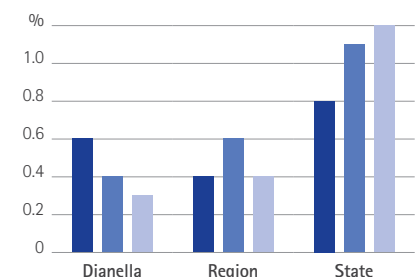


### A 16% increase since 2013.

*This is due to the retreatments always occurring as a result of the complexity of treatment undertaken in public Dentistry.*

### Unplanned return within seven days after an extraction

● 2013 ● 2014 ● 2015

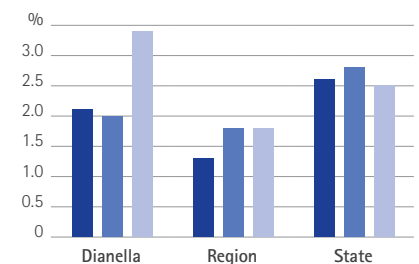


### A 50% decrease since 2013.

*This is due to appropriate care and instructions provided on the first visit to avoid any subsequent Dental complications*

### False teeth remakes within 12 months

● 2013 ● 2014 ● 2015



**A 62% increase since 2013.** *This is due to additional services being provided so more clients have had dentures made or repaired*

# Clinical Governance

*Clinical governance is about being accountable for providing good, safe care to clients and is fundamental to continuous improvement in client safety.*

Our internal Quality & Safety Committee meet bi-monthly to enable reporting on their key performance indicators for quality, safety and risk across the organisation. The Board Clinical Governance Sub-Committee continues to ensure that clinical governance is a strategic priority, planned for and resourced with the recruitment of a dedicated Quality & Safety Manager within the Medical Services & Quality Directorate.

In 2015 we engaged with an independent Assessor to undertake a Workplace Health & Safety (WH&S) assessment at each of our sites as part of our annual WH&S hazard audits. These audits undertake an assessment to identify potential hazards that may impact on client and worker safety. A WH&S action plan has been implemented and outcomes monitored by the WH&S Committee chaired by the Quality & Safety Manager.

## Infection Control

Infection control involves working in a way that prevents the spread of infection to staff and clients. It involves sterilising instruments, staff immunisation, using protective equipment and hand washing.

Infection control is a risk mainly in the dental clinic and podiatry services. Our clinicians follow strict rules for sterilising instruments to make sure cross infection between patients does not occur. A number of infection control audits were done and Dianella passed with flying colours.

In 2014 we developed an Infection Control Action plan and in 2015 we have established an Infection Control

Committee. Of their many objectives, the development of an organisational Hand Hygiene procedure has been implemented and organisational audit processes are currently being standardised. Infection control outcomes are regularly reported to the Board Clinical Governance Committee.

## Clinical Indicator Pilot Project

Dianella and other Community Health Centres participated in a pilot with the Department of Health and Human Services to develop a set of clinical indicators. Each indicator has a measure against which we undertake data analysis (using de-identified data). For example, how many clients are on a waiting list for a particular service. This is then compared with the waiting lists from other Community Health Centres to calculate an average. This average is commonly termed a 'benchmark' against which we measure. Our results against those benchmark showed a significant demand for our services, evident in the size of our waiting lists. It also showed that Dianella processed its referrals within the required timeframes and in fact, did so in a more timely manner than the Region and State averages. It is the intention that this data, if measured on an ongoing basis, will provide a state-wide, standardised method of measuring performance for service co-ordination and chronic disease management.



## Clinical Risk

Since the introduction of the Quality and Safety Committee and a focus on safety and risk, staff and volunteers are encouraged to look for safety hazards, both clinical and occupational health and safety. Every two months we discuss the incidents and report how they were managed. All the incidents have been addressed and have also contributed to improving how we deliver our services. All OH&S incidents are taken seriously and management and staff work together to prevent hazards and injury.

### Reported Incidents

#### Organisational Incidents

● 2013 ● 2014 ● 2015

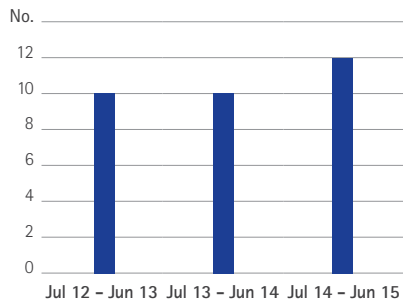


# Our Volunteers

## Client Feedback

Dianella welcomes all feedback from our clients and consumers. Receiving this information gives us an opportunity to improve what we do. Any feedback that we receive is sent to the manager in charge of the relevant service to action. We work with staff and clients to resolve the matter in a fair and open manner. Our procedure on Rights and Responsibilities guides us in the resolution process.

## Client Feedback Complaints



Dianella has a policy that all client feedback will be acknowledged within five days of receipt and resolved within 30 days of receipt. All feedback was managed in accordance with this policy.

*Our Volunteers are highly regarded for their generous time, commitment and dedication to help us provide quality services as we strive for our vision of a healthy and inclusive community.*

Dianella services are supported by a team of over 100 volunteers.

Our Volunteer Exercise leaders run 17 classes per week of exercise including Water, Chair and Tai Chi for Arthritis.

Our team of Volunteer Bus Drivers support the Planned Activity Groups by transporting approximately 240 clients per week to attend day activities.

**If you would like to join our fabulous team of volunteers please contact our Volunteer Coordinator Silvana Portaro on 9302 8836 for further information.**

*Evidence shows that water exercise has a positive influence on many health conditions including the increase of physical capacity*



*Our volunteer bus drivers play an important role in providing access to our services through the provision of transport*

# Locations

**1. Hume GP Super Clinic**

42-48 Coleraine Street, Broadmeadows  
Phone (03) 8301 8888

**2. Dianella Dental Services**

35 Johnstone Street, Broadmeadows  
Phone (03) 8345 5410

**3. Dianella Community Health**

21-27 Hudson Circuit, Meadow Heights  
Phone (03) 9302 8888

**4. Dianella Community Health**

55 Craigieburn Road, Craigieburn  
Phone (03) 9308 1222

**Dental Services (Craigieburn Clinic)**

Phone (03) 9303 0571

**5. Broad Insight Group (BIG)**

Corner Rosebud Crescent  
and Sorrento Street, Broadmeadows  
Phone (03) 9309 9200



Melbourne



*Dianella Community Health* acknowledges the support of the Victorian Government.



## Your opinion is important to us

- What is your opinion about this report?
- Can you make any suggestions to improve it?

You can give us your feedback in several ways.  
Either:

- complete this feedback form and place into the 'Suggestions' box near reception at your nearest Dianella location; or
- give feedback online via our website [www.dianella.org.au/contact-us/feedback](http://www.dianella.org.au/contact-us/feedback); or
- send us an email at [feedback@dianella.org.au](mailto:feedback@dianella.org.au).

## Your feedback:

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