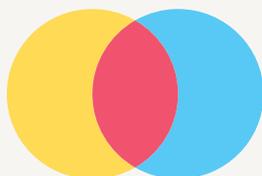




Access Health and Community

Annual Report 2017/18

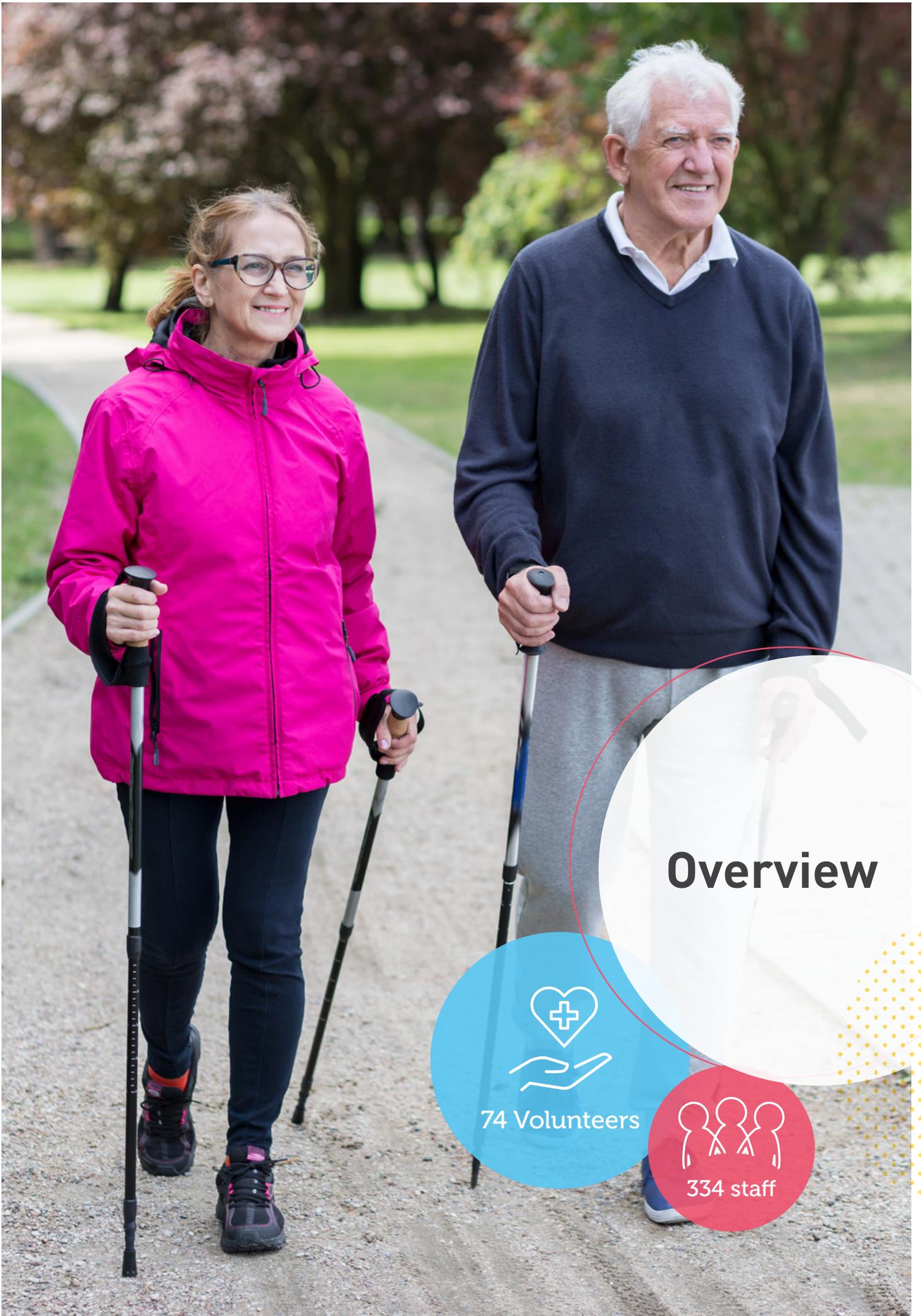


ACCESS
Health & Community

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Overview



74 Volunteers



334 staff

Purpose and Values

Building healthier lives together with our communities and delivering excellent health services for everyone.

Accountability

We take ownership of our actions to achieve our goals.

Collaboration

We work together to achieve our goals.

Equity

We believe everyone is entitled to good health.

Excellence

We strive to be the best at what we do.

Innovation

We drive innovation for better care.

Integrity

We act honestly and ethically at all times.



Message from the Chair

Our Access Health and Community phrase “Building healthier lives together” certainly was the theme for the 2017 - 2018 financial year.

During the year we worked with the Board of Camcare Inc. to agree and implement a merger with Access Health and Community (AccessHC), which formally took place in July 2018. I would like to thank the Camcare Board, especially the President, Gayle Austen, for all of the work that went into amalgamating Camcare into AccessHC. The Camcare name and activities will continue under AccessHC as part of the AccessHC Community portfolio which delivers community and social activities across Boroondara, Manningham and Yarra.

I would like to acknowledge the City of Boroondara’s vision which led to the creation of a wonderful new community facility, the Greythorn Hub, from which AccessHC will deliver social and clinical services. The Hub was formally opened in September 2018 by Josh Frydenberg, Treasurer of Australia, and we are pleased to be managing the facility on behalf of the City of Boroondara.

The transition of funding from state block funded services to the National Disability Insurance Scheme (NDIS) and My Aged Care for elderly and disability clients accelerated during the year creating a degree of uncertainty within the community health sector. The management team at AccessHC have continued to work closely with all stakeholders to ensure the transition goes as smoothly as possible.

The concept of client directed funding presents new challenges which AccessHC is adjusting to in terms of skills and capabilities. AccessHC now delivers services across 15 sites in Boroondara, Manningham and Yarra.

Whilst funding continues to be directed to building and financing hospital expansion, the logic for preventing illness so that we don’t need these expansions has not diminished. It is interesting to note that of the OECD countries in 2016, Australia has the second highest percentage of patients who avoid a medical consultation because of cost, only the USA is higher. Both of those issues are the reasons why AccessHC continues to exist for its community.



Peter Turner, Chair

I would like to thank my fellow Board members for their significant contribution during the year. As part of their role, each Director serves on at least one Board Sub-Committee in the areas of finance, quality and governance. As the organisation becomes larger and more complex, the work of these Sub-Committees supports the work of the Board in collaboration with management.

During the year the Board farewelled three Directors: Joanne Booth, Maxine Morand and Rod Davitt and I would like to take this opportunity to formally acknowledge their positive contribution.

The year has also been one of significant change for management and staff led by the CEO, Dr Harry Majewski, and I would like to acknowledge their exceptional work in clinical care and in successfully managing a number of significant transitions.

Peter Turner
Chair

Message from the Chief Executive

AccessHC working through system and funding changes

2017/18 was a big year for AccessHC with the rollout of the NDIS and My Aged Care. This affected a substantial portion of our funding and caused a degree of uncertainty. To adapt to consumer directed care and the removal of block funding we have had major change within the organisation to bring in new capabilities and bed down recent mergers. The major emphasis was for AccessHC to be one integrated organisation which has resulted in the amalgamation of “like” services across our catchment to create specialised teams such as physiotherapy or occupational therapy regardless of where the service is delivered. This brings together expert clinicians to better plan and deliver an excellent service.

Another change was the introduction of mixed billing in the GP practice albeit with a large list of exemptions. More than 70% of patients are still bulk billed. Our dilemma was whether to improve viability of the service by adopting a quick in quick out service or maintain quality by asking some patients to pay a little bit more. Obviously we adopted the latter and are working through the implementation.

Continued service growth

Our continuing strategy is to engage within our communities and connect clinical and social services to create integrated comprehensive care. During the year we commenced a range of new services including Medication Support and Recovery Service for prescription drug abuse (PHN region wide); IDEAS Diabetes clinics Hawthorn and Doncaster East; Community Gyms Hawthorn and Doncaster; NDIS Early Childhood Services Eastern region; NDIS adult Eastern region and expanded Medicare funded services. Our service growth was 8.4% for the year. In health promotion we launched a new tool to identify and prevent homelessness. Our new website for the first time lists all of our services and activities (www.accesshc.org.au).

Partnership successes

Our partnerships continue to be a key feature in the way we work. Connect4health is a consortium consisting of all Inner East Melbourne Community Health Services: AccessHC, Carrington Health and LinkHC. During the year the consortium was successful in several funding applications in perinatal maternal health, vaccine programs, diabetes clinics and Alcohol and Other Drug Services. The consortium also created a family friendly website for alcohol and drug support that is called The First Stop (www.thefirststop.org.au).



Dr Harry Majewski, Chief Executive Officer

Another partnership has been with Swinburne University across a range of activities including research and teaching but also in media development which has seen the finalisation of a range of short animations about AccessHC on Youtube.

Significant events

Two significant events that had been in planning all year took place at the end of the year. The first was the amalgamation of Camcare. Camcare has a proud history of delivering community support in the City of Boroondara for over 40 years. Camcare became part of AccessHC from 9th July 2018. The Camcare name will continue for the foreseeable future and will continue to deliver services from its sites in Camberwell and Ashburton. The merger strengthens the outreach into disadvantaged communities and the synergies will have a positive impact on community.

The second was the opening of the Greythorn Hub at 2 Centre Way, North Balwyn. After many years in the planning, in July 2018, the City of Boroondara opened the Greythorn Hub in North Balwyn. The Hub contains clinical services of AccessHC including allied health and child and family services. In addition AccessHC will manage and lead the Community House at the Hub www.trentwood.org.au as well as manage the Hub for all users. This will help address the inability of residents in the area to access services.

150th anniversary

The organisation was founded as the Richmond Dispensary and it opened its doors on 8 March 1869. We are creating a major promotion to celebrate the anniversary as we believe that AccessHC is the longest running community health service and longest running GP practice in Australia. It is an opportunity to showcase AccessHC, identify the value of community approaches to health care and take the opportunity to promote innovation in primary care.

Many aspects of primary health care that we practise today would be quite familiar to the medical men of 150 years ago in 1869. Whilst knowledge and technology has advanced, the way of working would not look too different. Looking forward for another 150 years to the year 2169, it is not so certain that medical care will be familiar to the patients and physicians of today.

We wish to create a 150th anniversary project as a future focussed project in each of the Cities in which we operate. The theme is: Steps towards the next 150 years of health care in the community.

This was a year of great change and despite this we have maintained a caring environment and continued to deliver great service to our clients and patients. This is a testament to the quality of staff across all areas of AccessHC. They are to be commended for such great commitment to the community. I would also like to thank the Board and especially the Chair Peter Turner who have shown strong support during the year as we transform into the new funding landscape.

Harry Majewski

Chief Executive Officer





17,371 hours of
carer respite
services
provided

1,405 days
of student
placements

Our Organisation

Meet the Board

Alan Studley

QUALIFICATIONS	EXPERIENCE
Master of Business Administration Graduate Diploma in Management Systems Bachelor of Business (Accounting/Marketing)	Consultancy and management positions in the health and finance sectors, community-based organisations; director positions with Revenue Clearing House, Sausage Software, Hospital Superannuation Board, Metropolitan Ambulance Service and Victorian Hospitals Association.
	SPECIAL RESPONSIBILITIES
	Quality and Risk Committee Audit Committee



Diana Brown

QUALIFICATIONS	EXPERIENCE
Bachelor of Psychology AMICDA	Non-Executive Director A business and technology strategist with over 25 years' experience in delivering technology-led change in a range of corporate and not-for-profit environments. Working with Infoboxchange, Diana led the design and delivery of Ask Izzy, an award-winning cross sector collaborative initiative connecting people in need with services. Diana joined the Board in November 2014.
	SPECIAL RESPONSIBILITIES
	Chair, Quality and Risk Committee



John Michailidis

QUALIFICATIONS	EXPERIENCE
Bachelor of Science Diploma in Education Executive MBA, Harvard University Member of the Australian Institute of Company Directors	Performance-driven Leader and CEO in business transformation, entrepreneurship, translation and commercialisation. Broad experience and expertise in strategic planning, organisational growth and business development. <ul style="list-style-type: none"> • Managing Director, JEM Pharmaceuticals Pty Ltd • Non-Executive Director Factor Therapeutics Pty Ltd Previous Positions: <ul style="list-style-type: none"> • Managing Director, Teva Pharma Australia Pty Ltd • Non-Executive Director, Australian Diabetes Educators Association • CEO Orphan Australia Pty Ltd • CEO Avipep Pty Ltd • President and CEO Roche Korea Ltd • Business Director and Global Head of Nephrology/Oncology Franchise F. Hoffmann La Roche
	SPECIAL RESPONSIBILITIES
	Chair, Audit Committee



Kathryn Arndt

QUALIFICATIONS	EXPERIENCE
Bachelor of Business (HRM) Graduate Diploma (OHS) Member of the Australian Institute of Company Directors (MAICD)	CEO and non-executive Board Director with experience across health services and community-based organisations, FMCGs, financial services, and industry associations; CEO, The Victorian Local Governance Association; Member of the Victorian Ministerial Council on Women's Equality; Non-Executive Director, Diabetes Australia Victoria; Company Secretary, Royal Melbourne Tennis Club.
	SPECIAL RESPONSIBILITIES
	Chair, Governance Sub-committee



Kerryn Grabau

QUALIFICATIONS	EXPERIENCE
Bachelor of Arts Diploma in Education Bachelor of Social Work	Extensive experience in employee health and organisational wellbeing. Expertise in industrial relations, including negotiation of agreements. Knowledge, involvement and commitment to the community, especially the City of Yarra. <ul style="list-style-type: none"> • Secondary School Teacher • Educational Management • State-wide Committees on Student and Teacher Welfare • Member, Teaching Service Appeals Board • Member of School Councils
	SPECIAL RESPONSIBILITIES
	Governance Committee Community Advisory Committee



Peter Turner

QUALIFICATIONS	EXPERIENCE
Master of Health Administration Diploma in Business (Accounting) Fellow of CPA Fellow of the Australian Institute of Management Associate Fellow of the Australian College of Health Service Management Member of the Australian Institute of Company Directors	Mr Turner is the Managing Director of Independence Australia. He has worked in a range of senior management positions in the health and community services industry for over 25 years in the public, private and not-for-profit sectors. He is a Harvard Club Fellow, an Alumnus of Leadership Victoria, a volunteer Surveyor for the Australian Council on Healthcare Standards, and has also served as the pro-bono CEO of a charitable trust. Mr Turner has extensive experience in corporate governance, capital, service planning and the management of health and community services. He has special interests in corporate governance and risk management.
	SPECIAL RESPONSIBILITIES
	Chair of the Board of Directors Governance Committee Audit Committee



Meet the Executive



Dr Harry Majewski | Chief Executive Officer

Harry joined AccessHC in 2011. Prior to that, Harry was the inaugural Head of the School of Medical Sciences at RMIT University. He was also a medical researcher with funding from the NH&MRC and numerous other organisations in Australia and overseas, primarily at the University of Melbourne, Prince Henry's Institute of Medical Research, Melbourne, and the University of Freiburg, Germany.

Between 2009 and 2013, Harry conducted pro-bono activities through Leadership Victoria, including a secondary school regeneration project leading to the formation of William Ruthven Secondary College.

He has maintained an active professional development program focussed on making AccessHC an excellent primary health service in 2020. This has included programs at Harvard University and INSEAD in France, with a focus on innovation in healthcare.



Jane Seeber | Chief Operating Officer

Jane is a Chartered Accountant with 20 years' experience in the not-for-profit sector as a manager, executive and director. Most recently, Jane was Director of Corporate Services at St John of Accord, a large disability service, where her successful projects included NDIS planning and transition, a significant amalgamation and capital developments.

Jane brings her experience of sectors undergoing profound change—aged care and disability—to community health in its own time of change. She is passionate about improving systems and information for decision making so that community-focused organisations and their front-line staff can be more effective. She has been involved in the governance of community not-for-profit organisations for more than a decade, as a Board member or through pro-bono work, and is committed to increasing accessibility across her professional and volunteer roles.



Noel Toal | General Manager, Information Systems

Noel joined AccessHC in 2013 and brings significant experience in information management, information technology, logistics, project management, software development and business start-ups. Noel has held senior positions in IT within the financial services sector and with other not-for-profit agencies. He has owned businesses in the retail and manufacturing sectors with one of his businesses having been sold to an ASX-listed company.

Noel is currently the Chairperson of a not-for-profit agency assisting clients with intellectual disabilities, and also owns an online jewellery store.

At AccessHC, Noel leads the Information Management, Information Services, IT Helpdesk and Business Analysis functions of the organisation.



Dr Chris Olszewski | Medical Director

Dr Olszewski has been Medical Director of AccessHC for 10 years and has extensive experience in private general practice. Chris is a past Medical Advisor to Medicare and past Chair of Southcity GP Services and Bayside Medicare Local (now South East Melbourne PHN).

Chris has lectured in Medical Informatics at Monash University and is a current Honorary Senior Lecturer at the Department of General Practice, Melbourne University.

At AccessHC, Chris leads the medical and nursing services for the organisation.



Michael Falloon | General Manager, Clinical & Community Services

Michael joined AccessHC in November 2017. He has 30 years of experience across all sectors of the health industry. His main passion is to ensure the community receives high quality services based on their needs.

Michael has spent the last 13 years in the not-for-profit sector earning a reputation as a proven leader and healthcare specialist. He has extensive experience in leadership and project management as well as strategic service planning and delivery within challenging and diverse community environments.

At AccessHC Michael is responsible for the clinical and community services delivered across all of our locations.



Lisa Esman | General Manager, Medical & Access

Lisa joined AccessHC in November 2017. She is a passionate senior operations management professional with extensive experience across the healthcare and optical retail sectors. Most recently, she was a regional manager for Australia's largest publicly listed medical practice company.

At AccessHC Lisa leads the medical, dental, access, marketing and quality arms of the organisation.



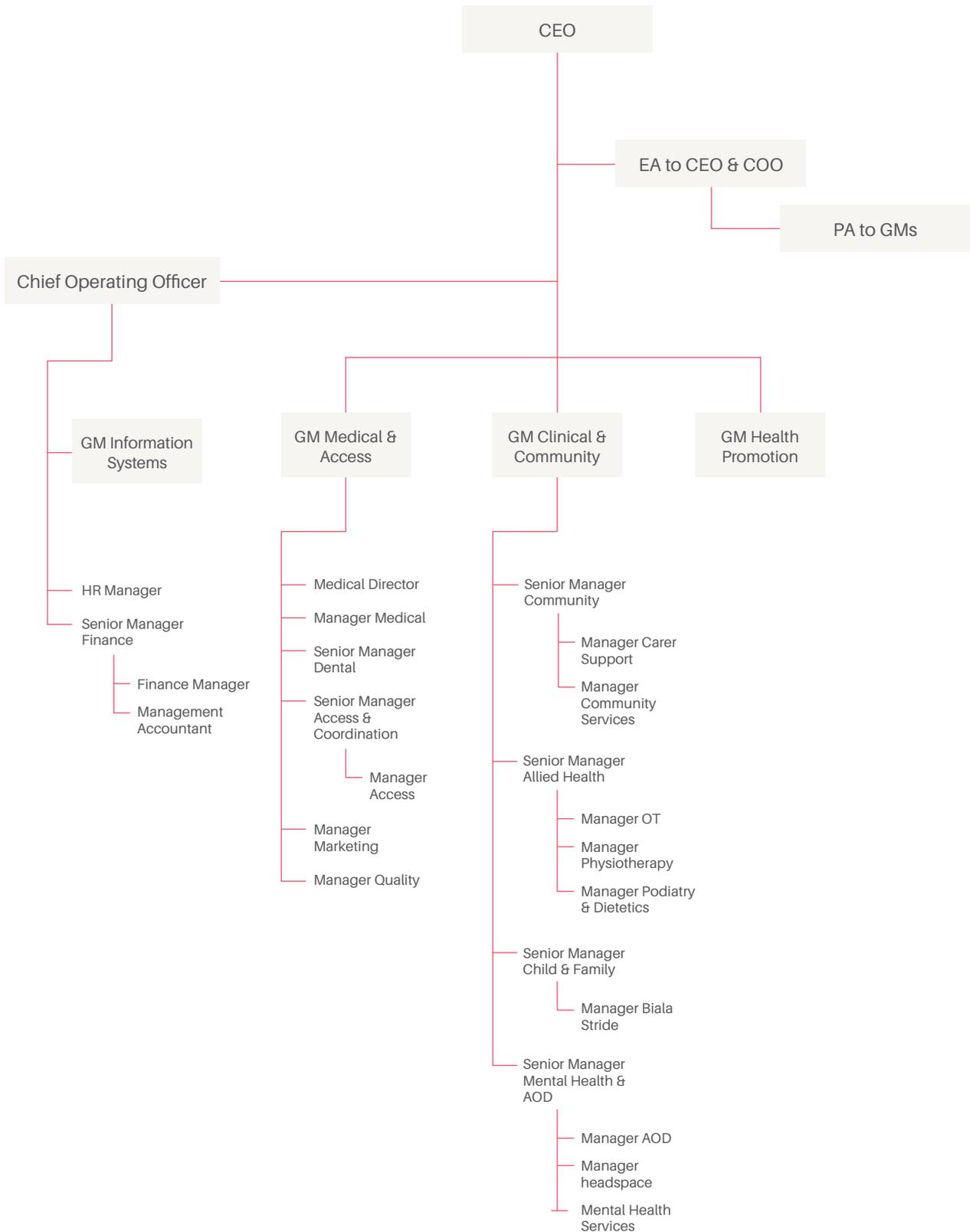
David Towl | General Manager, Health Promotion

David has more than 15 years' experience in health promotion, health policy and community development. He is a qualified paramedic, having formerly held senior clinical, training and risk management roles with St John Ambulance in both New Zealand and Australia.

David is a previous State President and National Treasurer of the Australian Health Promotion Association. He currently serves as Secretary of Chalk Circle, an independent not-for-profit, creating conversations around gender literacy to empower the next generation. David is passionate about raising the profiles of health prevention and promotion within the health sector, as well as gender and health and the role that men play within the health promotion profession.

Within AccessHC, David leads programs in Health Promotion both internal and external to the organisation, as well as programs to improve Workplace Wellbeing and Environmental Sustainability.

Organisational Chart



Locations and Services

Richmond (Head Office)

- 283 Church Street
Richmond VIC 3121
- Doctor/medical
 - Nursing
 - Audiology - for children and adults
 - Blood test/pathology
 - Counselling and psychology
 - Occupational therapy
 - OAHKS (Osteoarthritis of Hip and Knee Service)
 - Physiotherapy and exercise groups
 - Podiatry
 - Carer respite and social support
 - Smoking cessation
 - Speech pathology

headspace Hawthorn

- Hawthorn Town Hall
1/360 Burwood Road
Hawthorn VIC 3122
T: (03) 9006 6500
headspace.org.au/headspace-centres/hawthorn/
- Alcohol and other drug services
 - Counselling, psychology, psychiatrists and other workers
 - Youth early psychosis services
 - Doctor/medical
 - Sexual health services
 - Education and training support
 - Housing support

Hawthorn Community House

- 584-586 Glenferrie Road
Hawthorn VIC 3122
(03) 9819 2629
hch.org.au
- Children's programs
 - Community programs
 - General interest courses
 - Health and fitness courses
 - Special events

Hawthorn

- 378 Burwood Road
Hawthorn VIC 3122
- Doctor/medical
 - Nursing
 - Alcohol and other drug services, including specialist youth and family services
 - Mental health nursing
 - Blood test/pathology
 - Child and family
 - Counselling, psychology and social work
 - Diabetes education
 - IDEAS (Integrated Diabetes Education and Assessment Service)
 - Dietitian/nutrition support
 - Health Promotion
 - Needle and Syringe Program
 - Occupational therapy
 - Peer support groups
 - Physiotherapy and exercise groups
 - Podiatry
 - Smoking cessation
 - Speech pathology
 - RCH Eczema Clinic
 - Volunteer transport

Hawthorn Community House - Occasional Childcare

- 39 William Street
Central Park
Hawthorn VIC 3122
(03) 9819 2629
- Childcare

Hawthorn Community House

- 32 Henry Street
Hawthorn VIC 3122
(03) 9819 2629
hch.org.au
- Children's programs
 - Community programs
 - General interest courses
 - Health and fitness courses
 - Night workshops
 - Special events

Lower Templestowe

- 44 Balmoral Avenue
Lower Templestowe VIC 3107
- Early Childhood Early Intervention Services
 - Other services for children
 - Dietetics
 - Occupational therapy
 - Psychology
 - Speech pathology
 - Group programs

MC2 Manningham City Square Community Centre

- 687 Doncaster Road
Doncaster VIC 3108
- Exercise groups/Community gym program
 - Group programs

Doncaster East

- 1/1020 Doncaster Road
Doncaster East VIC 3109
- Alcohol and other drug services, including specialist youth and family services
 - Aquatic physiotherapy (assessment, pool sessions are off site)
 - Community education
 - Counselling and psychology
 - Diabetes education
 - IDEAS (Integrated Diabetes Education and Assessment Service)
 - Dietitian/nutrition support
 - Exercise and social activity groups (off site)
 - Health Promotion
 - Mindfulness based cognitive therapy
 - Needle and Syringe Program
 - Nursing
 - Occupational therapy
 - OAHKS (Osteoarthritis of Hip and Knee Service)
 - Physiotherapy
 - Psychology
 - Podiatry
 - Speech pathology

Manningham Men's Shed

- 41 Wetherby Road
Doncaster East VIC 3109
- Woodwork, electronics, and mechanics projects
 - Art and crafts
 - Opportunities to socialise

Box Hill

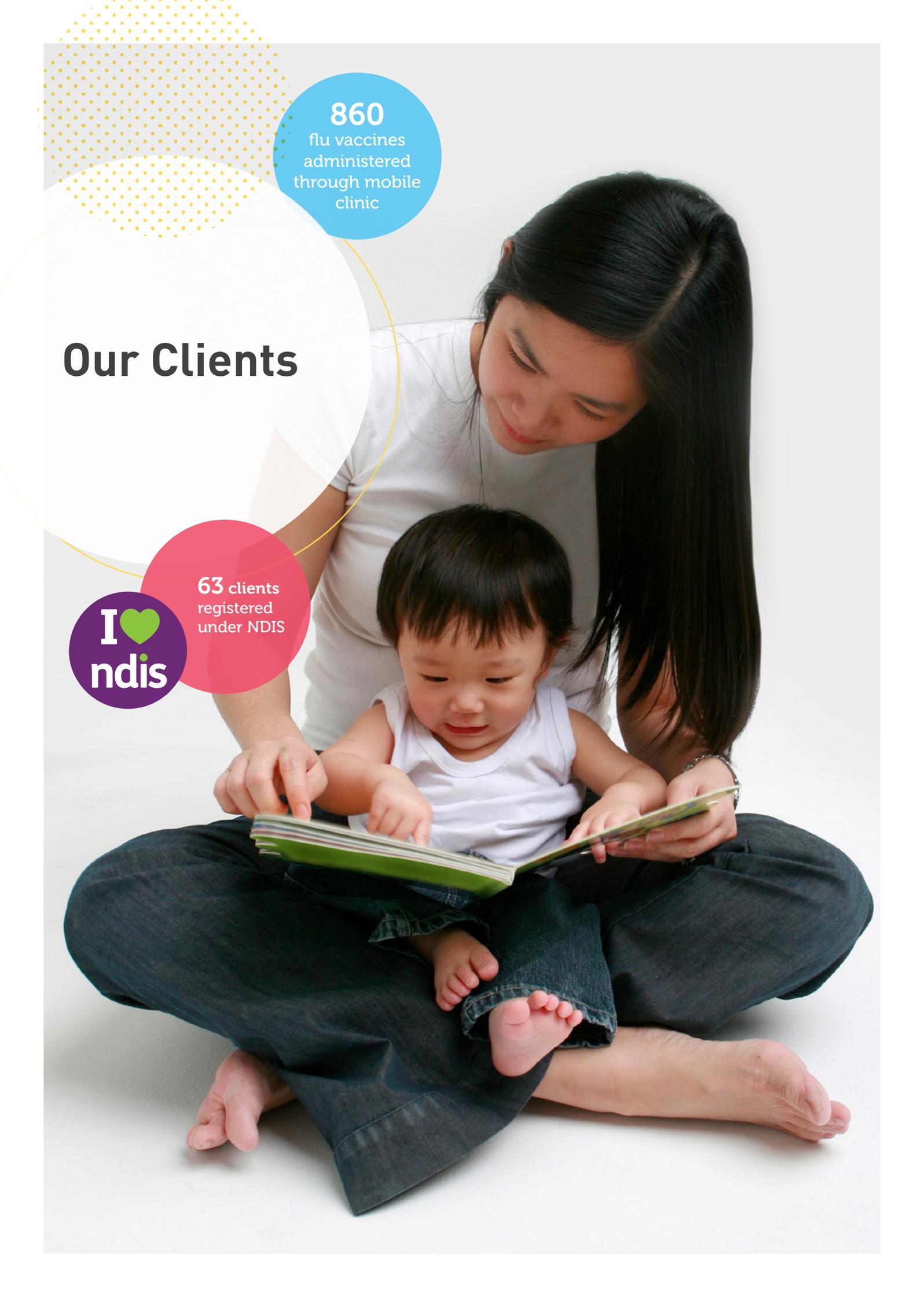
- 10 Rose Street
Box Hill VIC 3128
- Early Childhood Early Intervention Services

Ashburton

- 7 Samarinda Avenue
Ashburton VIC 3147
- Services for adults
- Podiatry
 - Occupational therapy (home visit service)
- Services for children
- Dietitian/nutrition support
 - Physiotherapy
 - Occupational therapy
 - Speech pathology
 - Podiatry
 - Group programs
 - Community Dentistry and Dentures/ Private dentistry and dentures
 - Family counselling and support
 - Health Promotion

12
sites across
the Inner East
of Melbourne

(03) 9810 3000
info@accesshc.org.au
accesshc.org.au
facebook.com/AccessHealthandCommunity/
linkedin.com/company/access-health-and-community
[@AccessHC_AUS](https://twitter.com/AccessHC_AUS)



860
flu vaccines
administered
through mobile
clinic

Our Clients

63 clients
registered
under NDIS

I 
ndis



Breathe

Aleksander Dordevic seems to be a man with nine lives!

In January 2003, Aleks had his entire right lung removed due to cancer. Following rehabilitation at Box Hill Hospital, Aleksander began participating in our Physiomoves program, Breathe classes. The classes aim to maintain or improve the fitness of clients who have chronic lung conditions or whose lungs have been affected by cancer.

Aleksander's health concerns continued when he was diagnosed with bladder cancer. He received therapy for this and had surgery in 2017 for another tumour that was found in his bladder.

Aleksander has continued to come to the Breathe classes each week. Having a physiotherapist conduct the classes has meant that the exercises can be tailored to his needs.

Aleks wanted to share this message with the staff at AccessHC.

"I want to thank Access for keeping the classes going and making them so accessible to the community. I'm now 82 years old and I've returned to playing some golf with friends once a month. These classes have helped to keep me fit enough to be able to enjoy life."

Jack's Story

My husband has been attending Carer Support in Richmond for 4 years. We both knew about the support group as we were attending various groups at AccessHC Richmond. As Jack's memory and his physical condition deteriorated, I felt that Jack needed to participate in other activities. Following much discussion, Jack reluctantly agreed to try out the Carer Support group. After we both attended a couple of sessions, Jack agreed to attend the group twice a week, as he enjoyed himself so much. Jack now uses the groups transport pick up service and attends three sessions a week.

The staff at the centre are very accommodating and will increase Jack's attendance if needed. Last year when I was unwell, they increased Jack's days to five. Jack loves going to the centre and I cannot speak highly enough of the care and kindness of all the staff. The centre is like a second home. The staff are always smiling and happy, and nothing is ever too much trouble. The communication between the staff, Jack and myself is ongoing, so that changes in Jack's condition are noted and addressed.

Sometimes Jack gets bored at home, but he never says this after visiting the centre. Each month the centre gives us a program with daily activities. This allows me to prepare Jack for his day and on returning home, I can refresh his memory by asking about that day's activities. The activities are varied and numerous. Jack tells me he feels like he is living in a thick fog and so it is important

for him to be organised. He loves going on the outings and to the weekly pub meals. The outings and barbecues are more often in the warmer months. He has been to new places and has had many new experiences which he has enjoyed including sailing. One day, Jack came home with a beaming smile saying he was in a boat, on his own, in full control.

Outings are very hard work for the staff and I have never heard them grumble or complain.

Without this centre our lives would be so much more stressful. I never worry while Jack is at the centre as I know he is getting the same care that I give him.

Thanks to the supportive team at the centre Jack can do so many new things I would not have been able to organise for him at home. We are also less dependent on our families, which is really important to me.

I cannot speak highly enough of the centre and the staff—they are a wonderful, caring group of people. We are both so grateful to them all.



Robbie's Journey

- Enhanced Child and Maternal Nurse
- Intake Screen
- Community Health Speech and Psychology
- Support for NDIS Application and Planning
- NDIS Plan obtained ECEI Initial Assessment and Planning
- Key Worker/SP with OT/Psych/Education Support as required

Concerns were raised by an enhanced Maternal and Child Health Nurse (MCHN) that Robbie was slow to meet his developmental milestones and displayed challenging behaviours.

The MCHN had referred Robbie directly for NDIS support however, his application was declined as they needed more evidence of his developmental delays. The MCHN, assisting Robbie and his family, suggested they contact Access Health and Community for speech and psychological support from their child development team. The team worked with Robbie's MCHN, assessed and provided clear evidence to support Robbie's case for the NDIS application which was later reviewed and approved. Thanks to AccessHC, Robbie's family, who were deemed vulnerable persons, also received much needed NDIS support.

During the NDIS wait period, Robbie and his family continued to access psychology sessions and support from the child development team to complete an application for carer allowance. Two meetings with the Early Childhood Early Intervention (ECEI) team were also arranged to support the family with their NDIS planning and to develop an understanding and plan for ongoing input from the AccessHC ECEI team.

With an NDIS plan in hand, the family met with the ECEI team and speech pathologist for an in-depth discussion about Robbie's needs across all areas, including communication, motor development, behaviour, emotional regulation, daily routines, social interactions and support networks.

Services include supporting Robbie's mother with communication, behavioural and social interaction strategies at home and at Robbie's kindergarten. The speech pathologist key worker will see Robbie regularly to support him in all areas, as well as assist with the specific communication strategies in place.

This integrated team ensures a holistic approach to Robbie's therapy management. Home and kindergarten visits ensure interventions relate to meeting Robbie's day-to-day needs.



The client group is frail with an average age of eighty years



Carers Support and Evolution

Access Health and Community operates a range of services and activities for older adults funded through My Aged Care and other sources. This includes the Carer Support Service which provides centre-based and in-home care for older adults in Inner East Melbourne.

The Carer Support team are the foundation of the program—a happy multicultural team of care assistants, support staff and a volunteer bus driver.

The AccessHC Carer Support Service was faced with a problem, the participants were spending most of their day doing things that they could be doing at home—reading the paper or a magazine, watching TV or playing cards. The clients weren't getting fresh air, experiencing anything new and they weren't undertaking adequate physical activity even though physical activities were included in the program. The more they sat, the weaker they became, putting them at risk of requiring residential care earlier than necessary; boredom also led to increased non-attendance.

We started involving participants at a very informal level in our decision making. They were asked to rate the Thursday outing meals and venue. The information gathered helped develop a list of preferred venues.

We were already conducting annual feedback surveys but we weren't getting the detail we needed. We knew we had to keep reinventing the program with input from carers, participants and the team. We developed a client committee and gathered regular feedback from our participants about what they wanted to do and what would keep them coming back. This committee now meets quarterly and decides what activities will be offered.

We gathered information about what other programs were found to be successful. We attended the Men's Group in Doncaster to see if that would be interesting for the men in our group as we had identified that there weren't any Men's or Women's Groups in Richmond.

It was clear that we needed more frequent outings to maintain interest and attendance, which would also attract new people to the program.

The most obvious positive changes resulting from the improved program was mental health, increased physical exercise and enjoyment. The participants looked forward to the excursions. Carers noted that the reluctance to attend day sessions was replaced by enthusiasm. Even those with in-home services were happy to join.

With careful planning combined with community events, a picnic and or BBQ lunches we have been able to keep costs to a minimum. Participants contribute a few dollars towards a drive for a coffee and cake. Meals are at seniors prices and we ask if there are ways to reduce costs when we book in advance and advise that we are a not-for-profit organisation. We strive to ensure clients are not excluded on financial criteria. Over time we have introduced small fees for those who could afford to pay to help cover the costs of those who can't afford to pay, or who can only make a small contribution.

The program is viable in that it has now been developing over the last three years but can always use more volunteers and funding!

The result is a varied and well attended out-and-about program with more than 50 events per annum and over 30 participants at each.





Drug and alcohol
653 treatments



76 community
programs

Our Performance

NDIS adults
370 hours
delivered

Quality Account

2017/18 has been focussed on improving our client journey. We transitioned our phone lines to a single number and launched a new look website to simplify our clients' experience. We continue to seek new ways to support our community and expanded our services to include NDIS and My Aged Care.

Healthcare Experience Survey

In 2017/18 we took part in the Victorian Healthcare Experience Survey (VHES) for the second time. This survey measures our clients' experience when using our services. With the feedback provided, we are able to compare our results against other Community Health Services, and also between our individual sites.

The results of the VHES helped us identify a number of improvements. These include:

> Client feedback

- Additional information about providing feedback on our website and on our welcome/information screens in reception.
- Our clinicians are reminding clients that we welcome their feedback and that feedback can be provided using the feedback forms, available in reception.

> Refreshing our reception spaces

A number of clients have made comments that some of our reception areas were looking a bit "tired". As a result, we have undertaken projects to refresh our Ashburton, Hawthorn and Richmond sites.

We also wanted to improve the accessibility of our services and information to our clients. A collaboration with Swinburne University led to the creation of short animations. They provide an introduction to AccessHC and an overview of the services we provide.

Quality improvement

The safety and quality of the care we provide is at the centre of everything that we do. We always work to improve our services. To ensure we deliver high quality services, we are accredited by external organisations against a range of government and legal standards. Our next accreditation visit is in November.

Accreditation assesses the following areas:

- Quality Improvement Council (QIC).
- Home Care (HC CHSP).
- National Safety and Quality Health Service (NSQHS).
- National Mental Health (NSMHS).
- Royal Australian College of General Practice (RACGP).

New standards will be assessed in our upcoming visit:

- Human Service Standards (HSS).
- Early Childhood Intervention Standards (ECIS).

Our Early Childhood service follows the Child Safe Standards to ensure safe practice. In order to meet the standards, we have prepared and implemented a number of policies, procedures and practices. The Department of Health and Human Services (DHHS) has recognised the efforts and thoroughness of AccessHC and has chosen us to lead a 12 month professional learning network project.

Incident reporting

In May this year we were thrilled to be chosen as the first Metropolitan health service to trial the new incident management program. The new Victorian Health Incident Management System (VHIMS Central) is much more user friendly than the previous software. The new system allows us to thoroughly analyse trends in our communities and be more responsive to internal issues or clients' concerns.



Our staff have their say

A staff survey was conducted in February about the organisation. The survey took place whilst our organisational restructure was occurring and many of the internal systems and processes were changing. As a result, we have chosen to concentrate on the following areas for improvement:

- Communication: We updated our internal communication newsletter — Access All Areas.
- Staff Wellbeing: The introduction of workplace massages was implemented — with the first round of free massages occurring in June.
- Staff recognitions: A function was held in May to celebrate our staff and their efforts. Staff were awarded certificates and badges for years of service and their wonderful commitment to our values. These staff were nominated by their peers and were presented with artwork created by our Hawthorn Community House.

Community health priority populations

Several projects have taken place to address the needs of our Community Health Priority Populations. These include the following:

> Lesbian Gay Bisexual Transgender Intersex Queer (LGBTIQ) clients

- AccessHC signed on as a supporter of the Community Health Marriage Equality Statement and was provided funding by DHHS via the Victorian AIDS Council, (VAC) to deliver free counselling services to anyone in the LGBTIQ community who was affected by the marriage equality debate.
- All mental health (MH)/Alcohol and other Drugs (AOD)/headspace staff have completed, or are completing LGBTIQ Cultural Competency training delivered by VAC.
- headspace Hawthorn is a member of the Rainbow Network.
- All counselling rooms have flags, posters and brochures relevant to the LGBTIQ community to ensure a welcoming space.

> Clients who are at risk of homelessness

Homelessness costs Victoria more than \$194 Million annually. It has a strong social and financial impact on the individuals who are experiencing homelessness, however, more so on the communities and our nation. (Whitte, 2017).

In 2014, AccessHC developed the At Risk of Homelessness screening tool to respond to the increasing homelessness in the community. At this time there was no process that was used to identify people who might be at risk of homelessness. Researching and reviewing what already existed globally, helped us develop the tool and this was followed by an internal three year trial. Promotion of the tool to community networks showed very positive support and AccessHC decided to conduct a community trial project.

An Expression of Interest (EOI) to take part in the trial was sent to 37 community agencies in the East of Melbourne in May 2018. Twelve agencies responded and at the end of June 2018, AccessHC was in the process of meeting with each agency to decide if they were suitable to participate in the trial. Full results from the research pilot will be available in March 2019.



Recipient of the values award for accountability - Ruby Plancke

Safety

AccessHC is committed to providing a safe environment for staff and all clients. We aim to do this through regular monitoring of our facilities, processes and reporting. We also frequently review our clinical services to minimise infection risks. We achieved excellent ratings in all areas in 2017 which is a credit to our staff and their hard work.

Compliance auditing

Area	Compliance Rating
Cleaning	99.5%
Sterilisation	99.5%
Hand Hygiene	100%
Food Handling	99.5%

Privacy

AccessHC is committed to protecting the privacy of client and staff information. This year we have developed and improved a number of systems including:

- Introduction of a privacy officer and email address for staff to communicate – privacy@accesshc.org.au.
- Staff training to ensure privacy is understood and met.
- IT security systems such as:
 - Upgraded systems.
 - Staff training to protect against viruses.
 - Quick notification and action on any new security threats.
 - Annual external audits of Information Technology and privacy processes.

Student engagement

In 2017/18 AccessHC made a commitment to Swinburne University that we would actively participate in increasing our student placement intake. The main area of focus was occupational therapy and the feedback was extremely positive. Following the student placement program, we have seen students become employed by AccessHC and/or joined as volunteers. We have also noticed an increase in placement positions and their duration.

Quality Dental Care



29,298
Total dental treatments
(12.5% increase from 16/17)

3,969
Dental patients treated
(12.7% increase from 16/17)

Diversity

We recognise the wide diversity of our communities, clients and staff.

- We acknowledge the traditional owners of our lands in all meetings.
- We have trained staff in diversity.
- Our recruitment advertising and position descriptions include a diversity statement.
- Our client base includes approximately 47% of clients from culturally and linguistically diverse (CALD) backgrounds.
- We provide a free interpreter service to clients who need this. Approximately 7% of clients use the interpreter service.
- Our information brochures are available in 6 languages, based on our client population and needs.



7% of clients require an interpreter

47% of clients from a CALD background

716 attended the homelessness drop in service

VHIMS central pilot site – 1st metropolitan agency to transfer – focused training for all staff

Gender Equity

Access Health and Community supports and promotes gender equity in the workplace with policies and procedures to protect staff, clients and the community.

Our organisation encourages female leadership and has recently promoted two women (1 manager and 1 non-manager). Further, there are three females that sit on the Board of Directors, ensuring equal male/female membership. A Gender Equity Committee was formed with staff members across all sites and services to develop an action plan from the recommendations of the internal gender equity audit conducted in 2015-2016. The committee also completed a gender equity strategic plan, which is sitting with management for review.

AccessHC are working with schools and early childhood centres to make changes that can be easily integrated into everyday education and care. We provide organisational support to implement programs that strengthen respectful relationships and gender equity.

Free to Be Me is a program for early childhood centres that aims to create an environment where children can grow up without the restrictions of gender stereotypes. This is achieved through the implementation of a resource kit for parents, carers and educators.

Respectful Relationships is a Department of Education and Training program that supports school leaders, educators and school communities to promote and model respect and equality. The program aims to teach students how to build healthy relationships, resilience and confidence.



GLA:D Program

Currently, 1 in 11, or 2.1 million Australians and 30% of people over 50 years of age have osteoarthritis which is costing the healthcare system \$2.1 billion annually.

It is the most common lifestyle disease in people over 65 years—being more common than diabetes or hypertension. With the ageing population and rising rate of obesity, the number of Australians with osteoarthritis is set to increase to almost 3.1 million by 2030. Victorian best practice guidelines released earlier this year recommend all people with hip or knee osteoarthritis to be provided with conservative management before using medication or surgery.

GLA:D (Good Life with osteoArthritis: Denmark) is a researched, best practice exercise program for people with osteoarthritis in their hip or knee. Originating in Denmark, the GLA:D creators have spread the program by training Australian physiotherapists to run the training.

Two of our staff are now trainers and all physiotherapists have completed the training. AccessHC is the first community health service in Victoria that has started running the program. We have classes at Doncaster, Hawthorn and Richmond. We are also planning to start evening sessions at North Balwyn in term four.

The program involves attending 12 exercise sessions plus two education sessions. Participants are then encouraged to continue the exercises at their local gym or within their home. Research in Denmark shows symptom progression reduces by 32%. Other outcomes include less pain, reduced use of pain

medication, minimal sick leave and increased physical activity. Exercise has been found to have a larger effect than education, weight reduction and medication. Nationally, data is being collected on the outcome of Australian participants. This is in the early stages but we hope to start producing Australian results over the next 12 months.

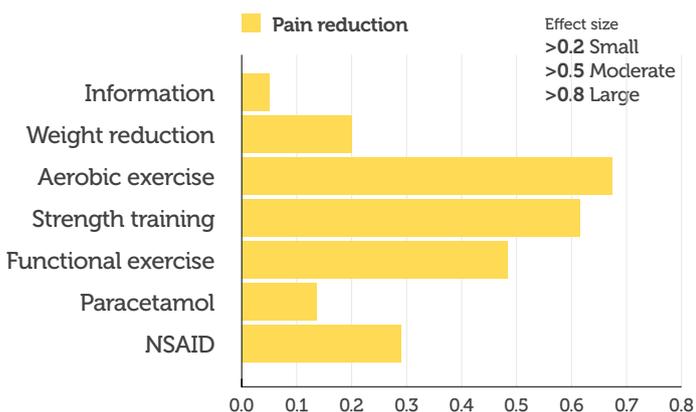
Comments from AccessHC GLA:D participants include:

- It was hard to start with, now my knee is perfect.
- Very successful, saved my life, my movement and daily activities are better, almost back to normal, feeling good.
- Made me do more at home & walk more – hate the sliders.
- Happy to do the exercise, help my body, knee still sore, able to do more.
- Walking better, still got pain but has done me the world of good.
- Friend told me about it, looked at the website, I have confidence, most important thing is the education.
- I had fear of making it worse, education helps, informative. Good to have physios explaining how to do exercise.
- I did clinical Pilates, spent a lot of money on the reformer, my knees were grating, the physio said maybe I shouldn't do that anymore.

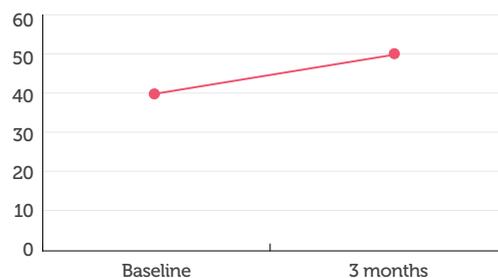
Early result from AccessHC participants show:

- Improved 40m fast walk times.
- Increased number of chair sit to stand in 30 seconds.

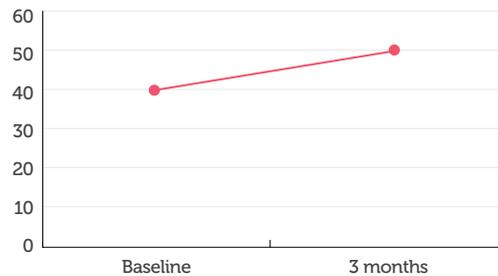
Effect size non-surgical treatment of knee OA



40m fast walk test (secs)



30s chair stand test (n)



McAlindon et al 2014 "OARSI guidelines for the non-surgical management of knee osteoarthritis" *Osteoarthritis and Cartilage* 22:363-388

Finances

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018*

	2018	2017
	\$	\$
Revenue and other income		
Revenue	18,073,450	16,678,335
Gain on merger	-	1,832,747
	<u>18,073,450</u>	<u>18,511,082</u>
Less: expenses		
Employee benefits expense	(14,655,403)	(14,169,465)
Accreditation expense	(45,317)	(30,575)
Advertising expense	(124,957)	(75,121)
Catering expense	(43,496)	(42,519)
Computer expenses	(303,655)	(270,609)
Contract cleaning expense	(190,553)	(208,388)
Contract labour expense	(41,018)	(4,584)
Contractor and consultant expense	(154,699)	(203,072)
Depreciation and amortisation expense	(455,863)	(464,587)
Finance expense	(15,548)	(13,521)
Medical expenses	(169,697)	(165,421)
Motor vehicle expenses	(93,334)	(101,868)
Occupancy expense	(364,335)	(358,122)
Office expense	(168,682)	(175,599)
Professional fees	(69,062)	(57,484)
Repairs and maintenance expense	(242,106)	(228,112)
Telephone expenses	(290,793)	(273,476)
Utility expenses	(125,703)	(118,828)
Other expenses	(626,544)	(282,348)
	<u>(18,180,765)</u>	<u>(17,243,699)</u>
Surplus / (deficit) for the year	(107,315)	1,267,383
Other comprehensive income		
<i>Items that will not be reclassified to profit and loss</i>		
Revaluation of 283 Church Street, Richmond	-	2,613,418
Revaluation of 378 Burwood Road, Hawthorn	-	3,792,729
Revaluation of 10 Rose Street, Box Hill	-	157,631
Total comprehensive income / (loss)	(107,315)	7,831,161

* This is an extract from the financial report for 2017/18.

A full version of the 2017/18 Audited Financial Statements is available on our website.

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2018***

	2018	2017
	\$	\$
Current assets		
Cash and cash equivalents	7,049,053	7,017,800
Receivables	226,731	180,779
Other assets	439,805	393,201
Total current assets	7,715,589	7,591,780
Non-current assets		
Intangible assets	222,383	46,277
Property, plant and equipment	20,729,508	20,952,448
Total non-current assets	20,951,891	20,998,725
Total assets	28,667,480	28,590,505
Current liabilities		
Payables	1,778,296	1,678,616
Provisions	2,126,469	1,981,391
Other liabilities	349,221	285,053
Total current liabilities	4,253,986	3,945,060
Non-current liabilities		
Provisions	353,801	478,437
Total non-current liabilities	353,801	478,437
Total liabilities	4,607,787	4,423,497
Net assets	24,059,693	24,167,008
Equity		
Reserves	14,114,770	14,114,770
Accumulated surplus	9,944,923	10,052,238
Total equity	24,059,693	24,167,008

* This is an extract from the financial report for 2017/18.

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**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2018***

	Reserves \$	Accumulated surplus \$	Total equity \$
Balance as at 1 July 2016	7,550,992	8,784,855	16,335,847
Surplus for the year	-	1,267,383	1,267,383
Revaluation of 283 Church Street, Richmond	2,613,418	-	2,613,418
Revaluation of 378 Burwood Road, Hawthorn	3,792,729	-	3,792,729
Revaluation of 10 Rose Street, Box Hill	157,631	-	157,631
Total comprehensive income for the year	<u>6,563,778</u>	<u>1,267,383</u>	<u>7,831,161</u>
		-	
Balance as at 30 June 2017	14,114,770	10,052,238	24,167,008
Balance as at 1 July 2017	14,114,770	10,052,238	24,167,008
Deficit for the year	-	(107,315)	(107,315)
Total comprehensive income for the year	<u>-</u>	<u>(107,315)</u>	<u>(107,315)</u>
Balance as at 30 June 2018	14,114,770	9,944,923	24,059,693

* This is an extract from the financial report for 2017/18.

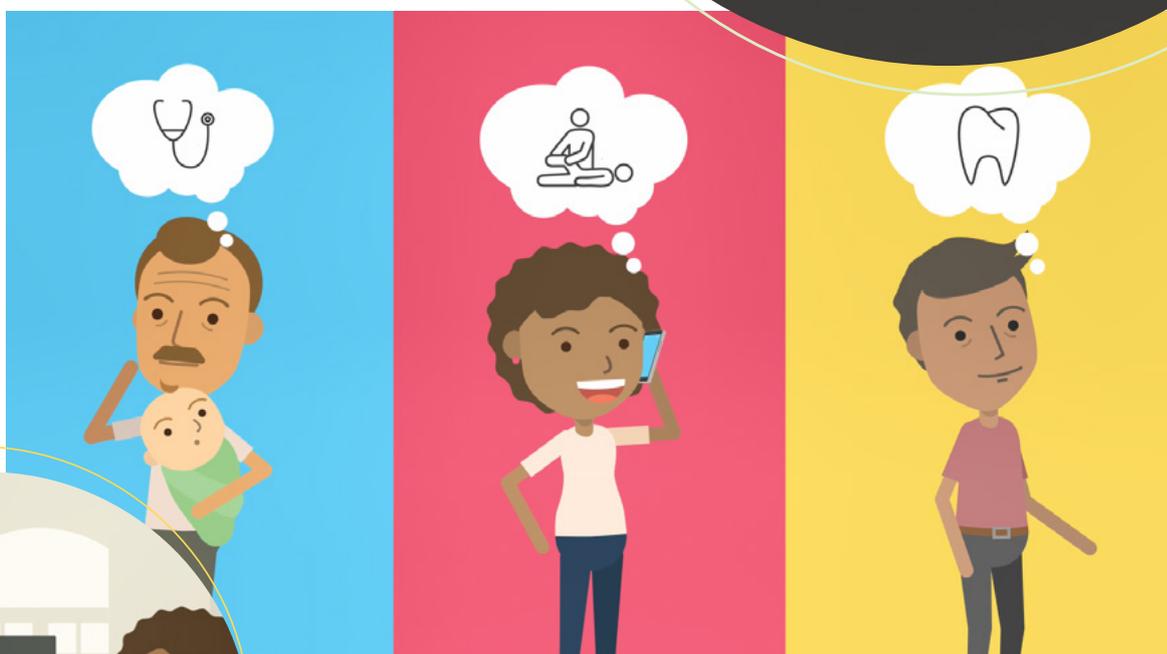
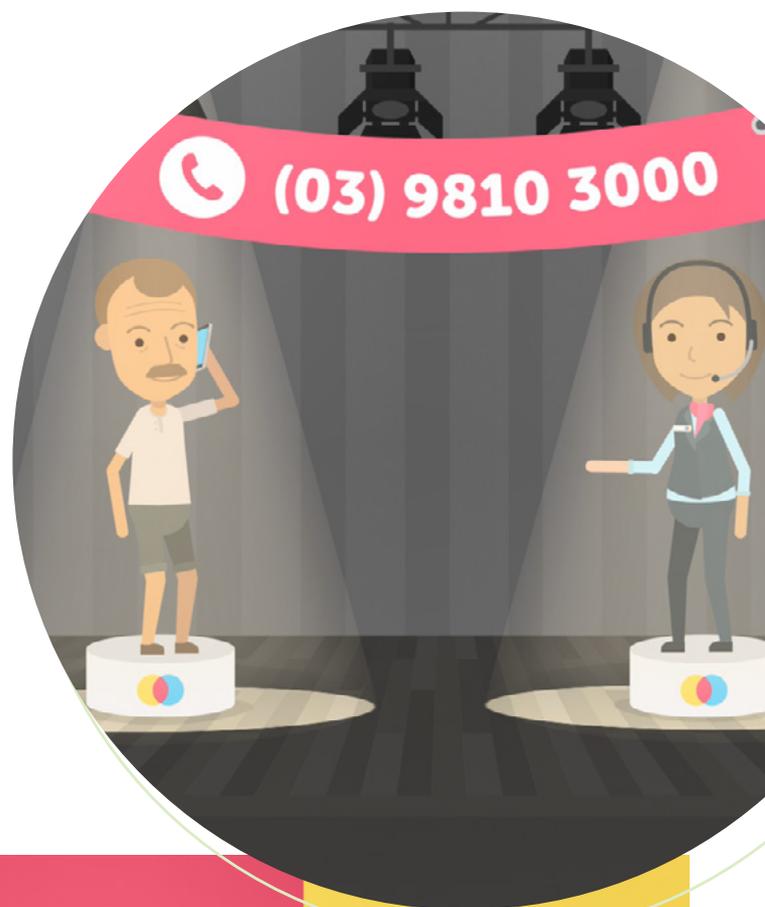
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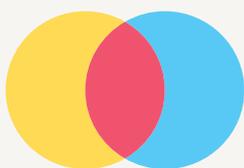
Our Partnerships

In 2017 AccessHC continued to strengthen their partnership with Swinburne University of Technology.

In 2016, the 'Waiting Room of the Future' project was conducted by the students of Swinburne University. The findings of the project were presented to the CEO in the form of an animation to simply demonstrate their findings. This concept impressed the CEO and led to further discussion about how animations could be used to engage the community. A simple and effective way to deliver information about AccessHC and the services that we offer.

Swinburne's Future Self Living Lab Team in cooperation with the marketing team at AccessHC created a series of animations. In total six have been developed focusing on a range of topics including 'How to access more services' to more complex topics such as how to access NDIS and My Aged Care. The purpose was to use a new medium that would be easy to understand. The brief to the production team was to use simple language, familiar concepts and animated characters that our clients can relate to.





ACCESS
Health & Community

Building healthier lives together with our communities
and delivering excellent health services for all.

(03) 9810 3000 • info@accesshc.org.au • accesshc.org.au