



QUALITY

PRIMARY CARE CONNECT

YOUR COMMUNITY HEALTH CONNECTION

ACCOUNT

PRIMARYCARECONNECT.COM.AU



CHIEF EXECUTIVE OFFICER REPORT	
BOARD CHAIR REPORT	
COLLABORATION IN COMMUNITY CONVERSATIONS	1
NEW PROGRAMS AT PRIMARY CARE CONNECT	2
OUR RESULTS, OUR ACTIONS IN ACCESS TO OUR SERVICES & PROGRAMS	3
SERVICE USAGE - 2017/2018	4
PROGRAM FOR CULTURALLY DIVERSE WOMEN IN OUR SPACE	5
WELCOME TO WATER - OUR REFUGEE HEALTH PROGRAM	6
LANGUAGE IS NO BARRIER AT PRIMARY CARE CONNECT	7
RAISING AWARENESS ON NATIONAL CLOSE THE GAP DAY	8
RAISING AWARENESS IN COMMUNITY SPORTS CLUBS	9
DOING OUR PART IN THE FAMILY VIOLENCE STATEWIDE PLAN	10
ACCESS FOR FARMERS AT PRIMARY CARE CONNECT	11
CASE STUDY: FINANCIAL COUNSELLING	12
ACCREDITATION AT PRIMARY CARE CONNECT	13



CEO REPORT: PRIMARY CARE CONNECT IS GROWING FROM STRENGTH TO STRENGTH.

It is with great pleasure that I present our 2017-2018 Quality of Account Report. This year's report is a snapshot of the wonderful work that is undertaken by our dedicated staff every day at Primary Care Connect (PCC).

With so many highlights, it is impossible to capture all in one report. This year we have increased the number of programs we are offering to the community. We have made new partnerships and strengthened existing partnerships. We have been on a journey of ensuring that we have the best and most capable team to deliver these important services to our community.

The vision and strategy of PCC is driven and led by our strong and engaged Board of Directors. They have set an ambitious and visionary Strategic Plan. This plan looks at building our current service delivery and creating new opportunities through partnerships, with the aim to increase the capacity that will influence the outcomes for our communities. I thank the Board of Directors for all their support, guidance and their ability to set a direction for PCC well into the future. In particular I would like to thank Kevin Boote who has been a fabulous mentor and a continuing supporter of me as the CEO.

I am very fortunate to have such a wonderful supportive, innovative, passionate and dedicated team of leaders to work with every day. Thank you to Megan, Hannah, Broni, Simone, Tim, Teagan, Sheree and Debbie.

I would like to thank the team we have at PCC, the dedicated and passionate staff, who day in day out provide exceptional services to those seeking assistance. You are the driving force behind what makes PCC a great place to work and an even better place for our community to get the assistance they require. You are caring, compassionate and through actions ensure that people are given the right to make changes within their lives. I am honoured to work with you every day and see the differences you are making.



The year as I have mentioned has been filled with many highlights, here are a few:

- AgriSafe Clinic's facilitated at PCC, Numurkah District Health and Nathalia Health
- NAIDOC "Because of her we can" celebration of women's luncheon
- Unique and genuine collaboration with FamilyCare, The Bridge and GV Connect, thanks to the Helen McPherson Smith Trust for funding this opportunity
- Partnership with Seer Data and Analytics – using our data and predictive analytics to better the experience of our clients
- Increasing our partnerships in research and scoping our own internal research
- Men's Health evening with Kevin Sheedy
- Pilot programs working with men who use family violence
- Sponsorship of ASHEFest, Rumbalara Football Netball Club, Pasifika Festival, Katandra Cricket Club
- Major sponsors of Shepparton Crickets Twenty20 competition
- Active Partners in the RESPOND project – Childhood Obesity
- Roll out of improved IT systems such as MILO and Office 365
- Strong representation at local, regional and state steering and reference committees

PCC would like to thank everyone who has supported and continues to work with us to achieve better outcomes for our communities. We are fortunate to work within a community and service sector that is built on working together to create solutions and build a stronger tomorrow.



Rebecca Lorains
Chief Executive Officer





BOARD CHAIR REPORT: SUCCESSFUL 2017-2018 ALL ROUND AT PRIMARY CARE CONNECT...

This year has once again been a successful one for Primary Care Connect (PCC) both internally and externally. The agency has grown its' service delivery base and the investments that were made last year in Information Technology and in Capital Works are now evident and are making a difference.

The roll out of the IT Platform is complete enabling the Board to receive communications and access information on secure devices and allowing the Board a much closer and more intimate window into the agency.

The completion on the new Gymnasium will prove to be another major benefit, allowing expansion of program delivery and the potential to connect and interact with sectors of the community in new and different ways.

We have continued with solid financial performance building on our capital reserves that will allow future development and investment in property, projects and people. In the next few months the Board will be reviewing our risk appetite and tolerance to risk and making any Policy setting adjustments deemed necessary.

We had another fantastic proposal for investment put before us in this year's Shark Tank and the Board are encouraged by the quality of the presentations and the enthusiasm from within the agency to collaborate, develop and bring forward ideas.

I want to acknowledge the leadership of our CEO, Rebecca Lorains. Rebecca is not only managing the agency extremely well but continues to represent PCC at State and National Forums. This representation has led to PCC being a "go to" agency with a greatly enhanced reputation for delivering outcomes.

I want to acknowledge and thank our Executive Team, Simone Wilson, Executive Manager Business and Infrastructure; Broni Paine, Executive Manager Integrated Services; and Megan Lorains Executive Manager Research and Development for their input into Board deliberations, their support of our CEO and their outstanding work in the agency.



... NEW FACES AND MINDS SUPPORTING THE WORK WITHIN AND EXTERNALLY.

I want to comment on the tremendous contribution each and every employee makes to the agency, you are all an integral part of the PCC team and each of you has made us better by your unique contribution. Thank you and keep up the great work.

Finally I want to thank and acknowledge the work of my fellow Directors. Last year saw the retirements of David Jones, Barbara Brown, Anne O'Connor and Hamish Fletcher. Those retiring Directors were replaced by Troy Knox Deputy Chair, Erica Molyneaux, Cath Cosgrave, Jan Muir and Iris Ambrose who joined with Menon Parameswaran and me to form the new Board

Although it has been a steep learning curve, each of the Directors has immersed themselves in the role both at Board level and by undertaking subcommittee work with either; Audit and Risk or Clinical Governance Subcommittees.

Being a Director in the not-for-profit sector requires great commitment and requires considerable time and energy. I would like to thank each and every Director for their willingness to serve the agency, for their support, encouragement and wise council in support of me.

The Board looks forward to the challenges ahead, the impending introduction of the NDIS, is probably the next major challenge, and how we position ourselves to choose what areas of service delivery we may provide. Further development of programs in the Gymnasium, increased public participation and access. We wonder about and are excited by what new innovations will be presented at the next Shark Tank.

Kevin Boote
Board Chair



In May 2018, in collaboration with the Aboriginal Access Advisor from Murray Primary Health Network (PHN), the Indigenous Health Promotion workers at Primary Care Connect (PCC) facilitated conversations about health and wellbeing with Aboriginal and Torres Strait Islander Community members living in Seymour and the surrounding areas. Open to all, the conversations were hosted at Goranwarrabul House and aimed to build the relationship between community members and local service providers by initiating a two-way exchange that, equally valued the knowledge and experience of both groups. This community was chosen due to the high number of Aboriginal people identifying as living in this area, without the direct support of an Aboriginal Community Controlled Health Organisation (ACCHO).

Community Chats

Stage 1
Their experiences with care and access in hospitals and at a doctors clinic.



Meeting with local General Practitioners and staff



Stage 2
Sharing the communities voice with local GP's and staff.

Appreciative of the opportunity to hear from the perspectives of locals, the health professionals also provided feedback, which was then in turn passed onto the community members who attended.

In future, it is hoped that conversations can take place on a needs-basis, and a similar model can be utilised in other regional towns.

#YOURHEALTHCONNECTION



NEW PROGRAMS AT



THE **COACH**[®]
PROGRAM

PRIMARY CARE CONNECT

In January 2018, Primary Care Connect introduced two new programs in the Allied Health Space. This included The COACH[™] Program and Occupational Therapy.

The COACH[™] Program is an evidenced based program, delivered by specially trained health coaches to support and educate clients on managing and living with their chronic condition. It is an innovative prevention program that trains people with chronic disease to vigorously pursue the target levels for their particular risk factors while working in partnership with their usual health professionals. This program provides regular coaching sessions to clients over a period of 6 months, face to face or over the phone. Clients are coached to better understand their risk factors, and to know what they should be working towards for better management of their condition. Coaching also supports clients to follow appropriate nutrition and lifestyle measures for their condition.

Our Occupational Therapist provides support for people who are having difficulties with their daily activities. This may include assisting people who may need help due to a disability, physical and mental health problems or the effects of ageing. Our Occupational Therapist works to improve safety, access and independence. Below is a case study of how Primary Care Connect staff work together, with other health professionals to better the health outcomes of our clients.

CASE STUDY: ENGAGE = SUCCESS

Referred client from local General Practitioner presents with:

- History of stroke
- High Blood Pressure
- Limited Mobility
- Socially isolated
- Active smoker
- Active alcohol drinker

The client presents as struggling with mobility and at a high risk of developing cardiovascular disease.



Engaging The COACH Program at Primary Care Connect, the client is supported in:

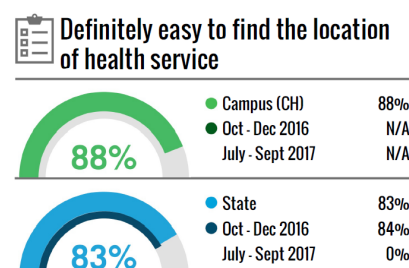
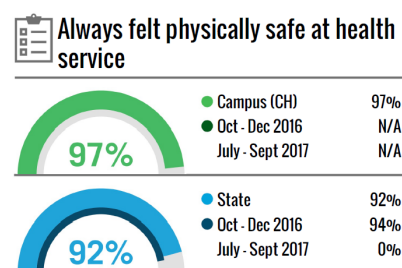
- QUIT education
- Healthier food choices
- Occupational Therapist and
- Alcohol Education

The client has now applied for a mobility scooter and is engaged in social activities that the client was a part of before his/her stroke.

OUR RESULTS, OUR ACTIONS IN ACCESS TO OUR HEALTH SERVICE AND BEYOND.

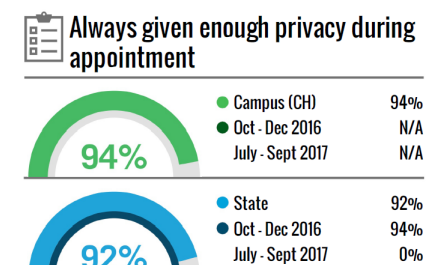
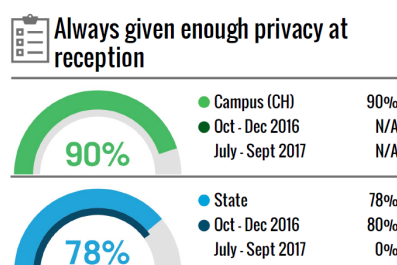
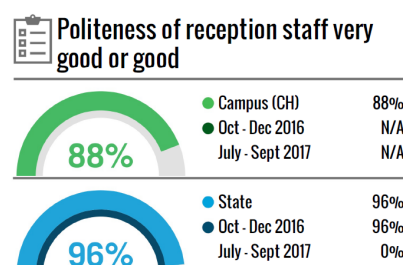
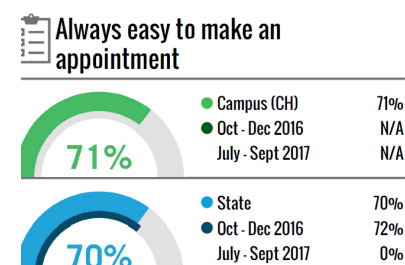
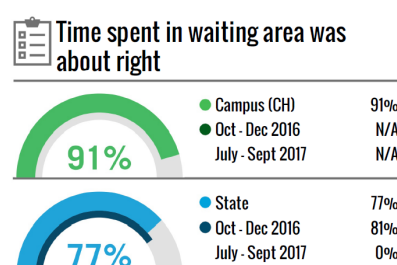
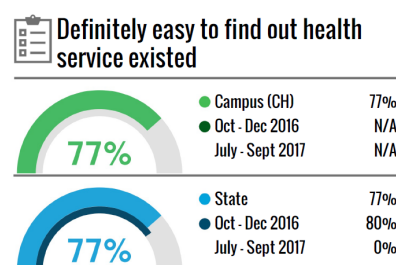
Primary Care Connect value the feedback of our clients and community.

Results from the most recent Victorian Healthcare Experience Survey indicate that clients of Primary Care Connect, overall, had a 97% positive experience within our service. Specifically reporting on access to our services and the Environment and Facilities, Primary Care Connect are proud to have exceeded the state average of 83% in other Community Health Centres in most areas.



Feedback received from clients indicated that they have seen actions to improve the access and the operating environment of PCC. These have included;

- An increase in outreach locations and operating hours
- Dedicated reception staff, that are not distracted with any other administrative tasks
- Creation of client welcome packs to be distributed prior to or at first appointments
- Changes to our intake system to include more screening and triage tools to ensure appointments are available based on need
- An increase in marketing to better promote our services and location



SERVICE USAGE

2017-2018



AGE BREAKDOWN	80+	69-79	49-59	39-25	24-18	17-10	9-0
	1%	11%	34%	35%	14%	5%	2%

Primary Care Connect (PCC) highest usage of services was within the Alcohol and other Drugs and Financial Counselling programs in 2017 - 2018.

**DIVERSITY
IS SOMETHING TO BE
CELEBRATED DAILY.**

— WE DO AT PRIMARY CARE CONNECT IN MANY WAYS.

PROGRAM FOR CULTURALLY DIVERSE WOMEN IN OUR SPACE.

WE SEE IT AS WE DRIVE THROUGH THE TOWN. WE SEE IT AS WE WALK THE STREETS AND WE SEE AND HEAR THEM DAILY AT PRIMARY CARE CONNECT. PROVIDING WOMEN WITH SOMETHING THAT THEY CAN CONNECT TO IS RICH IN ITSELF.

Primary Care Connect's 'Khanuma' project (Khanuma meaning 'Ladies' in Dari) brings isolated Afghani women living in Shepparton together through the development of friendship and social connections.

Many of these women have not had a proper sense of belonging in their community due to their circumstances.

Through collective activities including lunches, excursions, yoga and art projects such as photography and ceramics the women have opportunities to share with each other their worries and concerns. On occasion they share their traumatic past experiences that impact on their daily lives with each other as well.

The Khanuma group gives the women the opportunity to gain strength by sharing ideas, building wise strategies, supporting each other and having fun.

The project has been funded by the Victorian Women's Benevolent Trust with support from the Grosvenor Foundation.



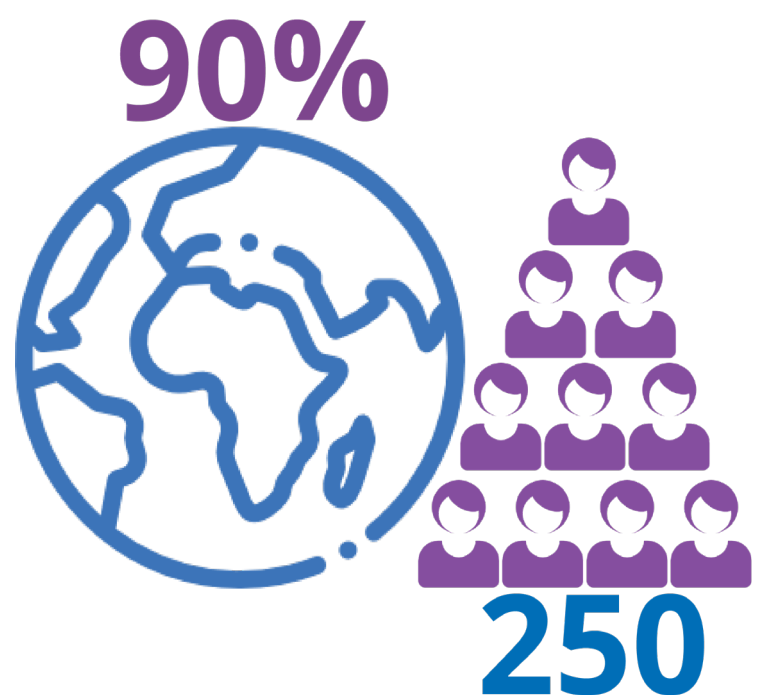
WELCOME TO WATER OUR REFUGEE HEALTH PROGRAM

During community consultation earlier in the year, it was identified that swimming was something that many wanted to learn to do and a means to connect with others in the community, outside of their usual networks. Primary Care Connect (PCC) is proud to state that sustainable social connections, relationships and recreational physical activities have developed from the Welcome to Water Project with participants from our Culturally and Linguistically Diverse (CALD) community. Out of the programs developed under Welcome to Water Project, the swimming was the most successful. Swimming lessons were provided in a safe, culturally appropriate setting at a small local pool where senior CALD women and some of their younger community members could come and learn how to swim, within instructor led, private swimming lessons.

The level of progress that has been evident by attending these private women's only swimming lessons from week one to the most recent lessons in June 2018 are outstanding. The ability to swim and confidence seen when participants are accessing a public recreational facility has been extremely positive.

Due to the overwhelming positive response to the private swimming lessons provided, it was identified that there was a need for women from Greater Shepparton CALD community to be further supported in accessing and utilising public recreational spaces in a safe, culturally appropriate way. PCC's Health Promotion team met with Greater Shepparton Council, Aquamoves (indoor outdoor fitness facility) and Shepparton Victoria Police to advocate for these women. After many meetings and further consultation with a multicultural youth committee, Aquamoves agreed to hold a one off 'This Girl Can Pool Party' in collaboration with the Vic Health gender equality campaign.

The success of Welcome to Water and This Girl Can Pool has enabled for further CALD women only swimming pool time at the local swimming pool once every month.



250 women came to 'This Girl Can Pool' at Aquamoves of which 90% of the women were from CALD communities.

LANGUAGE IS NO BARRIER AT PRIMARY CARE CONNECT.

— WE PROVIDED ACCREDITED INTERPRETERS TO OUR CLIENTS, INCLUDING TRANSLATED FORMS AND INFORMATION.

Greater Shepparton is by far one of the most unique regional towns because of the rich diversity of cultures found within. Every year the population growth continues to increase, and the rich history of migrants and refugee settlement surpasses expectations.

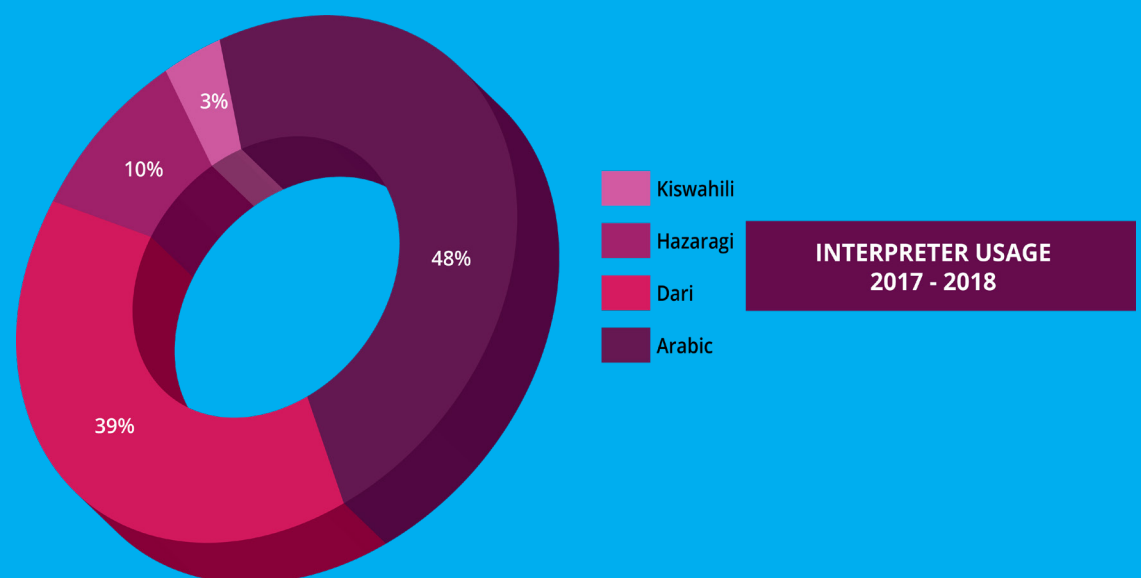
With more than a quarter of our population born overseas, three-quarters of them come from non-English speaking countries. With cultural diversity comes diversity in language and a reasonable proportion of English illiteracy. Therefore, the use of interpreters in health and community services is an essential element of being able to provide access to services and treatment to the whole of community irrespective of English ability.

Primary Care Connect (PCC) espouses the use of interpreters across all programs where a person has insufficient English to engage with the supports they require. Information and important forms are available to clients and community members as they require.

As a regional town, the most common form of access to interpreters is through the telephone. Locally, limited number of professional onsite interpreters in the region is a great barrier and for many clients, they prefer telephone method due to perceived concerns regarding privacy. The use of phone interpreters guarantees a level of privacy that onsite interpreters may not. Professional interpreters are bound by privacy and confidentiality legislation; however it is common in small regional areas for interpreters to know clients in a social capacity, thus the common preference for phone interpreters (who can be accessed from anywhere across Australia).

Our Refugee Services Team are the highest users of interpreters and are funded to provide services specific to refugee health and mental health, ensuring that all clients are able to access health information regarding their care in a language that they understand is standard practice at PCC.

This financial year of 2017 - 2018, Primary Care Connect used interpreters on a total of 764 occasions. The following graph illustrates the three top languages we accessed this year as well as other languages that our services used at PCC.



In 2016 - 2017 our top language was identified as Arabic and continues to be the top language accessed for interpreting purposes although usage has decreased by 2% in 2017 - 2018. Dari has increased in usage this financial year by 12%, while Hazaragi has decreased by 50% from last years report.

In 2016 - 2017, PCC accessed interpreting services for only 7 different languages. and in 2017 - 2018 we have accessed services for 16 different languages.

The cost to Primary Care Connect in this period was \$53,441.96 which is close to double what was spent in 2016-2017.



08



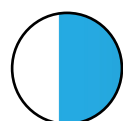
SPREADING THE WORD AND RAISING AWARENESS ON NATIONAL CLOSE THE GAP DAY

National Close the Gap day occurs annually, on the third Thursday of March. Close the Gap day aims to bring awareness to, recognise and help address the seven targets that the Commonwealth Government set to improve Aboriginal and Torres Strait Islander People's Health, Education, Employment and life expectancy.

This year Primary Care Connect (PCC) played an important role of engaging community members in the Close the Gap Campaign and educating the public on the seven targets, what the campaign aims to achieve and how support may help to improve and work towards closing the seven targeted gaps, which



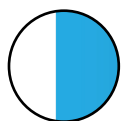
Close the gap in life expectancy within a generation (by 2031)



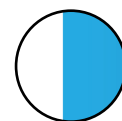
1/2 the gap in mortality rates for Indigenous children under 5 years of age by (2018)



Close the gap between Indigenous and non-Indigenous school attendance within 5 year olds (by 2018)



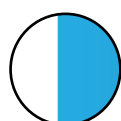
1/2 the gap for Indigenous children in reading, writing and numeracy achievements within a decade (by 2018)



1/2 the gap for Indigenous Australians aged 20-24 in Year 12 attainment or equivalent attainment rates (by 2020)



95% of all Indigenous 4 year olds, enrolled in Early Childhood Education (by 2025)



1/2 the gap in employment outcomes between Indigenous and non-Indigenous Australians

As of 2018, only 3 of the above targets were on track nationally.

Indigenous Health Promotion Workers work on addressing the health gaps for a period of time leading up to the National Close the Gap day. This included promoting materials such as Ask the Question training, which helps to identify Indigenous clients, therefore leading to appropriate health care services being provided to these community members.

Additionally, the Indigenous Health Promotion Workers provided health care resources and materials to GP clinics and community members around Close the Gap Campaign. The workers walked the CBD to promote and get the word out about the campaign and got both community members and workers engaged enough to understand and support the campaign and sign the petition on supporting the Closing the Health Gap.

#YOURHEALTHCONNECTION



RAISING AWARENESS IN COMMUNITY SPORTS CLUBS

Gambling is fast becoming a normal part of sport. Funded and developed by the Victoria Responsible Gambling Foundation, the Sporting Club Program aims to counter the growing culture of gambling in sport and to create safe and healthy sporting clubs across Victoria.

The program can help you raise awareness within your club community about gambling as an issue, and to protect young people from gambling harm. The Sporting Club Program focuses on separating gambling from the game and preserving what's great about sport by:

- shifting the focus back to the Love of the Game
- minimising exposure to gambling activities and promotion
- increasing awareness of gambling as an issue in our community and how to avoid the risks
- supporting clubs to make practical changes to clubrooms and sporting grounds ensuring people know where to go for information and support if they need it.

Alexandra Football Netball Club has been committed to this program for a number of years. The Club has seen the effects gambling can have on a person, club and community. As a response to this, they worked with PCC to hold a themed round football match with promotional messages, games, and competitions going on whilst the game was happening.

The reach was 350 people throughout the day. In the evening there was a dinner held with a ReSPin speaker, who spoke about gambling harm and the lived experience. There were 50 people present for the dinner. The themed round and the dinner were promoted on the Primary Care Connect website and the Alexandra Football Netball Club website with a reach of 1298 people in total. The event was also advertised in the local Alexandra papers with a reach of 2,500 people.

The event was well received, and we had very positive feedback from the community, including the family that was directly affected by gambling harm.

ACCESS FOR FARMERS AT PRIMARY CARE CONNECT.



Primary Care Connect is committed to farmer health in the Goulburn Valley Region. Agricultural land occupies nearly 9,000 square kilometres, or 81% of the region. Agriculture, forestry and fishing were the largest employment sector in Greater Shepparton with over 12,000 people employed in 2017.

In 2015-16 the gross value of Agricultural business in Great Shepparton was \$1.7 billion, equalling 13% of Victoria's gross value of Agriculture production. The health of farmers is vital to support this industry. Poor health and safety, effects not only the farmer, and their business, but their families as well.

Primary Care Connect are working with the National Centre for Farmer Health to improve the health and wellbeing of our farmers. This is done through offering free Agrisafe™ Clinics.

Agrisafe™ Clinics allow our farmers to meet with a specially trained farmer health clinician and have a free comprehensive health check completed. Health checks include; blood glucose testing, cholesterol testing, blood pressure check, body mass index calculation, respiratory testing, hearing screening, skin examination, vision testing, urine testing, pesticide exposure testing, testing the fit of your mask or respirator, and occupational risk. In addition, we offer information regarding farm hazards, personal protective equipment selection, fitting and sales, and education sessions for community groups, agricultural and health professionals. From this, there are an array of other health supports that can be referred to, based on any test results.

In 2017-18; we had 40 farmers attend our Agrisafe™ Clinic. We attended 15 community events to promote the new program, including being a major sponsor of the Women in Dairy event at International Dairy week in Tatura in January 2018.

Clinics are held across three sites. These sites include:

- Primary Care Connect - 399 Wyndham Street, Shepparton
- Numurkah District Health Service - 2 Katamatite Nathalia Road, Numurkah
- Nathalia District Hospital - 36-44 McDonnell Street, Nathalia

DOING OUR PART IN THE FAMILY VIOLENCE STATEWIDE PLAN.

Following on from the Royal Commission into Family Violence Recommendations released in March 2016 the Family Violence Team at Primary Care Connect are working to deliver key outcomes within state-wide plans.

These plans include Ending Family Violence: [Victoria's 10 Year Plan for Change](#) and the [Family Violence Rolling Action Plan \(2017-2020\)](#) and [The National Plan to Reduce Violence against Women and their Children \(2010-2022\)](#).

Some of our key activities include:

- 01.** A partnership with Child Protection: A Specialist Family Violence Worker from PCC is co-located with Child Protection and works closely with their workers, including their Family Violence Senior Practitioner and Family Violence Practice Leader. The partnership is strengthening child protection practice in responding to family violence, enabling joint assessments, strengthening relationships with family violence services and assisting child protection to navigate the family violence system.
- 02.** The Family Violence Capacity Building Project: This project supports Mental Health and Alcohol and Other Drugs Services to enhance their capacity to identify and respond to Family Violence through increased inter-sector and inter-agency collaboration. PCC hold the Stage 1 Specialist Family Violence Advisor and Stage 2 Specialist Family Violence Advisor- Alcohol and Other Drugs positions and are working closely with all key stakeholders to achieve the program's goals and objectives.
- 03.** Personal Safety Initiative: Aims to assist victim-survivors of Family Violence to safely remain in their homes. Through the program victim-survivors will have access to intensive case management, risk assessment, safety planning, advocacy and support. The program will provide safety audits, personal safety devices and 24/7 monitoring and support from security experts.

Our Family Violence programs are also part of the first tranche of agencies for the Family Violence Information Sharing Scheme which commenced in February 2018.

Authorised by Part 5A of the Family Violence Protection Act 2008 and the Family Violence Protection (Information Sharing) Regulations 2018 the legislation allows a select group of prescribed information sharing entities to share information between themselves for family violence risk assessment and risk management.





CASE STUDY: FINANCIAL COUNSELLING DEBT TO BUDGET AND KICKING GOALS.

Belinda (name of client has been changed for privacy reasons) is a woman in her 30's who has young children and had fled a 10-year family violence relationship. Belinda's income source is solely Centrelink.

Belinda presented to financial counselling with six loans taken out solely in her name under the threat of violence by the perpetrator. Belinda's goals were to address the debts incurred by the perpetrator and to establish a budget moving forward for Belinda to be able to meet living expenses and save.

With consent, our Financial Counsellor worked closely with Belinda's Family Violence Support Worker to stop Belinda having to repeat her story, ensure her safety at all times and achieve best practice outcomes collaboratively with Belinda.

The option Belinda chose was for the financial counsellor to request debt waivers to the six creditors. Our Financial Counsellor wrote the debt waiver requests with appropriate documentation and evidence supplied by Belinda.

One of the creditors intended to approach the perpetrator to recover the debt. With consent from Belinda a complaint was lodged on her behalf with the appropriate ombudsman for putting Belinda's safety at risk and this debt was then waived in full.

The outcome was that five creditors waived the respective debts in full, and one creditor reduced the debt back to the principal balance and waived the interest. Belinda was able to establish a budget and began saving money each fortnight with the goal to take her family on a holiday.

ACCREDITATION AT PRIMARY CARE CONNECT



Certified System

TM



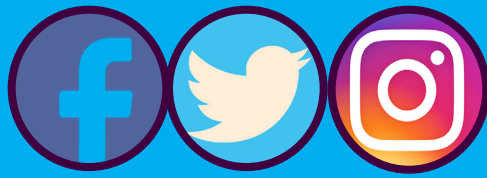
**Quality
ISO 9001**

Accreditation at Primary Care Connect governs the quality service we provide to our community, and to ensure that all elements of our organisation are relevant to community needs, of the highest quality, closely monitored and delivered safely for clients and our staff.

Primary Care Connect's Quality Management Systems are accredited under the International Standards Organisation (ISO) 9001:2015. In September 2017, Primary Care Connect undertook a Stage 2 assessment of the ISO 9001:2015 standards and a review of the current Human Services Standards.

The review, completed by independent auditors found three area's that required attention within our Quality Management Systems. These three areas included the need for an overarching quality policy and procedure, completion and reporting of scheduled internal audits, and schedule to review and audit the Quality Management System itself.

Primary Care Connect successfully implemented these elements into our systems, and in March 2018 were awarded accreditation with compliance on all ISO 9001:2015 standards.



PRIMARY CARE CONNECT

YOUR COMMUNITY HEALTH CONNECTION

399 WYNDHAM STREET, SHEPPARTON VIC 3630

P: (03) 5823 3200 F: (03) 5823 3299

WWW.PRIMARYCARECONNECT.COM.AU