

# Grampians Community Health Centre: A Day in the Life of a Community Health Centre

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## *Client Care Project 1996, Grampians Community Health Centre*

It is just before nine o'clock in the morning and before the receptionist has turned on all the lights, the 'phone begins to ring. Staff enter, soft music plays and the building makes settling noises as staff run up and down stairs, and the doors open and shut as people enter with purpose.

The Centre houses programs other than community health, and a worker navigates the doors with three large suitcases: mannequins for first aid demonstrations.

The receptionist tries to play the answering machine with last night's messages, but his concentration is interrupted by the 'phone (he records 122 'phone contacts that day) and the Fax machine squeals as it has run out of paper.

Workers move in and out of the office filling in 'out books', and bookings for cars and rooms. Two staff leave for another centre, carrying computer equipment required elsewhere.

A woman enters and requests photocopying. Two women request directions to a workshop being conducted in the town today. I have a quick tour of the Centre.

On the ground floor, there are two meeting areas and two smaller, private and comfortable counselling rooms. Upstairs the staff have their offices. There are seven offices that house one or two desks, and a larger office with four work stations.

The walls of the staff common area are lined with the library: tapes, videos, reports and texts. The titles highlight the issues which are addressed here. A worn wooden table centres this area. There are fresh flowers and food left over from last night's meeting on the table. This space is also used for storage, but its main focus is meetings and staff support.

The Centre becomes quieter and I move into the waiting area. There are grey comfortable chairs, a fish tank and children's toys. A large pinboard promotes Purple Clover Week. The walls are lined with free leaflets informing clients of a diverse range of health information, support groups and services. Such is the design of the building that the public would be totally unaware of the range of activities that occurs throughout the Centre.

Four workers from the Centre had begun their day at 5.45 a.m. to travel to Melbourne for a workshop on Prisoners' Families: the forgotten victims. The staff will return at 7.0 p.m. and face a normal working day tomorrow. They will not be the last to finish though, as there is a palliative care meeting to finish at 8.0 p.m., and then there will be those who take work home with them. One worker admitted to experiencing an unusually stressful evening. She had had counselling sessions with two women during the day who had both threatened suicide.

Although she had debriefed with another staff member, she carried her concern home with her.

Four staff members, including two on their day off, attended an intersectoral training workshop on Youth Suicide Risk Assessment. The workshop was held locally by a facilitator from Melbourne; the venue a church hall. The staff were grateful not to have to travel, unlike their workmates who travelled 460 kms for their training on prisoner's families.

The average distance travelled by a worker on this day was 60 kms. One worker stated that a full day's training would occur only every two or so months, so it provides a forum as well for interaction with other workers in the area. Travel time was never wasted. One worker listed six topics relating to the workshop which were discussed and found the time rewarding.

This use of time can be seen also in the lunchbreak. Of the 24 workers mapped on this day, eight had a lunchbreak, six ate lunch at a meeting, four ate lunch 'on the run', one ate lunch travelling, while another ate while attending a reception, and the last asked 'What is lunch?'. One worker, attending the youth suicide workshop, during her lunchtime made a home visit to three young people and also made several 'phone calls concerning two different client issues. She indicated she had had lunch on the run'.

### The Issues

The issues encountered by the community health staff on this one day fall broadly into three main categories: administration/paper work; management and planning; and client issues.

#### *Administration/paper work*

- reports
- forms
- photocopying
- filing
- care plans

- correspondence
- researching information
- bookwork
- accounts

#### *Management and planning*

- staffing
- problems with updating software
- service agreements
- vocational training
- reorganising office
- consumer survey
- working with general practitioners

#### *Client issues*

Many client issues involved counselling and/or advice which was delivered through home and hospital visits, telephone counselling, and face to face in the Centre. The counselling sessions lasted from eight to 90 minutes. The issues were about:

- family
- depression
- post-traumatic stress disorder
- housing concerns
- sexual assault
- parenting
- school-based bullying
- personality disorder
- suicide
- relationships

Finding information for clients on aides available, services, support groups, and transport, were other issues with which staff dealt.

A drug and alcohol program was delivered at the Ararat prison.

Workers liaised with government departments, police, courts, and other workers about client concerns. A total of 271 contacts with other service providers was made by the 24 workers, either by telephone or face to face. A quarter of the contacts made to service centres, such as Horsham and Ballarat, were unsuccessful.

Other than the two workshops, there were 14 meetings which involved staff and 13 hours of time, on this one day.

In commenting on the business of the day, most workers found it to be an average day. Some commented on the need to be flexible, and others on the unpredictability of their work. One worker wrote: 'As I was

leaving work, I received a 'phone call asking me to arrange transport for a patient from Ballarat Base Hospital. Several 'phone calls later...'.

### ***Acknowledgement***

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