

Community voices, healthy action

Our Community Network members provide us with a really important consumer viewpoint into new ideas, projects or developments that impact upon the care provided to you and your family through our hospitals and health care centres.

The Community Network is a way of letting you know what is happening across all of the hospital and health care centres of the Yorke and Northern Region and being a member of the Community Network enables you to tell us what is important to you.

You tell us what you are interested in, and how you want to be involved. We know you're busy, but we really want to hear from you, so we have made it as easy as possible to join.

Join us today

- Fill out a registration form available at your local Hospital or Community Health Service
- Contact us directly through the details below

For more information please contact:

- Community Health Administration The Terrace / PO Box 546 Port Pirie, SA 5540

08 8638 1100

HealthCHSAPtPirieRegionalHealthService@sa.gov.au



Your information will not be shared with other organisations and will only be used for the purposes of communicating with you about Country Health SA Local Health Network and opportunities for further involvement in planning and services. You can unsubscribe from this list at any time.

Community Network Fact Sheet

The Community Network is a way for people to be involved in our local and regional health services. The Community Network is a register of interested people being involved at a level that suits the individual.

What is the Yorke and Northern Region Community Network?

The Community Network is a partnership between health care services providers and members of the community across the Yorke and Northern Region.

What are the aims of the Community Network?

The aim of the Community Network is to seek input and advice from community members that will help inform decisions related to providing health services. Being registered with the Community Network will enable community members to participate at a level of involvement that suits them.

The Yorke and Northern Region, as part of Country Health SA wants consumers and the broader community to be are aware of their rights; including their right to access health and community services, their right to be safe from abuse, their right to high quality services, their right to be treated with respect, their right to be informed, their right to actively participate in their health care, their right to privacy and confidentiality and their right to comment and / or complain.

Why does Country Health SA want a Community Network established?

Country Health SA is committed to ensuring consumer and community engagement in health care decisions, and values the positive contributions consumers and the community make in improving health care service quality, equity and management.

There is an increasing body of evidence indicating that consumer participation leads to improvements in quality, safety and accessibility of healthcare services.

FOUR WAYS YOU CAN BE INVOLVED

BE INFORMED

Community Network members receive information about what is happening with our health service

BE CONSULTED

Community
Network members
are asked for input
and to have their
say through surveys

BE INVOLVED

Community Network members could be invited to workshops, focus groups and forums BE A CONSUMER ADVISOR

Community Network
members become
members of health
governance
committees, service
planning groups or
similar



Country Health SA - Yorke and Northern Region

Community Network – Registration Form

| Full Name: | | | | | | |
|--|----------------------------------|--|----------------|----------------|--------|--|
| Address: | | | | | | |
| Phone/s: | | | | | | |
| Email address: | | | | | | |
| consent to being contacted | ☐ Post (tick ✓one or more areas) | | | | | |
| am of Aboriginal or Torres | Strait Isl | lander heritage? | ☐ Yes | ☐ No | ☐ Both | |
| My age range is: 🔲 Ur | nder 18 | □ 18-35 | □ 36-50 | □ 51-70 | □ 71+ | |
| These consumer participation approaches interest me? (tick ✓ one or more areas) | | | | | | |
| BE INFORMED Keep me informed with general health service information Example: Receive newsletters with information related to local health services | | | | | | |
| BE CONSULTED | ☐ Co | Review and provide feedback on health service publications Completing surveys (Paper based and / or on-line) Participating in interviews (face to face and / or telephone) Assisting with collecting feedback from our clients | | | | |
| BE INVOLVED | dis | Be a consumer representative on a focus group or discussion group on particular health service issues / services Be involved when a consumer, service user or carer point of view is needed | | | | |
| BE A CONSUMER ADVISOR | se Be | service committee Be involved in a role on my local Health Advisory Council Share my experiences for staff training and development | | | | |
| General comments / considerations that may be relevant to my participation. | | | | | | |
| (Eg: mobility, language, dietary, transport) | | | | | | |
| By signing this form, I understand; (Please tick each area & initial below) The aim of the Community Network and I understand and agree to the information being used to help inform Country Health SA regional services. Country Health SA Local Health Network will not disclose my personal contact details without my consent. | | | | | | |
| Full Name: | | | | | | |
| Signature:Thank you for your interest | | | | | | |
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Please return completed forms to:

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- Email: HealthCHSAPtPirieRegionalHealthService@sa.gov.au

