

Making a difference



Quality of Care Report 2012



Welcome to our Quality of Care Report

This year has been very exciting for Latrobe Community Health Service Ltd (LCHS). Our report will guide you through our achievements between 1 July 2011 – 30 June 2012 and program improvements made in response to community feedback.

The theme for this year's report is 'Making a Difference'. We will give you an inside look at the services we provide to the Gippsland community, generating positive outcomes for clients.

We would like to thank many people involved in the development of this report:

- members of our Community Group who provided valuable feedback on last year's Quality of Care Report
- clients and volunteers who provided input in the development of this year's report and
- staff across all programs for their contribution.

We are distributing this report in many ways to make sure we reach as much of the Gippsland community as possible; however, making sure we consider the environment. We will:

- print copies using 100% recycled paper. Copies will be available at every LCHS site and we will also mail copies out to our members and key stakeholders
- upload an electronic copy on our website – www.lchs.com.au

- publish an advertorial in five regional newspapers highlighting key achievements from the report
- send copies to public libraries across Gippsland.

To ensure continuous improvement and relevance to the community of this report, we would appreciate if you could complete the evaluation form in this report. We have included a pre-paid envelope for your convenience. Alternatively, you can contact our Manager Quality on 1800 242 696.

We hope you enjoy reading this report and sharing in our achievements.

Pictured below: CEO, Ben Leigh and Board Chairperson, John Guy OAM JP





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Our Purpose

To enable people to live healthier, live better, live longer

Our Vision

**Better health,
Better lifestyles,
Stronger communities**

Our Values

Providing Excellent Customer Service

Actively assist our customers and clients to receive the quality services they require in a professional and courteous manner.

Creating a Successful Environment

Contribute to making LCHS a positive, respectful, innovative and healthy place to be.

Always Providing a Personal Best

Embrace a 'can do' attitude and go the extra distance when required.

Acting with the Utmost Integrity

Practice the highest ethical standards at all times.



A Year of Achievements



LCHS is proud to report many achievements and initiatives in 2011/12:

- Provided services to over 26,000 clients from eight sites across Gippsland; 18,686 referrals received and 80,385 phone enquiries handled.
- Received \$7.3 million in capital funding to redevelop our Moe site and improve primary health care for the community.
- Implemented a comprehensive communication and marketing strategy across Gippsland heavily promoting our services via television, radio, newspaper, website, cinemas, public transport, and LCHS sites. Client information has also been translated into up to 15 different languages.
- Re-vamped our LCHS website, incorporating input from clients and staff to be more user-friendly to the community.
- Awarded organisational three year accreditation from the Quality Improvement and Community Services Accreditation (QICSA) until March 2015.
- Awarded a rating of 'exceed' in Standard 1.1 – Governance, with the QICSA review team commending our Board for their commitment and contribution to their Governance role.
- Opened a Wound Clinic at our Morwell and Moe sites in response to client feedback.
- Won the 2011 Victorian Healthcare Association Award for leading the innovative Gippsland Region Mobile Wound Care Research Project.
- Tailored individual care with initiatives such as the Fast Forward 'no waiting drug treatment clinics' linking over 100 clients per month to referral services without waiting times.
- Increased our volunteer numbers by 78%.
- Celebrated National Volunteer Week in May 2012 to thank our wonderful volunteers and recognise their extraordinary commitment to our organisation and the community.
- Exceeded the public health service targets of Koorie employment by 170%. The set target is 1% of the workforce; we currently have a workforce comprising 2.7% Koorie employees.
- Provided new programs for new arrivals including Sudanese Dental Clinic, Driver Education and Counselling Services.
- Increased student placements from 24 in 2008 to 219 in 2012, demonstrating a commitment to practical education for the future health workforce.
- Implemented a Better Health Self-Management program for people living with a long term health condition, with 100% of participants reporting an increase in knowledge and self-efficacy for self-management.
- Establishing a GP Clinic at our Morwell site due to the increasing need for medical services in Latrobe Valley.

Pictured above: Stage 1 of the Moe site redevelopment – administration area, 'Getting the message out' – new suite of LCHS promotional material and National Volunteer Week celebrations



The Voice of our Community: *'Doing it with us, not for us'*

Quality of Care Report **Development and Evaluation**

To assist in developing our Quality of Care Report, we invited clients and volunteers to participate in four community forums to provide ideas on how we could improve this year's report.

Community members were asked to comment on the relevance of topics, along with appeal, clarity and length.

Based on the feedback from 27 members, we have included:

- more information on the range of services we offer, including the specific services available at each site
- shorter articles with more photos
- use of simple language, layout and colour scheme throughout the report for ease of reading

Working with the community has enabled us to produce a true community document.

Pictured right: Participants in our Quality of Care Report community forums



About Us

LCHS is a major provider of health and support services in Gippsland. We are a not-for-profit organisation and one of the largest incorporated community health services in Victoria.

Our Region

Gippsland covers 41,583 square kilometres and has a population of over 250,000 people. We provided services to over 26,000 clients across Gippsland in 2011/12.



Locations

Community health sites in:

- Churchill
- Moe
- Morwell
- Traralgon

We also operate regional support and care services from sites in:

- Bairnsdale
- Korumburra
- Sale
- Warragul

Our Sites and



Churchill site

20 – 24 Philip Parade

- Aged, Carer and Disability Support Services
- Counselling and Mental Health Services
- Dental Services
- Health Management and Wellbeing Services
- Medical Support Services / Allied Health
- Nursing and Palliative Care
- Social Support Services
- Support Groups
- Youth and Children Services



Bairnsdale site

68 Macleod Street

- Aged, Carer and Disability Support Services
- Counselling Services – Gambler's Help

Services Summary



Moe site

42 – 44 Fowler Street

- Aged, Carer and Disability Support Services
- Counselling and Mental Health Services
- Dental Services
- Health Management and Wellbeing Services
- Medical Support Services / Allied Health
- Nursing and Palliative Care
- Social Support Services
- Support Groups
- Youth and Children Services



Morwell site

81 – 87 Buckley Street

- Aged, Carer and Disability Support Services
- Counselling and Mental Health Services
- Dental Services
- Health Management and Wellbeing Services
- Medical Support Services / Allied Health
- Nursing and Palliative Care
- Social Support Services
- Support Groups
- Youth and Children Services



Traralgon site

Cnr Seymour Street & Princes Hwy

- Aged, Carer and Disability Support Services
- Counselling and Mental Health Services
- Health Management and Wellbeing Services
- Medical Support Services / Allied Health
- Nursing and Palliative Care
- Social Support Services
- Support Groups
- Youth and Children Services



Korumburra site

Bridge Street

- Aged, Carer and Disability Support Services
- Counselling Services – Gambler's Help



Sale site

52 Macarthur Street

- Aged, Carer and Disability Support Services
- Counselling Services – Gambler's Help, Drug Treatment Services and Men's Behaviour Change Program



Warragul site

122 Albert Street

- Aged, Carer and Disability Support Services
- Counselling Services – Gambler's Help, Drug Treatment Services and Men's Behaviour Change Program
- *Dental Services (located at West Gippsland Healthcare Group – 31/35 Gladstone Street)

Our Full Suite of Services

- Aged Care Assessment Service
- Alcohol and Drug: Family Support Program
- Alcohol and Drug: Cautious with Cannabis
- Auslan Interpreter Service
- Better Health Self-Management
- Carer Programs – Commonwealth Respite and Carelink Centre (CRCC)
- Case Management – Aged Care Services
- Case Management – Disability Services
- Children and Adolescent Sexual Assault Support Services
- Children’s Counselling (Aged 4 to 17)
- Chronic Disease Management Care Coordination
- Community Health Nurse – Innovative Health Services for Homeless Youth
- Community Kitchens
- Continence Program
- Counselling Group – Partners in Depression
- Counselling/Psychology
- Creative House
- Dementia Education and Training for Carers Program
- Dental Services
- Diabetes Education
- District Nursing Service
- Drug Treatment Services
- Early Parenting Day Stay Program
- Emergency Relief
- Facilitation, Futures for Young Adults and Assistance with Extensive Planning
- ‘Fit 4 Life’
- Flexible Support Packages
- Gambler’s Help – Counselling
- Gambler’s Help – Financial Counselling
- Home and Community Care Response Service
- Health Promotion
- Hydrotherapy
- Koorie Services
- Koorie – ‘Yarning with the Mob’ – Walk in Clinic
- Latrobe Valley Sudanese Women’s Group
- ‘Life! Taking action on Diabetes – Diabetes Prevention Program’
- ‘Lifeball’
- ‘Liverwise’ Program (Victorian Integrated Hepatitis C Service (VIHSC))
- Lymphoedema Clinic
- Mayfair House – Planned Overnight Respite
- Men’s Behaviour Change Program (MBCP)
- Moe After Hours Medical Centre (MAHMS)
- Nordic Walking
- Nutrition and Dietetics
- Occupational Therapy
- Open Gym
- Palliative Care
- Physical Activity Programs
- Physiotherapy
- Planned Activity Groups (PAG)
- Podiatry
- Podiatry – Footcare
- Refugee Health Nurse
- Respiratory Exercise Groups
- Respiratory Clinical Nurse Consultant
- Settlement Grants Program
- ‘SMARTmovers’ Exercise Program
- Speech Pathology
- ‘Start Me Up’ – Low Level Exercise Group
- Support Group – Breast Cancer
- Support Group – Cardiac
- Support Group – Chestnuts Respiratory Disease
- Support Group – LADS – Latrobe Asbestos Disease
- Support Group – Latrobe Type 2 Diabetes
- Support Group – LVD1 (Latrobe Valley Type 1 Diabetes)
- Support Group – Parkinson’s
- Support Group – Prostate
- Venue Support Worker – Gambler’s Help
- Veterans’ Home Care
- Video Relay Interpreting
- Walking Groups
- Women and Children’s Family Violence Counselling
- WorkHealth
- Wound Clinic



Our Community at a Glance



Gippsland Health Status Summary

Gippsland has unique demographics underpinning the range of services we offer:

- Between 2010 and 2022 the population is expected to grow by 16.3%.
- Gippsland males have the lowest life expectancy when compared with any other region in Victoria.
- Gippsland has a lower number of GPs per 1,000 population than Victoria, particularly in Latrobe.
- 53% of the population is overweight or obese.
- 86.9% of Gippsland residents do not meet daily vegetable consumption guidelines. 52.8% do not meet fruit guidelines.
- 51% of the population are non-smokers.
- 5.2% of the population are unemployed.

- We are higher than the Victorian average in:
 - people with low incomes
 - people requiring assistance with core activities
 - people aged over 75 plus living alone
 - Aboriginal and Torres Strait Islander (ATSI) population; 1.37% of the Gippsland population are ATSI, in comparison to 0.65% in Victoria
 - crime rates (other than for drug offences) and family violence incidents (twice the Victorian average in Latrobe).

Source: Department of Health Victoria, 2011 *Gippsland Regional Health Status Profile*.

The research assists us in planning services to meet community needs.

Pictured above: Central Gippsland, Tarra-Bulga National Park (photo courtesy of LCHS staff member, Jacqueline Eddy), and South Gippsland, Inverloch (photo courtesy of LCHS staff member, Julie Aitken)



Client, Carer and Community Participation: *'Making a Difference'*



Kate's Story

'How LCHS has Enhanced my Life'

I developed adult onset epilepsy at the age of 18½ years. The seizure shocked my whole family as it was excessively violent. I came to 40 minutes later in hospital and was shattered as I knew my army career, which was due to start in two weeks, was over.

I didn't know or begin to comprehend what living a life with uncontrolled epilepsy would be like. To find that LCHS were able to support me in my times of need has been brilliant because I have suffered up to 10 seizures a day.

I was introduced to LCHS through the Epilepsy Foundation Gippsland. At the time I was drowning in housework, had three small babies and was pregnant with another. My epilepsy was basically out of control and I was incredibly sickly.

The Epilepsy Foundation organised a meeting with Paul Hunt from LCHS who became my Case Manager. A very young and non-judgmental Paul walked in and brightened the room with his humour. Paul was very serious about disabilities and their limitations and non-condescending. Paul recognised easily that I needed help and was happy to be guided, with my permission, by the Epilepsy Foundation on potential support areas. LCHS organised deep tissue massage for me once a week as well as assistance with cleaning and cooking.

Paul Hunt has been my Case Manager on and off for the last 10 – 12 years which I am happy about. Paul is a cheerful professional whom, like all the other LCHS case managers, are aware of, or have a preparedness, to learn about all of the health problems.

I realise that each case manager at LCHS has an incredible workload.

Pictured above: Client Kate (second from right) and her family (Kate's children Finn, Hamish, Amelia, D'Arcy and Companion Dog from Guide Dogs Victoria, Linda)

Pictured right: Staff members from our Gambler's Help program

I was full of praise for how LCHS enabled me to 'reach for the stars'. With all the support LCHS has given me; in 2008 I started studying a Certificate IV in Disability and actually achieved wonderful marks. I then went on to successfully achieving a Diploma in Learning Support (Integration Aide). I then did the ridiculous and applied to Monash University to study off campus and study a Bachelor of Arts and Social Sciences and could not believe my eyes when I was accepted.

I would like to thank LCHS for everything they have done for my family. Only recently we were offered a respite camp for my eldest child to Melbourne. And the generosity keeps on coming to all families I am sure supported by LCHS. So on their, and especially from my position, I say a huge THANK YOU!

Anonymous Client Story

I am a 54 year old divorced lady living in Gippsland. Almost a year ago, my son revealed to me a massive secret that he had been trying to deal with. He has a gambling addiction which was slowly but surely destroying his life, and he needed my help.

He is married to the most perfect wife, share an adorable little girl and have another baby on the way. For the second time in his life he asked me to help him out financially due to his gambling addiction. I managed to cover the debts that he had incurred and he pays me back a certain amount per month.

At the time he came to me last year, I was in my own world of pain and heartache. I was trying to come to terms with the passing of my mother plus a multitude of other emotional problems.

I do, and have suffered from depression and extreme anxiety for many years now, and have been to countless psychologists over the past 20 years. I was always placed in the 'too hard basket', or diagnosed with conditions that I actually don't have.

I have swallowed hundreds of prescribed medications, and shared my story to almost as many people in the medical profession. Until my son revealed his problem to me, no-one has understood or wanted to help me like the Gambler's Help program at LCHS.



Having previously been a gambler myself, I totally understood the pain my son was in. I rang the LCHS Gambler's Help program for some guidance. I vividly remember my first appointment with the Counsellor at the LCHS office in Warragul. I was a wreck, and I had totally hit the wall. I was in the blackest of holes. I asked her how she could help me deal with such heartache and turmoil that was going on in my life. And for some strange reason, she had faith in me and believed in me.

The LCHS Counsellor is the only person in my 54 years that has actually appreciated the person I am, and not been afraid to tell me. Without LCHS's help, I would never have been able to help my son and others with gambling problems, in the ways I have learnt from the Gambler's Help program. The Counsellor is my Guardian Angel, and only she has taken the time to understand me and not judge me, unlike so many before her. Thank you LCHS. I now have a confidence I didn't know I had.

I was able to walk away from the pokies three years ago, with no-ones' help at all. But my son and other people I have met in the past year with gambling problems, don't find it so simple. Like the Gambler's Help program, I am a very compassionate person that hates seeing others' lives being destroyed due to gambling.

My son got himself into a terrible situation. Without the Gambler's Help program, I know I would not have gotten through the past 12 months.

The Counsellor from the Gambler's Help program has remained 'my rock' and my 'pillar of strength' and I thank God every day for helping me find her. I believe when someone as special does come into our life, she has been sent to us from a higher being.



Working with the **Koorie Community**

LCHS works closely with the Koorie community to ensure our programs and activities are responsive, culturally appropriate and reflect their community needs.

The number of Koorie clients accessing our services has increased by over 10% in the last four years. In 2011/12, 16.4% of the Gippsland Koorie community accessed our services, compared to 6.3% in 2007/08.

We have also exceeded the public health service targets of Koorie employment by 170%. The set target is 1% of the workforce; we currently have a workforce comprising of 2.7% Koorie employees.

Our Reconciliation Action Plan (RAP) outlines our formal commitment to reconciliation and closing the health gap experienced by Aboriginal and Torres Strait Islander people.

We have a *RAP working group* to oversee this plan. The working group comprises LCHS Koorie staff, non-Koorie staff, Koorie community members and Koorie people from external organisations.

Some RAP achievements:

- whole of organisation Koorie cultural awareness training
- recognising Gunai-Kurnai people as traditional custodians at LCHS events
- inviting Koorie community members to provide a Welcome to Country at significant events
- displaying local artwork at all sites with artist recognition
- closer relationships between LCHS staff and Koorie Elders
- formal partnerships with local Koorie organisations
- flying the Aboriginal flag, including at half-mast when notified by local co-operative
- Koorie website
- Koorie communication and engagement tool
- Reconciliation Week events
- 20 Koorie celebrations/events (held in 2011/12)
- Koorie health programs such as Koorie Dementia, Nursing Services, Pregnant Mums and Bubs tobacco control, and Koorie Dental
- taking services to the community: co-locating in culturally appropriate locations.

Pictured above: GunaiKurnai Elder, Uncle Wayne Thorpe performing Welcome to Country at a LCHS event, 'DedleeKultya' dancers at a LCHS Koorie event, and 'Koorie women's pap and pamper day'

Koorie Dementia Education Weekend

We held a successful Koorie dementia education residential weekend at Wattle Point, Gippsland Lakes this year for carers, relatives or friends of a Koorie person living with dementia.

Guest speakers from Alzheimer's Australia and Dementia Behaviour Management Advisory Service attended the weekend. They explained the disease and some strategies for caring for a person living with dementia.

The weekend included four sessions on dealing with behaviours of concern. Activities included reminiscence, creative arts, music and stimulating and soothing the senses. Local members of the Koorie community provided music and assisted with cooking meals.

The weekend marks a starting point for a longer-term dementia education program for the Gippsland Koorie community. The program will be linked the Department of Health Victoria, *Gippsland Dementia Plan 2011-2014*.

Pictured right: Koorie dementia education weekend



Koorie Services

Aged Care Services

Over the past two years our Aged Care Services team has developed a stronger relationship with the Koorie community by providing information on the services available and increasing referrals to the program.

A case study

'Anne', a Koorie Elder from the Brayukaloong clan (Sale area) in the Gunnai-Kurnai nation, had been very sick for a long time. Last year Anne suffered a heart attack, was air lifted to Melbourne and not expected to live. Due to Anne's resilience, she recovered from her acute illness but unfortunately her other health problems worsened.

Anne was referred to our Aged Care Services program. Our team undertook an aged care assessment and recommended the most appropriate package of care.

Anne was assigned a LCHS Aged Care Services Case Manager. Through careful planning and discussion with Anne regarding her needs, she has been able to remain at home enjoying a good quality of life. Our Aged Care Services Case Manager coordinates the delivery of services for Anne from an Aboriginal health service and other providers.

Koorie Dental Program

Our Dental Services team has continued to strengthen their ongoing relationship with the local Koorie community.

We conduct clinics for Koorie children each Tuesday and Thursday to identify any immediate oral health issues and provide oral hygiene education in a culturally sensitive manner. The clinics provide a non-threatening environment for children and are well received by the community.

Deb Brighton, our Dental Therapist, facilitates these clinics. Deb has built trusted relationships with the Koorie community and local school representatives.

Our Dental team also participated in the highly successful 'Best Start' Program. Two teams of dental staff attended local Koorie clinics at the Drouin Maternal and Child Health Centre and the Woolum Bellum School in Morwell. Our teams conducted dental examinations on over 70 children with many booked for follow up appointments within the clinics.

In May 2012 a workshop was conducted for Koorie teenagers between 14 – 18 years on oral health promotion in conjunction with GippsTAFE. The workshop covered the importance of maintaining good nutrition and hygiene to prevent associated oral diseases.

'Yarning with the Mob' Clinic

Our 'Yarning with the Mob' clinic provides a service to members of the Koorie community who have chronic or complex conditions. The clinic operates every Thursday afternoon at our Morwell site. Clients can be referred to the program or can present on the day of the clinic.

Staff available on the day includes:

- Chronic Disease Care Coordinator
- Diabetes Educator
- Physiotherapist
- Dietician
- Occupational Therapist
- Podiatrist/Footcare Nurse
- Allied Health Assistant.

Other services are also available as required.

Of the 62 clients that have attended the Yarning with the Mob clinic, 63% have diabetes and 19% have had a musculoskeletal condition.

Our clinical staff also work in conjunction with Ramahyuck District Aboriginal Corporation to deliver services on-site at Ramahyuck in Morwell. These services include diabetes education sessions and a 'breathing - short wind' clinic.

**'Yarning with the Mob' – name courtesy of Services for Australian Rural and Remote Allied Health (SARRAH).*

*Pictured left:
'Yarning with the Mob' clinic*



LCHS Participation in Koorie Community Groups

Koorie Nursing Services

Our Ambulatory Care (District Nursing Services) program provides weekly health assessments to the Koorie community at the Elders Planned Activity Group, Latrobe City Council in addition to participating in the 'Yarning with the Mob' clinic. We currently have 22 registered clients.

At each visit, we provide clients with a basic health assessment including blood pressure, heart rate and a blood glucose reading. Clients can discuss any health issues and subsequently, we provide any extra care required such as a home visit, or referrals to other services such as diabetes education.

Each client is given a results record booklet so they can provide their doctors with their results.

We recently arranged guest speakers for the group:

- A breast screen nurse spoke to the females, resulting in a group trip to the breast screen clinic.
- A GP spoke to the males about testicular checks.

We have also employed a Koorie Liaison Officer for our Nursing program providing an invaluable link between our program and the Koorie community.

Our future aims are to:

- continue to provide the group with access to a wide range of health care services
- empower clients to take control of their health needs to promote better health outcomes
- provide this service beyond the Koorie Elders Planned Activity Group.

'Deadly Migais' Women's Group

LCHS, in conjunction with the Gippsland and East Gippsland Aboriginal Co-operative (GEGAC), participates in the 'Deadly Migais' Group. This is a Koorie community-driven program for Aboriginal women in the Latrobe Valley area to socialise and talk about issues in a safe and supportive environment. The group meets every second Tuesday for information sessions and outings.

We presented on a range of LCCHS services such as:

- Podiatry
- Diabetes Education, and
- Drug Treatment Services.

In respect of the Koorie culture, the guest speaker and women sit in traditional 'yarning' circle, making jewellery and dream catchers. This ensures the atmosphere is less formal and more conversational.

Pictured below: Health assessment through the Elders Planned Activity Group - Latrobe City Council, Our Ambulatory Care (Nursing program) Koorie Liaison Officer – Rhonda, and Members of the 'Deadly Migais' Women's Group with LCCHS staff





Cultural Diversity

Gippsland is a community of diverse cultures, languages and faiths. Statistics show that 12.3% of Gippsland residents were born overseas.

We strive to ensure our services are accessible and appropriate to all members of the community. We have an organisational *Diversity Plan*, which documents strategies to help meet the diverse community needs. It is based on the Department of Health Victoria, *Cultural Responsiveness Framework* and *Gippsland Region Culturally and Linguistically Diverse (CALD) Plan*.

Our *Diversity Working Group* oversees implementation of the Plan. Specific strategies implemented have been:

- profile Report presented to our Board, showing the number of clients from CALD backgrounds accessing our service over the year, in comparison to region demographics
- cultural awareness training for all staff
- program presentations at cultural groups
- celebration of multicultural events
- CALD resource website for staff
- Refugee program
- 'Living Well' forums and education sessions for community members from CALD backgrounds
- key client information documentation translated into 15 different languages
- arrangement of interpreting and translating services for clients, carers and families.

Interpreting Services

Interpreting and translating services assist us in providing quality care to clients, their carers and families from culturally and linguistically diverse backgrounds. We can arrange for phone or on-site interpreting services for any of our programs.

A case study

A client from our Palliative Care program required assistance for their carer who could not speak or understand English. The client spoke both English and Polish, but their carer only spoke Polish.

A Polish interpreter was arranged to provide on-site interpretation for the client's carer. We attended appointments on many occasions with the interpreter. This assisted the nursing staff, client and carer to develop an ongoing care plan, with agreed expectations and outcomes.

In order to provide quality care, it is important that the client's carer understands the service and has opportunity to express their views and feelings. The interpreting service enabled this to occur.

The carer was able to understand the Palliative Care service, reducing carer anxiety and burden. The interpreting service allowed conversations to occur so that the family and staff could appropriately plan for end of life care.

LCHS can also arrange access to an Auslan interpreter, who provides an interpreting service for members of the community with a hearing impairment. In 2011/12 a total of 86 Auslan interpreter bookings were made.

Pictured above: Refugee Week celebrations

'Living Well' Forums

LCHS continues to deliver successful 'Living Well' forums for community members from culturally and linguistically diverse backgrounds.

This year we held forums with the Greek, Polish and Croatian communities. Each forum is unique to the culture. Prior to the forum, key staff members meet with community leaders to develop the content and theme of the day.

The forums are based around fun activities and food to bring the community together. By using this concept, we are able to deliver some key health messages in a fun and collaborative way. The health messages vary depending on the health challenges identified by the community leaders in the particular group.

The forums also increase participants' confidence in accessing LCHS and other health services.

Dementia Education Sessions for the Filipino Community

Our Carer Programs team delivered six educational workshops on dementia for our Filipino clients.

The 'Creative Ways to Care' program assists the carers of people living with dementia on how to engage with their loved one with meaningful activities which can strengthen the caring relationship.

A 'Life Story Book' can be used to help prompt recollections. It can be used by family members, friends and service providers as a tool to help understanding and communicating with the person living with dementia. It can also serve to strengthen bonds with carers through the activity of reminiscence. Ultimately, it can be passed on to future generations to provide a fascinating record of a family member's life.

Pictured right: 'Living Well' forum with the Greek community, 'Living Well' forum with the Polish and Croatian community, and 'Creative Ways to Care' program with the Filipino community





Assisting **New Arrivals**

The LCHS Refugee program comprises a Refugee Health Nurse, a Sudanese Service Access Officer, a Project Worker and a bi-lingual Health Worker who have developed strong trust with refugees.

Sudanese refugees are provided with advice on housing, finances, education and employment.

Other specific strategies have been:

- Driver Education program
- Sudanese men's health checks
- Sudanese women's networks
- Sudanese Dental Clinic
- Refugee Counselling Service
- Water safety and swimming for newly arrived refugee children
- Translation of LCHS information into Dinka and Nuer languages.

We also recently received a grant to help the Sudanese community build their computer skills.

As part of this grant, two local Sudanese participants will undertake an accredited TAFE certificate course and then work with our ICT team to develop modules for the program. The participants will then deliver the training to a further 20 community members who will, in turn, assist others in the community.

Pictured above: Driver Education program, Our CEO, Ben Leigh, MP Member for Morwell, Russell Northe, LCHS staff representative and Sudanese participants receiving ICT training grant, and LCHS staff with Sudanese community members following ICT training grant announcement



“...Our Refugee Counselling Service provides a combination of centre-based or outreach services depending on the needs of clients...”

Sudanese **Dental Clinic**

Dental clinics are conducted each Tuesday and Thursday for Sudanese children to:

- introduce the child to the dental clinic setting
- promote oral health and hygiene.

Clinics are conducted with the assistance of local schools and Sudanese community representatives.

Refugee Counselling Service

Many survivors of torture experience ongoing and lasting psychological symptoms. Traumatic events can cause long lasting feelings of anxiety, a sense of helplessness, depression and a heightened sensitivity to reminders of violence. The sense of loss and grief for loved ones who have died or been left behind is often most profound.

Our Refugee Counselling Service provides a combination of centre-based or outreach services depending on the needs of clients.

Two additional counsellors, both male and female, received specialised training through Foundation House, the Victorian Foundation for Survivors of Torture last year. This will increase our knowledge base and capacity to deliver services. These counsellors are now supported through internal means via our Specialist Trauma and Torture Counsellor, and through Foundation House.

Supporting Carers

Carers Satisfaction Survey

Each year we survey our carers to gain feedback on how we can improve our services to them. This year we distributed 437 surveys to a variety of carers and had a 34% return rate.

The survey results identified a need for ongoing support of the carer when the person they care for enters permanent care or passes away. As a result, our end-of-service arrangements have been improved to enable Carer Support Coordinators to spend time with carers to help them adjust to their changed situation.

The survey material and method for next year's survey is presently under review to ensure we ask relevant questions of carers in order to provide us with a clear pathway to improving our service quality.

'Tea@Twilight' – a Pilot Program for People Living with Dementia

In 2011 we received a grant to trial a pilot program, called 'Tea@Twilight'. This pilot program, aimed at people living with dementia, was held between January – April 2012. The service operated one evening per week at our Morwell site. Men and women living with dementia attended the service for up to 10 weeks, while their carers took a break at home. The program team arranged a variety of activities for participants including music, pet therapy, playing the Wii Nintendo and gardening (on the warmer evenings).

The program provided carers with a break, whilst delivering a positive experience for the person living with dementia. The focus of the program was to make a difference for the carer and to help people living with dementia who have difficulty settling at night.

Carers were surveyed before and after the program, however the most telling feedback was that received along the way. One carer mentioned that their loved one slept all night after attending Tea@Twilight, which was very unusual. Another reported that despite their memory loss and confusion, the person they cared for eagerly awaited the bus that took them to the program each week.

Carers talked about their happiness at seeing the person they care for enjoying themselves and the value of having an after-hours respite option available.

Pictured below: 'Tea@Twilight' participants Judith and Beryl – Easter craft activities, participants Bernard and Jennifer and participant Beryl with husband, Patrick (final evening)





Specialised Counselling Services

Child and Adolescent Sexual Assault Support Services

Children and adolescents between the ages of 4 and 18 are able to access specialised sexual assault counselling. Individual counselling and/or group work aims to assist in the emotional and psychological recovery from the effects of sexual assault.

Over the past 12 months a strong collaborative relationship has been formed with the Gippsland Centre Against Sexual Assault (GCASA) to enhance referral pathways. This has resulted in our Counsellors providing services not only at our Traralgon, Morwell and Moe sites, but also on a regular basis at the GCASA site at Morwell. Additionally the Counsellors have been able to participate in professional development offered by specialist sexual assault/trauma professionals.

The children's counselling rooms are light and filled with cuddly toys. Our approach is to engage children through play, art and craft work and ultimately they can tell their stories through these mediums.

Children's Counselling

In response to the devastating bushfires in 2009, we offered trauma and general counselling to children affected by the fires.

Through one-on-one counselling, our generalist Children's Counselling program assists children between the ages 4 and 17 to find the tools to rebuild confidence and self-esteem. We provide a supportive environment to reduce fear and anxiety, and to promote personal growth, enhancing recognition of feelings and communication skills.

Pictured above: Children's counselling room at our Morwell site



Continuity of Care

Volunteer Numbers Grow

Our volunteer numbers have grown significantly from 90 in 2010/11 to 160 in 2011/12 contributing over 50,000 hours.

Our volunteers provide direct support to clients, their families, carers and staff across a range of programs including:

- Planned Activity Groups
- Creative House Day program
- Respite Services
- Health Promotion and Education
- District Nursing and Palliative Care
- Administration support services.

We thanked our wonderful volunteers and recognised their extraordinary commitment during National Volunteer Week (14 - 20 May 2012). We held a variety of activities during the week including:

- an awards ceremony, with a 'Mad Hatter Tea Party' theme
- site barbeques
- volunteer training opportunities.

We greatly appreciate our volunteers' efforts as they allow us to expand the health and community services we deliver to you.

Family Violence Counselling and Programs

LCHS provides a range of specialist services to address the impact of family violence. These include:

- Women's and Children's Family Violence Counselling – Latrobe Valley
- Men's Behaviour Change Program – Latrobe, Wellington and Baw Baw
- Case Management for Aboriginal Men who use Violence – Latrobe, Baw Baw and East Gippsland
- 'CHOICES' – culturally appropriate Men's Behaviour Change Program – Latrobe, Baw Baw and East Gippsland
- Child and Adolescent Sexual Assault Support Services – Latrobe Valley.

In keeping with government policy direction and current research, the response to addressing issues related to family violence requires an integrated and coordinated response.

We are a proactive member of the *Gippsland Integrated Family Violence Service Reform Steering Committee*. The Steering Committee implements, monitors, promotes, and continuously improves the integrated family violence response within the Gippsland region. Services are working together to improve the safety of women and children and increase accountability of men who use violence. The committee also ensures that fast responses are provided to victims of family violence.

Membership of the committee includes:

- specialist family violence services/providers
- police and justice services
- representatives from the Department of Justice, Department of Human Services and Department of Health.

Pictured left: Volunteer of the Year, Pam Atlee with CEO, Ben Leigh and Board Chairperson, John Guy OAM JP





Planned Activity Groups – Living Better at Home by Getting Out and About

Our Planned Activity Groups (PAG) aim to maintain people's ability to live at home and in the community by providing:

- activities to enhance the skills required for daily living
- opportunities for support, social interaction and respite for carers.

The groups meet at our Morwell, Moe and Churchill sites.

There are many challenges associated with ageing. An inactive lifestyle due to age, depression, obesity, arthritis, stroke or respiratory disease, is a major risk factor for disability in older people. Physical activity, combined with good nutrition and emotional wellbeing, enables older people lead a quality and productive life.

Four innovative community day programs operate within the PAG program. These programs operate weekly in community settings and promote independence and social inclusion:

- **3Rs** is a chance for women to meet and relax, reminisce and reflect. Activities have included ten pin bowling, visiting the Port Albert Maritime Museum, Heritage Manor Aged Care Facility, Immigration Wall, Morwell Art Gallery and exploring Mirboo North.

- **Flexible Respite Options Program** provides activities for individuals such as swimming, personal shopping, movies, library, gardening and walking.
- **Blokes' Day Out** is a chance for men to meet and participate in a range of activities. The Blokes' Day Out program helps connect men of different ages, abilities and backgrounds with each other and their communities. Activities have included ten pin bowling, a Gippsland Water Factory Tour, attending a School Musical at Lowanna College, visiting Walhalla and Thompson Dam.
- **The Thursday Outing Group** provides a morning session for individuals who would like to go out for coffee/tea to meet and have a chat. A separate afternoon session is also held for group ten pin bowling.

These programs provide education and activities promoting independence, functionality, health and overall well-being. They have proven to be extremely popular with a total of 130 clients participating in the overall PAG program.

*Pictured above: Planned Activity Group –
outing to Port Albert*



Pictured left: GP, Dr Chander Hrstic and LCHS Registered Nurse, Therese Jenkins working at the Moe After Hours Medical Service (MAHMS)

GP Clinic Services

LCHS makes facilities available to general practitioners to provide medical care to people in local areas.

Two sites are provided; the Churchill Clinic and the Moe After Hours Medical Service, known locally as MAHMS.

Churchill Clinic

The Churchill Clinic is co-located on the LCHS Churchill site. The sole doctor at the clinic, Dr Juliusz Buras, has run his practice from this site for more than 20 years. Originally from England, Dr Buras worked as a surgeon prior to coming to Churchill – and says he enjoys working in this area.

Dr Buras is also involved in training the next generation of doctors. He teaches anatomy to medical students at the Monash University Gippsland Medical School and is an examiner for the Australian College of General Practitioners.

Dr Buras treats a wide variety of people presenting with a range of illnesses and health issues. He believes one of the main challenges of his work is dealing with the number of people who need medical care and the heavy workload that this brings. The issues of an ageing population and chronic health problems provide constant challenges in providing medical care.

Dr Buras believes that the relationship between the medical practice and LCHS provides a positive connection and continuity of care for the community.

Providing LCHS services in the same building, such as the Dental Clinic and Physiotherapy, is also seen by Dr Buras as a positive benefit for the community. It provides patients with a central place to attend their health care needs and it reinforces that continuity and feeling of community connection.

Moe After Hours Medical Service

MAHMS provides people from the Latrobe Valley region with access to a doctor out of usual clinic hours.

MAHMS started in 1998 following the closure of the Moe hospital. The service, located in the LCHS building in Fowler Street, operates in a partnership arrangement between LCHS, local general practice clinics and the Gippsland Medicare Local. Doctors from participating clinics in Moe provide medical services on a rotating basis, ensuring the community has access to medical care in the evening, on weekends and public holidays when most clinics are shut. The doctors are supported at MAHMS each shift by a Registered Nurse and Receptionist provided by LCHS.

Providing medical care after hours can be challenging for doctors and individual clinics in any area. MAHMS is seen as a positive solution, providing a centrally located and regular service that is available to the whole community. The co-operative nature of the service also strengthens the links between the local GP clinics and LCHS.

Dr Chander Hrstic, a GP who has recently started working at MAHMS, believes it provides a great benefit to the community. 'It allows people to access medical care promptly, and is ideal for those people who are not sick enough to go to hospital, but too sick to wait until tomorrow'.

Staff see people with many different types of problems due to operating out of hours, so a broad range of skills is essential. Registered Nurse Therese Jenkins, who has worked at MAHMS for several years, describes the sorts of cases that may be seen on any shift – 'we see all age ranges from small babies to adults – people can present with all sorts of problems, anything from coughs and colds and minor injuries to quite serious problems such as asthma attacks or chest pains'.

Therese enjoys working at MAHMS and finds the work challenging, but satisfying – 'the people coming through are very appreciative of the service, and the care we provide – that makes it all worthwhile'.

LCHS GP Clinic

An exciting LCHS initiative is the establishment of our own Integrated GP Clinic at our Morwell site. This is in direct response to the increasing need for medical services in the Latrobe Valley.

In June 2012, Dr James Bvirakare joined the team as Medical Director.

Dr Bvirakare has worked in General Practice in the Gippsland region for over nine and a half years. He studied at Melbourne University, specialising in public health and has worked as a Senior Medical Officer in Queensland within the Accident/Emergency and High Dependence Unit. His main interests are in population health and improving health outcomes through accessible and acceptable primary health care initiatives.

Dr Bvirakare provides all aspects of General Practice care, with particular interests in chronic disease management, travel medicine and infectious disease. He has a strong passion in advocating for patients and improving access to health care to disadvantaged communities.

Dr Bvirakare is enthused to be working in community health and will endeavour 'to improve access to health services and work towards reducing inequalities in our community'.

The Morwell GP Clinic will provide an integrated approach to primary health care and Dr Bvirakare 'looks forward to establishing this innovative model of care at LCHS'.

The clinic will offer a wide range of GP services to complement the extensive range of health services offered at LCHS. The clinic is planned to open in late 2012 and will offer bulk-billing for all clients.



Dr Bvirakare is enthused to be working in community health and will endeavour 'to improve access to health services and work towards reducing inequalities in our community'.

Pictured above: Medical Director, Dr James Bvirakare – LCHS Integrated GP Clinic



Better Health Self-Management (BHSM)

Our successful BHSM course is an interactive six week course for people living with a long term health condition and/or their partners and carers. The course aims to give participants skills for living a healthier life.

Topics covered include:

- goal setting and problem solving
- managing symptoms such as pain and fatigue
- the benefits of ongoing physical activity
- understanding medications
- improving communication
- working with the healthcare system.

In the last year we ran seven BHSM courses throughout Latrobe with 75 participants.

As part of the course, participants complete a pre and post course self-efficacy evaluation. The self-efficacy evaluation assesses a persons' confidence in their ability to perform or adhere to specific changes such as diet, exercise or stress management, or to overcome obstacles if lifestyle behaviours.

The participant outcome evaluations showed that **all** participants reported an increase in knowledge and self-efficacy for self-management.

All participants:

- increased their confidence and understanding in self-managing their condition/s, on average, by 22%
- increased their ability to manage their symptoms with strategies other than just taking medication, on average, by 28%
- increased their ability to manage fatigue and pain, on average, by 29%
- increased their ability to stop symptoms interfering with their daily tasks, on average, by 24%
- decreased their emotional distress caused by their condition/s, on average, by 29%.

Alcohol and Drug Education to Schools and Community Groups

LCHS partners with local businesses and community groups to raise awareness about the harmful effects caused by alcohol and other drugs. Throughout the year our Drug Treatment Services team has delivered a range of education sessions to schools and community groups across Latrobe Valley, Wellington and West Gippsland.

During Drug Action Week 2012 (17 – 23 June), we held forums at three Latrobe Valley schools. The forums were a huge success with over 1,000 students in attendance.

This year's theme for Drug Action Week was '*Looking After Your Mind*'. The forums were held in conjunction with:

- Lowanna College, Newborough (senior campus)
- Traralgon Secondary College (junior and senior campus)
- Anglicare Victoria
- Centre for Multicultural Youth
- Department of Education and Early Childhood Development
- headspace, National Youth Mental Health Foundation
- Mind Australia
- Quantum Support Services
- Victoria Police
- Youth Support and Advocacy Service.

Youth-friendly activities were conducted at the forums, including:

- interactive standard drinks demonstrations – challenging people's understanding of a standard drink
- information pamphlets on alcohol, binge drinking, drug awareness, 'party safe' and risk taking reduction behaviour
- question and answer interactive displays and a Drug Identification Chart
- prizes and promotional give-aways
- access to one-on-one discussions with Drug Treatment Services staff
- information on how to access LCHS Drug Treatment Services.

The participating schools held a barbecue at the forums. Students and teachers welcomed the education and activities aimed at promoting healthy lifestyles and harm reduction.

Drug Action Week is a national initiative coordinated by the Alcohol and other Drugs Council of Australia and supported by the Department of Health and Ageing.

Pictured right: Drug Action Week activities – interactive standard drinks demonstration (challenging people's understanding of a standard drink) and Drug Action Week promotional material





Pictured left: Kindergarten student, Jesse

One way in which we have been doing this, is by running Health Education talks at primary and secondary schools in the Latrobe area. The staff and students have had a particular interest in further education on nutrition, and the benefits of good nutrition. We have been able to advise sports-minded students on the important role of diet has on their sporting performances, enabling fast recovery of muscle injuries and strains.

Younger students have been taught how to read nutrition labels on what they consume, and what these labels mean. Many students were horrified to learn how many teaspoons of sugar were in a can of coke. Once students understand the effects of what they are putting into their bodies, they can then make informed choices in future.

The focus of the Achievement Program will be to address eight health priority areas through a whole of school approach. Not only will the students be the focus, but also their physical environment, their social environment, their learning and skills base, the engagement of staff and families, and making links with their community through partnerships. The eight health priority areas are:

- healthy eating and oral health
- physical activity
- mental health and wellbeing
- safe environments
- sun protection
- sexual health and wellbeing
- tobacco control
- alcohol and other drug use.

By addressing these priority areas, we are giving each member of the community the chance to make their lives healthier. We will help the schools work through each priority area in a cycle of continuous planning, action and reviewing. Once each area is met the schools can apply for recognition, and move on to the next priority area.

'Achievement Program with Schools'

Our Health Promotion team works extensively with Latrobe Valley schools/early childhood settings to promote the health and wellbeing of children and young people.

Over the past year, 25% of primary schools, and 16% of early childhood settings have achieved Award Status through a previously funded Victorian Government initiative called 'Kids – Go for your life'. It was also financially supported by The Cancer Council of Victoria and Diabetes Australia Victoria.

In December 2011, the initiative ceased and a new health promoting schools focus was created; '*Victorian Prevention and Health Promotion Achievement Program: Schools*'. All primary and secondary schools in the Latrobe Valley have been invited to participate in this Achievement Program.

Our role is to support these schools in the transition phase, and maintain focus on engaging the children for better health outcomes.

Health Promotion

A new approach to health prevention is being implemented in Latrobe Valley given the increasing rates of chronic disease.

We have partnered with Latrobe City Council and the Department of Health to pool resources to provide a more coordinated preventative service across sectors. We will be:

- working with communities where they live, learn, work and play
- providing new healthy living programs and strategies
- focusing on community development.

This initiative builds on the work already being undertaken by the Health Promotion team where our focus is on:

- physical activity
- healthy food
- social inclusion
- community participation and community ownership of the programs, such as the Moe and Boolarra Community Kitchens program.

Our collaboration with the Central West Gippsland Primary Care Partnership and their member agencies will continue to support this new initiative.

Walking groups

The Latrobe Valley communities have been very excited by the Heart Foundation Walking Groups which run in Churchill, Moe, Morwell and Traralgon. Our health promotion message is being warmly received by the community, evidenced by the increased numbers of people attending local walking groups. Walking and joining a walking group is both a low-cost physical activity and enjoyable social event.

Fun day

Our Health Promotion team was actively involved with the Community Fun Day which was held on 18 January 2012 at Mathison Park, Churchill. This day was an opportunity for community groups from Churchill, Moe, Morwell and Traralgon to meet and have fun. Approximately 90 people attended with ages varying from children to seniors and activities included walks, cricket, soccer, AFL and the playground at the gardens. Attendees provided feedback that they enjoyed the day and are looking forward to more community fun days in the future.

Educating children on food

We have continued to support Latrobe City's schools and early childhood settings in educating children on healthy food choices. Through school requests, we have delivered Health Education Talks to 300 students. Topics included Dental Health, Healthy Lunchboxes, Nutrition and Self Esteem. We have also presented to organisations on Nutrition, Stress, Fatigue and the importance of physical activity.

Pictured below: Branch Manager of Bendigo Bank (Mirboo North), Alan Bannister presenting a cheque to the Boolarra Community Kitchens program





Quality and Safety

Providing High Quality and Safe Services

LCHS is committed to providing high quality services, in a safe environment for everyone.

We have an organisational *Quality and Clinical Governance Framework* to:

- monitor safety and quality and
- enhance clinical care.

In February 2012, we undertook a review of our Framework, to ensure we meet the principles within the Department of Health Victoria, *Victorian Clinical Governance Policy Framework*.

The framework is our commitment to clients to provide a quality health service. The framework demonstrates the importance of continuous quality improvement in all aspects of our business, which is essential in meeting our community's changing needs.

All our staff members share the quality responsibility. We follow a structured governance reporting process comprising four committees:

- **Clinical Governance Advisory Committee** – This group discusses a wide range of issues based on community feedback and makes recommendations that will improve care and services provided.
- **Occupational Health and Safety Committee** – plays a key role in ensuring that our work environment continues to be safe for our clients and staff, and that we meet all our obligations under the *Occupational Health and Safety Act (2004)*. In addition to this we have established a Healthy Workplace Committee which supports the ongoing commitment of improving the physical, mental and social wellbeing of the staff.



- **Quality Implementation and Advisory Committee** – This committee ensures actions are taken to meet recommendations from our organisational accreditation. Accreditation is when an external body looks at our systems and processes to ensure that they meet the Quality Improvement Council's standards. This committee promotes continuous improvement activities across the organisation. This will ensure that services provided to you are of a high quality and appropriate. It is also responsible for the development of this Quality of Care Report.
- **Board Quality and Safety Committee** – All the above committees report to this committee. The Board annually reviews processes and implements changes, when necessary, to ensure that we remain compliant with legislation and standards. A consumer representative is also an active member of this committee, which ensures community perspective, opinions and experiences are included in organisational service planning.

Pictured above: Board Deputy Chairperson, Peter Wallace and Board Director, Carolyne Boothman – members of our Board Quality and Safety Committee

Qualified Staff

We are dedicated to ensuring our staff are appropriately trained and qualified to provide your services. Before taking on a position, we verify a potential staff member's qualifications. We record the qualifications of staff on our database which is updated every two years to ensure staff are current with the skills and knowledge required of their role.

Accreditation – Meeting the Standards

All community health services are reviewed by accredited external agencies to ensure compliance with the standards set by the Quality Improvement Council. There are 18 set criteria to be met.

In March of this year, LCHS passed the accreditation review and achieved three year organisational accreditation until March 2015.

The review was conducted over four days by five external reviewers. The review team was based at our Morwell site and visited our sites in Moe, Sale, Traralgon and Warragul. They spoke extensively with Board members, Executive, Managers, staff, volunteers, stakeholders and most importantly our clients. This was to provide an overview of our services to the community and their effectiveness.

We are proud to have received an outstanding result, meeting compliance in all 18 standards. We achieved an 'exceed' rating in the Governance Standard. We are one of the very few community health services in Victoria to achieve such a high rating in this standard.

The external review agency praised our highly skilled and professional staff and our organisational service commitment.



The review agency commended our Board for their commitment and contribution in their Governance role.

This is a notable outcome confirming we are providing quality services to you and meeting, or exceeding, all legislative requirements.

Responding to Risk

LCHS has a robust system in place to manage risk. The accreditation external review agency commended us on our processes across the organisation on how we assess, manage and monitor risks.

Risks are researched thoroughly by looking at what would happen if we did not manage or address the risk. We then develop controls to minimise or eliminate any adverse outcomes.

All risks are placed in our risk register. Our committees regularly review our risk register and make recommendations to the Board. If something goes wrong we record it in our incident reporting system so it can be investigated and processes put in place to prevent recurrence.

Pictured above: Staff members from our Gateway (Service Access) program

Why we Like Feedback

Community feedback is a vital part of managing our risks. We record compliments and complaints in our risk management system. We actively seek and welcome your feedback regarding your experience with us.

We value compliments as they provide our staff with recognition and appreciation for the hours they devote to helping the community. Over the past year, we received 123 compliments. Most compliments relate to LCHS providing a valuable service or to our staff and the way they look after you.

Complaints provide us with an opportunity to improve our services to you. We take all complaints seriously and thoroughly investigate them. Outcomes and improvements are reported back to relevant parties through a letter, email or telephone call.

For complex complaints we conduct a 'Root Cause Analysis' – this determines a starting place for what went wrong, where our systems have failed and what we can do to prevent it from happening again.

Complaints by Month 2011-12

Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12
3	5	5	8	9	3	4	4	4	1	0	2

This year we received 48 complaints; most relating to services provided (38%), access to our services (35%), communication not working as it should (15%) and our facilities (12%). We have been able to make significant program changes which has resulted in a 50% reduction in the number of complaints in the last year.

Compliments by Month 2011-12

Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12
5	9	10	22	11	14	7	10	14	8	0	13

You can be confident that if a complaint is lodged, LCHS will deal with it quickly, take any personal situation into consideration and make every effort to find positive results.

Addressing Client Feedback

Below are some examples of how LCHS addressed clients' feedback:

Feedback from a Client Receiving Services for Diabetes

LCHS received feedback from a client who was newly diagnosed with diabetes. The client found the process of getting assistance extremely difficult and felt he needed to repeat his story several times.

Each step in the pathway to better health was complicated; from the visit at the doctors; to the pharmacy; to various providers who would assist him with managing his condition.

Our managers subsequently worked with the client to map the journey and develop a better service model. A 'Diabetes Clinic' is under development to remove some of the obstacles.

We thank the client for giving up his time to work with us to improve the services.

Wound Clinics Opened as a Result of Client Feedback

Our Ambulatory Care (District Nursing Services) program, in response to client feedback, has opened two part time wound clinics operating in our Moe and Morwell sites. This initiative was identified as a need for clients who require set appointment times and are able to attend the clinic.

All members of the public can now make appointments to attend the clinic to have:

- wound assessment and management
- wound prevention advice
- wound care advice
- specialist wound consultations.

GPs can refer patients to attend the wound clinics which are staffed by LCHS District Nurses experienced in managing a wide range of wounds. Operating hours are 9.00 am – 1.00 pm Monday to Friday at both Moe and Morwell, with the opportunity to extend into the afternoon if the need arises. Specialist wound consultant reviews are also available and can be arranged according to need.

As the community demands more flexibility to maintain work and lifestyle commitments, these clinics are becoming increasingly popular. In the first two months of the Moe Wound Clinic opening on 30 April 2012, a total of 68 client appointments were conducted. The Morwell Wound Clinic, which has been in operation since 1 July 2011, held a total 685 client appointments for the 2011/12 financial year.

Pictured below: Morwell Wound Clinic



Review of Coordinated Care Directorate Following Complaint

A parent of a child with a disability provided feedback on the problems he was experiencing working with two separate staff members to look after the needs of the family – a Case Manager to work with his child and a Carer Support Coordinator to work with the family to provide respite and support.

On further investigation, it was found that our service delivery to many clients could be improved if families worked with a single staff member in a specialised team of clinicians. It was also revealed that our client intake system (Service Access program) showed opportunities for improvement.

After further analysis and extensive consultation, the Directorate was restructured to include specialised programs in the areas of Aged Care Services, Disability Services and Carer Programs. In addition, the LCHS Service Access team was included in a new program called Gateway, which also included the Aged Care Assessment team.

The Directorate was renamed 'Assessment, Aged and Disability Services' and the programs now comprise cross-functional teams working together for clients with similar needs.

This simplifies the service delivery pathway and improves our customer service. The family described above now works with a single LCHS Case Manager who can access additional expertise within their team, to ensure personal care, equipment and activities are provided to the child with a disability, along with respite care for other family members. Anecdotal evidence indicates improved client satisfaction as a result.



Infection Control

LCHS undergoes an annual infection control audit to make sure that we are compliant with the Australian standards and guidelines.

An external auditor comprehensively reviews our infection control practices. The audit inspects all the clinical areas at the Churchill, Moe, Morwell and Traralgon sites including the sterilisation processes and a review of the current policies and procedures.

Bairnsdale, Korumburra, Sale and Warragul are not audited as no clinical treatments occur at these sites.

As a result of the last audit conducted in August 2011, only a small number of recommendations were suggested.

From this, we have:

- implemented designated shelving for both sterile and non-sterile stock across all relevant sites and programs
- purchased appropriate plastic containers for sterile stock
- implemented a process to make sure that the goods are appropriately 'rotated' on the shelves. This prevents the most recently delivered goods being used first.
- reviewed all linen and cleaning contracts to ensure that we are compliant with current standards.

We also continue to provide hand hygiene education to all of our staff via a self-paced learning activity. This activity educates clinical and non-clinical staff on the principles of basic hand hygiene and increases awareness, understanding and compliance with correct hand hygiene technique.

We have signage across all our sites on 'How to Handwash' and 'How to Handrub'. The posters used were produced by the World Health Organisation and set the benchmark for hand hygiene. The posters are displayed in public waiting areas, staff toilets, public toilets, change rooms, clinical rooms, and kitchen areas with separate hand washing facilities. Special hand wash and hand rubs are also made available in these areas.

Reducing Wait Times

Our Aged Care Assessment Service continued to reduce the wait times for aged care assessments this year.

We improved our business processes to enable an increased presence and speedier response in the acute care settings. A video-conferencing model of assessment was trialled with some of the more remote acute care settings and this proved to be very successful. While face-to-face assessments remain the preferred option, the video-conferenced assessment is a feasible option where distance impedes the ability of clinicians to attend in a timely manner.

	Days wait for hospital assessment	Days wait for community assessment
2008/09	7	33.7
2009/10	6.2	22.7
2010/11	5	19
2011/12	2.73	16.96

Pictured above: Churchill Dental, Morwell Dental sterilisation room, 'How to Handwash and Handrub' posters installed across all our sites

Medication Safety

In February 2012, the Drugs and Poisons Regulation Group, Department of Health conducted an independent audit to ensure we complied with medication safety standards and guidelines.

As a result of the audit, the Department of Health approved the re-issue of our 'Poisons Control Permit'. This permit allows LCHS to purchase poisons or controlled substances for the provision of health services. The permit also now covers our planned Integrated GP Clinic, which is scheduled to open in 2012.

In preparation for the GP Clinic, we installed a drug safe and vaccination fridge in a secure room, in compliance with relevant standards.

Medication safety is continuously monitored and reported through our governance and risk reporting process:

- In September 2011, we conducted a review of our medication safety documentation and procedures to ensure compliance with all components of legislative requirements.
- In June 2012, we commenced a follow up review to incorporate the specific requirements of the planned GP Clinic.

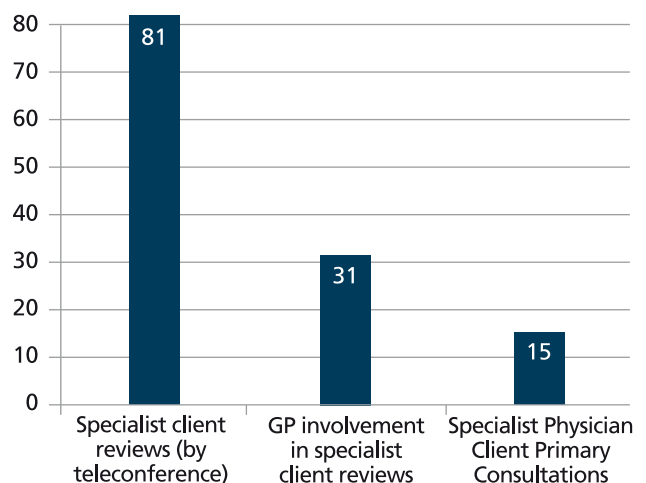
All relevant staff receive mandated training and ongoing up-skilling in medication management and safety.

Our Palliative Care program also now has access to Specialist Palliative Medicine Physicians. This is a collaborative project with the Gippsland Region Palliative Care Consortium and Calvary Healthcare Bethlehem.

The Palliative Medicine Physicians participate in fortnightly LCHS client review meetings via teleconference to review client management with a particular focus on medication requirements. Clients' GP's are invited to these meetings which also have a training component. In 2011/12, 81 reviews were undertaken involving LCHS Palliative Care clients and 31 GP's.

In December 2011, the physicians also commenced attending LCHS on a monthly basis to provide clients access to primary consultations. From December 2011 – June 2012, six monthly visits were conducted, with 15 palliative care clients receiving specialist physician medicine consultations.

Palliative Care Specialist Physician Reviews July 2011 - June 2012



This collaborative project has enabled client and staff access to Palliative Medicine Physicians locally; a service previously not available.

Falls Minimisation

Risk of falling increases with age and two thirds of those who fall will fall again within six months. In 2011, our Planned Activity Group (PAG) staff and Occupational Therapist evaluated the program and completed a report making recommendations to minimise the risk of falls.

Subsequently, PAG implemented three clinical indicators which provide a measure of the clinical management and outcome of care. We use the indicators to assess, compare and determine the potential to improve care. The PAG clinical indicators include:

- total number of falls
- overall severity of the falls
- the environment the falls occurred.

Factors contributing to falls include lack of patient knowledge about:

- the causes of falls (known as risk factors)
- how to prevent them
- lack of preventative action.

To minimise the risk of clients falling in PAG, we developed an action plan that focuses on:

- staff, volunteer and client training
- identifying environmental hazards
- safely transporting clients
- improving physical and mental wellbeing
- developing appropriate assessment and screening tools.

The clinical indicators and falls risk minimisation action plan are reported to the Board Quality and Safety Committee annually.

Inter-professional Collaboration Forum – ‘Action on Falls’

Our Inter-professional Collaboration Development Group (IPCDG), representing all LCHS directorates, develops, guides and supports the implementation of Inter-professional Collaboration into daily practice.

In May 2012, the IPCDG organised the ‘Action on Falls’ Forum bringing together an expert panel to briefly outline what was happening with falls in Gippsland. The panel represented the Department of Health Victoria (Gippsland), the Central West Gippsland Primary Care Partnership, Latrobe Regional Hospital, LCHS Quality Manager and the LCHS Occupational Therapist who had conducted the project on falls in 2011.

A total of 31 staff across LCHS programs participated in this forum, taking the total number of staff who have attended a Collaboration forum up to over 250. Forum participants then worked in groups to form a framework for the future development and implementation of a Falls Strategy for LCHS.

Pictured below: ‘Action on Falls’ Forum panel members representing LCHS, Central West Gippsland Primary Care Partnership, Latrobe Regional Hospital and Department of Health Victoria (Gippsland)



Research at LCHS

A Research Council has been formed to guide, support and facilitate research across LCHS. The Research Council reviews all internal and external research applications and provides advice to our Executive about the potential impact this research might have on our resources.

Some research projects currently underway include:

The Caregiver Project

This project aims to improve understanding of the issues that unpaid informal caregivers face when supporting a frail aged person in the areas of:

- social and emotional
- clinical aspects and
- institutional aspects.

Healthy Heart Program Evaluation

Our eight-week Healthy Heart education and exercise program has been running for a year. Research was conducted to evaluate the effectiveness of the program and to solicit participants' views. A team of researchers examined physical measures before and after the program and identified significant improvements.

A discussion group with program participants identified good aspects of the program and what could be improved. Most participants felt they needed to develop and maintain links with an activity program after completing the Healthy Heart program and we have integrated this into the program plan.

Pictured above: Board Chairperson, John Guy OAM JP and CEO, Ben Leigh officially launching the Research Council with LCHS and Monash University Department of Rural and Indigenous Health representatives



Creative House Program Research

A collaboration research project with Monash University Department of Rural and Indigenous Health (MUDRIH)

Our Creative House program provides individual and group activities for adults aged between 16 and 64 years with a serious mental illness.

In 2011, research was undertaken to examine the change process that Creative House had undergone over the last three years. Interviews with clients, carers, program staff, management and staff from referral services explored:

- how the program was previously managed and delivered
- how it currently functions
- what future improvements could be implemented.

A social inclusion approach for delivering a recovery-orientated service model was also developed through these focus groups.

The client and carer driven model draws upon the principles of recovery, social inclusion, person-centred planning and goal orientated service planning.

Creative House works to facilitate social inclusion through involving clients and principal carers in program planning, engaging community based resources to deliver programs at the centre and encouraging access to community based programs and resources for individual and group programs.

The research project, *Creative House, Establishing a social inclusion model of recovery* can be located on the LCHS website.

Exploring Factors Affecting Community Participation Interventions for Stroke Survivors

A collaboration research project with MUDRIH

This research identifies strategies that will enhance health interventions to address community participation needs of stroke survivors in Gippsland. This research is important to identify factors that encourage or prevent people participating in community activities after they have had a stroke.

Some of our clients have been asked to participate in this research.



Gippsland Region Mobile Wound Care Research Project

In April 2010, in collaboration with industry, professional and academic stakeholders, we began a multi-site research project – 'Mobile Wound Care' (MWC).

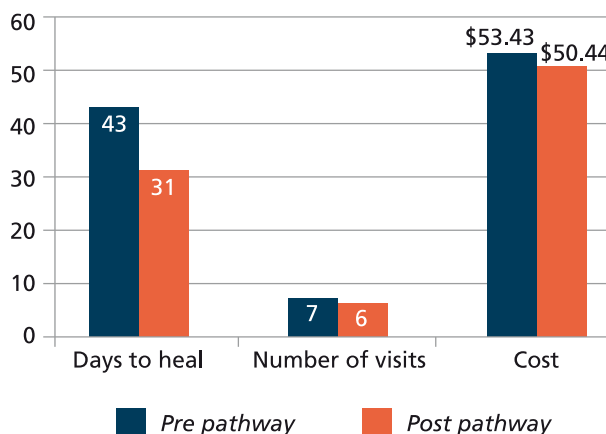
The MWC data base can identify what wounds exist in Gippsland and how these can be better managed resulting in faster healing rates and reduced costs.

The first research exercise was conducted on skin tears affecting the elderly. Specific dressings were used and the number of visits the LCHS District Nurses made was dictated by the clinical pathway.

At the end of the period the days from injury to healing; the number of District Nursing visits and the cost of the wound products were compared with the data prior to the clinical pathway being used.

The graph, shown right, indicated that at LCHS the healing rates for all skin tears decreased from 43 days to 31 days. The District Nursing visits decreased from seven to six visits and the cost of the wound products decreased from \$53.43 to \$50.44. This initial data is encouraging and we anticipate greater cost benefits as additional pathways are introduced. This has been a very exciting research project with the aim to have better outcomes for LCHS clients. They can be assured that their skin tears will heal 25% faster,

the nurses don't have to come as often and the cost of the products used is decreased. Everyone is happy.



This is just one small part of the research being conducted by LCHS as part of the *Gippsland Region Mobile Wound Care Research Project*. There will be more changes in practice and improved outcomes for everyone as the research is translated into practice across the region.

In September 2011, LCHS won the annual Victorian Healthcare Association (VHA) Award for leading this innovative research project. The VHA Award recognises an outstanding collaborative project in Victorian public healthcare.

Pictured above: Mobile Wound Care client with our Regional Wound Consultant, Marianne



Our Wonderful Volunteers



Thank you

to our 160 wonderful volunteers for their time and efforts, contributing an extraordinary 50,000 hours in 2011/12. We greatly appreciate our volunteers' commitment to our organisation and the community.

If anyone is interested in volunteering please contact Joanne Creighton, Volunteer Coordinator. Telephone 1800 242 696



Visit us at www.lchs.com.au
Free call 1800 242 696



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