Quality of Care Report 2013

Latrobe Community Health Service
Gippsland Wide

Better health, Better lifestyles, Stronger communities

Welcome to our Quality of Care Report

It has been a busy and exciting year for Latrobe Community Health Service Ltd (LCHS). Our report will guide you through our achievements between 1 July 2012 – 30 June 2013. We will give you insights into the services we provide to the Gippsland community and program improvements made in response to client feedback.

We have distributed this report widely across Gippsland to ensure we reach as much of the community as possible:

- Copies are available at every LCHS site and we have also mailed copies to our members and key stakeholders.
- An electronic copy of the report has been uploaded to our website (www.lchs.com.au).
- A full-page summary of this report has been placed in local newspapers.
- Copies have been sent to public libraries across the region.

To consider the environment, all copies of the report have been printed using 100% recycled paper.

LCHS thanks all our clients, volunteers and staff that have helped create this report. Your input and contributions has enabled us to produce a true community document.

To ensure this report continues to be relevant to you, 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 to help our community.

Pictured right: 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.

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 2012/13.

Locations

Community health sites in:

- Churchill
- Morwell
- Moe
- Traralgon

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

- Bairnsdale
- Sale
- Korumburra
- Warragul

Our Sites

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 – Gamblers Help and Men's Behaviour Change Program

and 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 (including GP Clinic) / 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

Gordon 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

- Aboriginal Health Worker (Yarning with the Mob Clinic)
- **After Hours Diabetes Clinic**
- Aged Care Assessment Service
- **Aged Care Services**
- 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)
- **Children and Adolescent Sexual Assault Support Services**
- Children's Counselling (Aged 4 to 17)
- **Children's Service**
- Chronic Disease Management Care Coordination
- **Community Health Nurse – Innovative Health Services for Homeless Youth**
- Community Health Nursing
- **Community Kitchens**
- Continence Service
- **Counselling Group – Partners in Depression**
- Counselling Services
- **Creative House**
- Dementia Access and Support Program
- **Dementia Education and Training for Carers Program**
- Dental Services
- **Diabetes Education**
- Disability Services
- **District Nursing Service**
- Drug Treatment Services
- **Early Parenting Day Stay Program**
- Emergency Relief
- **Exercise Physiology**
- Facilitation; Futures for Young Adults; and Assistance with Extensive Planning – Disability Services
- **Gamblers Help – Counselling**
- Gamblers Help – Financial Counselling
- **Gambling Information and Support Team (GIST)**
- GP Clinic
- **Home and Community Care (HACC) Response Service**
- Health Promotion
- **Hydrotherapy**
- Koorie Services
- **'Life! Taking action on Diabetes' – Diabetes Prevention Program**
- 'Liverwise' Program – Victorian Integrated Hepatitis C Service (VIHSC)
- **Lymphoedema Clinic**
- Mayfair House – Planned Overnight Respite
- **Men's Behaviour Change Program (MBCP) and 'CHOICES' – Koorie MBCP**
- Moe After Hours Medical Centre (MAHMS)
- **Nutrition and Dietetics**
- Occupational Therapy
- **Palliative Care**
- Physical Activity Programs
- **Physiotherapy**
- Planned Activity Groups (PAG)
- **Podiatry**
- Podiatry – Footcare
- **Psychology and Clinical Psychology**
- Refugee Health Nurse
- **Respiratory Clinical Nurse Consultant**
- Settlement Grants Program – Community Coordination and Development
- **Settlement Grants Program and Vulnerable Group Assistance Program – Casework and Referral**
- Speech Pathology
- **Support Group – Latrobe Type 1 Diabetes**
- Support Group – Latrobe Type 2 Diabetes
- **Support Group – Parkinson's**
- Travel Training – Transport Buddy Support Service
- **Venue Support Worker – Gamblers Help**
- Video Relay Interpreting
- **Walking Groups (Heart Foundation)**
- Women and Children's Family Violence Counselling
- WorkHealth Checks
- **Wound Clinic**

Our Community at a Glance

Gippsland Health Status Summary

Gippsland has unique demographics underpinning our range of services:

- 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 General Practitioners (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, Gippsland Health Online, *2011 Gippsland Regional Health Status Profile*.

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

Pictured: The rolling hills of Gippsland. Photo by LCHS staff member Jacqueline Eddy

A Year of Achievements



LCHS is proud to report many achievements and initiatives in 2012/13:

- Provided services to over 26,000 clients from eight sites across Gippsland; 18,567 referrals received, 3923 referrals sent and 115,219 phone enquiries handled.
- Successfully achieved our 2007-2012 Strategic Plan initiatives and developed our 2012-2017 Plan.
- Continued to implement a comprehensive communication and marketing strategy across Gippsland heavily promoting our services via television, radio, newspaper, website, cinemas, public transport, and LCHS sites.
- Worked with the community to make our key client information brochures more user-friendly.
- Opened an integrated GP Clinic at our Morwell site to meet the increasing need for medical services in Latrobe Valley.
- Launched an After Hours Diabetes Clinic, which operates each month on a rotating basis across our Morwell, Moe and Traralgon sites.
- Delivered physical activity programs to over 480 community members with chronic or complex conditions.
- Conducted a successful Men's Health Forum with over 40 participants in attendance.
- Delivered 'Living Well' forums to over 120 community members from culturally and linguistically diverse backgrounds.
- Implemented an Aboriginal Health Worker position to further improve services available to the local Koorie community.
- Awarded three year accreditation from the Department of Human Services Standards Accreditation program.
- Awarded an 'exceeded' rating in Criteria 4.4 – 'People maintain and strengthen connection to their Aboriginal and Torres Strait Islander culture and community'.
- Completed 7,647 WorkHealth Checks across the Gippsland, Grampians and Hume regions, visiting 990 different workplaces.
- Implemented 'falls minimisation' strategies across the organisation, reducing the number of client 'falls' incidents by 54% within a six month period. From January to June 2013, a total of 4 incidents occurred; in comparison to 9 incidents which occurred in the previous six months.
- Led the innovative *Gippsland Region Mobile Wound Care Research Project* resulting in client wounds healing 10% faster in comparison to the previous year; and overall 35% faster since the Project began in 2010.
- Increased our volunteer numbers to over 190 (up by 19% compared to last year).
- Celebrated National Volunteer Week in May 2013 to thank our wonderful volunteers and recognise their extraordinary commitment to our organisation and the community.
- Redeveloping our Moe centre facility to improve primary health care for the community.

Pictured Above Left: Opening of the GP Clinic
Centre: WorkHealth Check
Right: Volunteer Week Celebrations

Client Feature Stories

Raymond's Story:
'Achieving my goals thanks to Aged Care Services'

Our Aged Care Services team assists eligible persons assessed by the Aged Care Assessment Service to remain living at home in their community. A case manager then assists the aged person to identify what needs to happen to enable them to remain at home.

Aged Care Services is a Gippsland-wide service.

Raymond, an Aged Care Services client, has shared his story on how he is achieving his goals, thanks to LCHS:

"I live independently in a unit close to the main street in Foster. I enjoy being able to go to the shops; the library; my appointments; visit the Historical Society and RSL; and have lunch at the Golf Club occasionally. I have significant health and mobility issues including being legally blind, and have found it difficult to get around.

I haven't been able to get to the medical centre or my regular pathology appointment for more than a year as the distance to walk is too far for me. We also don't have any public transport or taxi in Foster. I have to wait for my carer to help me get to appointments and help me do the shopping.

Through LCHS I have had a Community Aged Care Package and a case manager for four years. This has been very helpful as it means I can continue to live at home and get services such as home care, meal prep, help with shopping and appointments. The case manager has helped me make contact with Vision Australia and through this I have been able to get equipment to help me do things by myself.

The LCHS case manager and Vision Australia suggested I get a scooter so I could get about independently, including going to my appointments and doing the shopping. They submitted an application for equipment funding and we waited for more than a year. This was tough for me as I couldn't get around by myself anymore and I didn't think it would ever happen.

My case manager applied to LCHS for funding for the scooter and within a month I had the scooter in my backyard. I was so excited and couldn't believe it was mine. The case manager arranged for a shed to garage my scooter and for training on the scooter. This was no problem as I have been a truck driver for many years.

I can go out every day if I want to; go for my test at pathology and have been up to the golf club for lunch. Having the scooter has changed my life and makes me feel great. When I go down the street to the shops, people who know me ask about my scooter and I tell them how easy it is to use and get around.

I am very happy to have a case manager who is helpful and talks to me about what we can do to make living at home safer and easier. I like living here and don't want to move."

Pictured: Client Raymond with his new scooter

'How Palliative Care has made my life easier'

Our Palliative Care program provides specialised in-home nursing and support services to clients with a progressive life threatening illness across Latrobe City. The program also provides support to their families and/or carers.

Below provides the story of a Palliative Care client and his experiences with our program:

"About four years ago I found a lump the size of a golf ball under my arm. I went to see the surgeon and he didn't think it was anything serious. I wanted to go to Queensland and as I previously had this lump for 10 months, the surgeon didn't think holding off for a couple of weeks would make any difference. When I came back I had the operation to have it taken out and it was found to be cancerous and the size of a saucer under the skin. I had four cycles of chemotherapy and about six weeks of radiotherapy. I coped well as this really didn't worry me.

I began having a pain in my hip, thought it was arthritis so I went back to the surgeon for him to operate. After having a scan he told me it wasn't arthritis but cancer in my hip. I was shocked and couldn't believe it.

After seeing the radiotherapist, it was decided that I could have one large 'hit' of radiotherapy to see if that would help, but I wouldn't be able to have any more.

Sometime down the track from having this last dose of radiotherapy, I ended up with a couple of 'pimple type' sores on my chest. I tried to manage these sores with my GP but they didn't improve. The radiotherapist arranged for the Ambulatory Care nurses to dress my wounds.

I cannot remember who first brought up the idea of me having Palliative Care, it could have been the radiotherapist, but I'm not really sure. My wife died 20 years ago and Palliative Care came in to her way back then. My wife was not mobile and Palliative Care came in at the end so I thought it was the end for me. I didn't want Palliative Care because I wasn't there yet.

The hospital Cancer Care Nurse also spoke to me about having Palliative Care. I resisted for quite a while. I wasn't at the end so I didn't want to receive Palliative Care. I eventually gave in and wished I had taken it up sooner.

In those first few weeks I was pain free and comfortable for the first time since I had been diagnosed with cancer. I've been getting Palliative Care for ages now. I didn't realise how big a group Palliative Care is; they do lots of stuff. They organise things to make my life easier. I now have a shower chair and if I need a wheelchair they will get it for me.

Palliative Care suggested I start to look at 'things' and they spoke about having a family meeting with my kids to discuss the options available. I found the meeting very helpful. As I was living on my own, the kids made up a roster to take care of me.

All my dressing products are taken care of through Palliative Care. I had been doing this myself so this has taken that pressure off me. It is very reassuring to know that I can ring them at any time. I want to stay at home and I know they can provide me and my family with the additional supports that we need to do this."

Pictured: Palliative Care Nurse, Stephanie

‘How Carer Programs support works for me’

Our Carer Programs provide respite to carers who provide significant and ongoing care and support to a family member or friend who:

- has a mental illness
- is frail aged
- has dementia
- has a disability
- has a progressive life threatening illness in need of palliative care.

Carer Programs is a Gippsland-wide service.

‘Kathryn’ has commenced a life-changing journey shortly after contacting Carer Programs and receiving services. This is her story:

“For many years both myself and my four daughters lived with domestic violence. That was six years ago but there are still emotional scars which we are all dealing with. Last year my middle age daughter became unwell with acute psychosis which was very traumatic for all of us. It was during this event that we became involved with the LCHS counselling service who referred us to LCHS Carer Programs.

At the time my life was being turned upside down. My four girls were all having struggles of their own. I was also caring for one daughter who was very ill and then my car broke down. At the time I was juggling my part time job which I had to leave due to my caring commitments. My rental property was also at risk due to the state of the backyard.

I became involved with Carer Programs. My Carer Support Coordinator suggested I attend a couple of events including the ‘Sapphires’ movie event and the ‘Jersey Boys’ theatre trip. I was hesitant at first as I felt like everyone had turned against me but I decided to go. I went to the Sapphire movie event and met a couple of people and was proud of myself for staying. Next I went to the Jersey Boys and was able to take a friend and oh my goodness I had the time of my life! I had never been to a stage play before; I will never forget it and enjoyed it so much.

The other issue I had at the time was rubbish in the backyard and large debts which were both left from my previous relationship. I couldn’t mow the lawn and clean-up the backyard due to my own health issues which made it difficult. Carer Programs was able to help; my Carer Support Coordinator arranged a yard clean-up. I have now arranged for someone to mow my lawns regularly and have paid all my debts. I am also able to look for another house which will free me from some of the bad memories of this one.

Both mine and my daughter’s self-esteem was very low. My Carer Support Coordinator suggested a course titled, ‘Life-skills for Women’ but unfortunately I missed out on this course. She then talked to me about the ‘Increasing Women’s Options Program’ at Neighbourhood House which I has hesitant at first, but decided to give it a go. I knew at the time I was paying off debts and there was no way I could afford to attend but Carer Programs was able to assist with the enrolment fee. I attend one day a week for six months. It has been a journey that has changed my life.

I am learning to believe in myself again, think positive thoughts and teach this information to my daughters. I have made new friends and together we have started a walking group with a goal to improve our health and lose weight.

My hope for the future is that my daughters can become independent, have a normal life and make good choices. I would like to work full time and own a car; and now have the chance to consider my career direction. I am going to enrol in *Certificate IV in Community Housing* this year so that I can help other survivors of domestic violence.

I know that in rough times we can pick ourselves up again and keep going. I am excited about the journey ahead and know that good things are going to come.”

Men's Behaviour Change Program: 'Breaking the Cycle'

LCHS delivers the innovative 'CHOICES' program, a culturally appropriate Men's Behaviour Change program for Koorie men. We developed the program in partnership with the Gippsland and East Gippsland Aboriginal Co-Operative (GEGAC) in 2010.

'CHOICES' is about supporting and challenging participants to change their attitudes and violent and aggressive behaviour. The program is facilitated by two trained Aboriginal Family Violence workers.

CHOICES was initially delivered in a 10 week program and was later modified to 16 weeks as facilitators and participants learned the value of story-telling in healing and behaviour change. This approach allows participants to explore their own stories of their childhood and the history of their 'mob', told by local Elders.

CHOICES is currently delivered in Bairnsdale and Morwell.

Below provides a client's story on their experiences with this program:

"I am a 37 year old Aboriginal male.

I have been in a 13 year relationship with my partner. Throughout these 13 years I displayed abuse and controlling behaviour financially, emotionally and physically towards my partner.

During these years I blamed my partner and peripheral issues for my anger.

Following the last episode of family violence I knew I had an anger problem.

I decided that I needed to do something about my anger. Therefore, I decided to commit to the 'CHOICES' program – Men's Behaviour Change; facilitated by Uncle Cliff Wandin and Hugh 'Dooka' Pepper.

At first I was sceptical, as I had doubts in the ability of the facilitators to deliver information that would satisfy my needs. Within 10 minutes I was hooked…totally astounded. I connected with what the facilitators were saying.

The facilitators' information reflected my current thoughts and feelings and my status quo at that moment. They gave me insight about anger – what anger is; where in comes from; stress; frustration; methods to control my anger; furthermore, to accept and respect the feelings, thoughts and liberty of other people.

Since the last family violence incident, the common issues that I usually control and abuse my partner over have risen numerous times. But I have not abused my partner because of the insight, tools and processes I have learnt, in such a short time. Instead I attempt to discuss the issue, or I accept her view and leave it behind us.

I am now aware of the cycle of abuse and violence. I do not wish to live in that cycle anymore. With the awareness and tools I am learning from the Men's Behaviour Change Program, I know I will break free from the cycle and provide a better environment for my partner, our four children, myself and our immediate families."

Pictured: Koorie artwork by Deadly Design

Client, Carer and Community Participation: *'Doing it with us, not for us'*

Community Consultation– Quality of Care Report Development

We consulted clients and stakeholders to develop our Quality of Care Report, ensuring our report is relevant to the community. We held a forum and distributed community surveys to:

- evaluate last year's report
- suggest content for this year's report.

Evaluation results from last year's Quality of Care Report were extremely positive with 100% (n = 13) of respondents:

- finding the report 'interesting' and/or 'easy to read'
- rating the presentation and layout of the report as 'excellent'
- 'strongly agreeing' that the report gave them a better understanding about the services LCHS provides.

In response to community feedback, for this year's report we have included:

- a similar presentation, layout, language and colour scheme to last year's report for ease of reading
- more client stories
- further information on the range of services we offer, including the specific services available at each site.

Pictured: Participants in our Quality of Care Report community forum

Our Consumer Representative – Board Quality and Safety Committee

LCHS has a Consumer Representative on our Board Quality and Safety Committee to ensure community perspective is included in our clinical governance.

Allison Higgins (BA Communication) has occupied this position since August 2009. She has Cerebral Palsy requiring mobility aid and paid personal care supports. She is actively involved in the management of her care to maximise her independence.

As a recipient of care and support services, Allison is able to draw on her personal experiences within the healthcare system; providing her valuable insights to the committee.

Allison's achievements on our Board Quality and Safety Committee in 2012/13 include:

- oversight of development of this Quality of Care Report
- monitoring of our organisational three year Quality Work Plan
- endorsement of the status and risk ratings of 11 clinical risks
- review of reports related to 20 clinical indicators.

LCHS also works with other clients and volunteers when developing key client documentation, to ensure information is understandable, user-friendly and far-reaching.

Koorie Engagement

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

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* overseeing this plan, comprising of LCHS Koorie staff; non-Koorie staff; and Koorie people from external organisations.

Some RAP achievements:

- whole of organisation Koorie cultural awareness training
- Koorie celebrations/events
- Reconciliation Week events
- procedure for Welcome to Country and Acknowledgement of Traditional Custodians at LCHS events
- inviting Koorie community members to provide a Welcome to Country at significant events
- flying the Aboriginal flag, including at half-mast when notified by local co-operative
- Koorie website and communication/ engagement tool
- formal partnerships with local Koorie organisations
- taking services to the community: co-locating in culturally appropriate locations, and
- establishment of a Koorie health clinic, 'Yarning with the Mob'.

Pictured Above: Reconciliation Week Event
Right: Our Aboriginal Health Worker, Katie Yeomans (centre), with Elders Aunty Gloria (Gloria Whalan) and Aunty Joyce (Joyce Hood)

'Yarning with the Mob' Clinic

Our 'Yarning with the Mob' clinic provides free services to members of the Koorie community who have chronic or complex health conditions. Staff available on the day includes:

- Chronic Disease Care Coordinator
- Diabetes Educator
- Dietician
- Occupational Therapist
- Physiotherapist
- Podiatrist/Footcare Nurse, and
- Our newly appointed Aboriginal Health Worker.

The clinic operates from our Morwell site every Thursday, from 11.00am – 5.00pm. Clients can be referred to the program or present on the day.

LCHS recently improved the services available to the local Koorie community by implementing an Aboriginal Health Worker position. Katie Yeomans, our Allied Health Assistant, has completed a *Certificate IV in Aboriginal and/or Torres Strait Island Primary Health Care (Practice)*.

Clients can access this service through the clinic or via referral from a GP. At each visit, our Aboriginal Health Worker provides clients with a basic health assessment, including:

- blood pressure, heart rate and a blood glucose readings
- education on leading a healthy lifestyle and managing chronic disease.

In 2012, our 'Yarning with the Mob' clinic also commenced a monthly outreach service at Ramahyuck District and Aboriginal Corporation. Our Respiratory Nurse sees clients from babies to the elderly experiencing shortness of breath. She offers advice to manage the condition and symptoms, including assistance with smoking cessation. Each month, 3-4 clients access the clinic with as many as six clients in winter months.

Meeting Diverse Community Needs

Our Diversity Plan

LCHS strives to ensure our services are accessible and appropriate to all members of the community, regardless of a person's:

- age
- disability
- gender
- gender identity
- race
- religion and belief
- sexual orientation.

We have an organisational *Diversity Plan,* documenting strategies to help meet the diverse community needs. Specific strategies implemented include:

- cultural awareness training for all staff
- program presentations at cultural groups
- key client information brochures translated into 15 different languages
- celebrations of multicultural events
- forums and education sessions for diverse community groups
- arrangement of interpreting and translating services for clients, carers and families.

We also recently implemented two staff *Diversity Liaison Officer* roles within our Service Access program. The role of our Diversity Liaison Officers is to:

- improve access to LCHS services for all members of the community
- encourage individuals from all backgrounds to feel supported when accessing services at LCHS
- facilitate better access to LCHS services for the Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) community. This work has commenced through actions such as training for staff with Gay and Lesbian Health Victoria and commencing the 'Rainbow Tick', a GLBTI inclusive accreditation program.

Pictured Above Left: LCHS hosting an international delegation of 50 nurses from 19 countries at our Morwell site

'Living Well' Forums

LCHS continues to deliver our successful 'Living Well' forums for community members from culturally and linguistically diverse backgrounds. The forums are developed in conjunction with community members to help address key health issues facing the particular community group.

The forums provide education and information in a fun way, using food and activities to bring the community together.

This year we held a follow-up forum for the Polish and Croatian communities, with over 60 participants in attendance.

Two new forums were held in 2012/13, also proving very successful with 23 people attending the International women's forum and 35 people attending the Maltese community forum.

Interpreting Services

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

A case study

Our Refugee Health Nurse can advocate and facilitate interpreter use for the Sudanese community:

A Sudanese client appeared to communicate well in English and visited his family doctor regularly for the monitoring of complex health issues, without the use of an interpreter.

The client would nod his head during the consultations, which the doctor interpreted as understanding the information. However, this was not the case as the client was nodding to be polite, even when he had no understanding.

Our Refugee Health Nurse became involved in the client's care and advocated and facilitated interpreter use.

After the first interpreted consultation, the Doctor commented to our Nurse, 'I've been seeing this client for over a year and I have gained more information in one consultation, than I have in a year'.

The client was able to describe his symptoms more clearly and the GP consultation was more effective.

Assisting New Arrivals

Our Settlement Grants program supports people who have arrived in Australia in the last five years. LCHS recognises the significant challenges many clients faced prior to their arrival and that these may continue to impact on their successful settlement and contribution to our community.

Our Social Worker provides case management for clients to assist them with a range of settlement issues including:

- housing
- employment
- education
- health
- wellbeing
- financial advocacy.

In 2012/13, we delivered 20 education and information sessions to new arrivals, covering a range of topics including:

- employment and volunteering
- women's health and wellbeing
- managing finances
- understanding legal rights and responsibilities.

Pictured: New arrivals engaging in conversation with service providers at the World Café event hosted by LCHS Settlement Grants and Victoria Legal Aid Morwell

Valuing Diversity in our Creative House Program

Our Creative House program operates from a Traralgon house and offers a day program for adults with an ongoing mental illness. This program provides a safe and fun environment for everyone to feel comfortable and be themselves.

Below provides a story of a volunteer at Creative House and how diversity is valued within our program:

In 2012 a young man named Luke commenced student placement with Creative House. This continued in a voluntary capacity for two to three days per week over many months. Luke was experiencing some personal problems and was unable to attend Creative House but maintained very close contact with one staff member who supported and guided him during this challenging time.

Luke re-joined Creative House as 'Jane' in March this year as a woman and is satisfied with how her is life progressing.

Jane reports, "I had always felt like a woman however was born a male and had tried to conform my whole life. I was unfulfilled with my past life and held onto the thought that one day I would become a woman and start a new life".

Jane has the full support of her long standing girlfriend and together they are planning their future.

Creative House offers a non-judgemental atmosphere, a place in which everyone is respected and valued for who they are. Everyone at Creative House has been very accepting and encouraging of Jane and she continues to volunteer regularly around her University schedule.

Pictured Above: Creative House clients, staff & volunteers
Right: Planned Activity Group holding its own Olympic Games Event

Responding to Diversity in our Planned Activity Groups

Our Planned Activity Group (PAG) program offers a fun, vibrant environment respectful of all who attend. Clients, staff and volunteers attending the program represent all people within the community and we embrace diversity. Those from a culturally and linguistically diverse background represent 33% of all clients attending PAG.

Our clients in the PAG program create diverse activities tailored to their needs.

We celebrate diversity by:

- celebrating all theme days, for example: St Patricks Day, Italian Day, Harmony day, Greek Days and German Days
- inviting guest speakers from diverse backgrounds on theme days
- attending cultural community based events and restaurants
- regularly attending the Italian Australian Club to play bocce
- conducting slide shows and 'arm chair travel' to all places within the world
- attending multicultural morning teas during Senior Citizens Week.

Our program offers a variety of beautiful cuisine from around the world, cooked by our volunteers of whom 50% are from a diverse background.

Fifty per cent of all staff employed within our PAG program are also from a diverse background. Maintaining this mix:

- ensures our program remains flexible and sensitive to the diverse needs of our clients
- provides opportunities to experience an endless array of cultural experiences.

Implementing Better Care Planning with our Clients

Planned Activity Group (PAG) Program Care Planning

Our PAG program aims 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 for clients; while providing a break for carers.

PAG operates three day programs in Moe, Morwell and Churchill and delivers over 44,000 client hours.

All clients joining our program have a care plan. This tool has been refined in recent months to include clients setting their own individualised goals to assist in their daily living.

Examples of goals set by our clients include:

- increasing physical activity
- learning computer skills to keep connected to family
- art and craft projects.

This process has empowered our clients and they become enthusiastic in exploring endless opportunities. The conversations help us get to know our clients even further and we can then assist them to achieve their goals.

The program Coordinator commences these care plans with generic information and the true goal setting and the assistance to achieve the goals is undertaken by the Program Leaders and the clients.

The care plans are formally reviewed annually; however, informal conversations take place regularly as we all work toward achieving set goals. Already there have been notable changes with some clients as they strive to achieve new things in their senior years.

Aged Care Services Care Planning

When a client enters into community home care, we formulate a plan with them identifying the goals and needs of the client and the 'road map' to reach the goals. We engage services and supports according to this plan.

Our Aged Care Services team reviewed the care plan template to identify general quality improvements. As a result, we:

- Modified the care plan, allowing for more personalised information of the client's needs and goals to be captured. Prompts are now included for the Case Managers to consider when capturing details of the client's current situation.
- Included information specific to culturally and linguistically diverse (CALD) clients into the care plan template, given that 22% of our current clients are from a CALD background.
- Included information specific for Aboriginal and Torres Strait Islander (ATSI) clients; 10% of our clients are identified as ATSI.
- Altered the template, allowing staff to enlarge font size for clients who may have vision impairments.
- Print completed care plans on green paper. This allows clients to easily recognise and access their plan amongst other documents.

Clients have provided feedback that the care plan template is now much more user-friendly, clearly capturing their goals and how their needs are being met.

Pictured Below Left: Planned Activity Group – outing to Port Albert
Right: Planned Activity Group – 'Blokes Day Out'

Implementing Physical Health Screening at Creative House

A key component of recovery from mental illness is having a network of family, friends and health professionals working with the clients to:

- support them on their recovery journey
- address their physical health needs.

The life expectancy of people living with a mental illness is 10 - 32 years less than the general population. This is mainly due to chronic physical illnesses such as cancer and diabetes caused by a range of factors including medication side effects, poor diet and inactive lifestyle.

Our Creative House program is a community managed mental health service assisting over 70 adults annually who have a severe and enduring mental illness.

We have a Creative House Program Continuous Improvement Plan. As part of this plan, since November 2012 we support a partner organisation in a pilot project to introduce and trial a common physical health screening tool for clients. This project steering committee has developed a concise tool which can easily be used by staff, clients and carers. It facilitates discussions around physical health as well as mental health enabling recovery plans to address all aspects of health.

LCHS consulted with the community in the development of the tool, involving clients, carers and service providers.

Creative House clients have endorsed this physical health screening tool. At the conclusion of the pilot, the tool will be incorporated into our suite of assessment documentation, which is reviewed with clients every six months or as needed.

In recent months, our Creative House program also introduced a 'Wellbeing' tool into our client review process. Along with the updated suite of assessment documentation, it enables an all-inclusive client review and recovery process.

Pictured Left Top: Creative House Woodwork activity
Second: Creative House Outing to RAAF Base
Third: Creative House participants with staff member
Bottom: Creative House Outing to the beach

Supporting Carers

Recognising Carers' Individual Needs

In July 2012 the *Victorian Carers Recognition Act* came into effect. The purpose of this Act is to recognise and support people in care relationships and acknowledge the benefits this relationship brings.

LCHS Carer Programs has a long history of supporting care relationships and we welcomed the introduction of the Act. We recognise that every carer is different; therefore our services are flexible in meeting individual needs. Some types of services we offer carers include:

- in home respite (i.e. helping carers to take a break from their caring role) – daytime or after hours
- helping carers, and the person they are looking after, with leisure activities
- day programs, camps, weekends away and accommodation support
- short term residential respite
- special events, carer education and support group activities.

The *Carers Recognition Act (2012)* also outlines a set of principles detailing that a carer should be respected and recognised as:

- an individual with their own needs
- a carer
- someone with special knowledge of the person in their care.

Raising awareness of the new Act has been an important part of our work. When we meet carers for the first time, we:

- hand out and explain the fact sheet 'Supporting people in care relationships in Victoria'
- guide carers through all the types of services and support available to meet their individual needs.

In 2012/13, we received 40 compliments from carers regarding information and support provided by our Carer Programs team. This confirms we are on track in raising carers' awareness of services and supports available.

Carer Support Groups Project

Given the nature of dementia, unpaid carers are vital in supporting the person with dementia in the community. In order to maintain wellbeing, carers need assistance when required from people in the same 'boat' as themselves for:

- advice
- understanding
- emotional support.

The Carer Support Groups Project aims to identify if the existing support groups scattered across the region captured all of our diverse carers in Gippsland.

This became one of the strategies for the 'Gippsland Dementia Plan', to map the supports available and evaluate the need for increasing their reach. It also aims to outline the benefits to carers who attend support groups.

Stage one of the project was to develop recommendations for the location of support groups via community consultation.

The project found there were no:

- dementia specific support groups in South Gippsland or Bass Coast
- general and dementia specific support groups in the Yarram area.

These findings formed part of the recommendations to address the shortages of carer support groups in these areas. The recommendations are being reported back to the Gippsland Dementia Plan Reference Group.

LCHS facilitated a number of community consultations across Gippsland to give carers the opportunity to share their experiences, stories and ideas with other people in similar situations. We also distributed information to carers on their available support services.

Pictured: Carer Programs theatre trip to Melbourne

Continuity of Care

Physical Activity Programs for People with Chronic / Complex Conditions

In 2012/13 we provided approximately 120 community members each quarter with a range of Physical Activity programs across our Churchill, Moe, Morwell and Traralgon sites.

These 10-week term programs suited the needs of clients with:

- diabetes
- respiratory conditions
- cardiovascular disease
- other chronic and complex health conditions.

Of clients surveyed in Term 2, 2012, 59.3% stated their chronic/complex medical condition had improved since participating in a program.

Our 'Strength and Balance', 'Start Me Up' and 'Maintenance' Physical Activity programs targeted clients who were at risk of hospitalisation or going into residential care. Of clients surveyed, 55.8% of clients from these programs felt more confidence to manage their health condition since participating in the group.

Pictured: Physical Activity Program

Managing Footcare for People with Diabetes

There is an estimated 3.2 million Australians with diabetes and pre-diabetes (1). Many people may not be aware of the health implications that diabetes can cause, particularly to the feet.

Diabetes causes a lack of insulin, a lack of insulin effect or both. This allows levels of glucose in the blood to be too high which can damage the blood vessels and nerves to the lower legs and feet. Therefore, patients with diabetes are subject to foot ulcers reducing sensation and circulation to the feet.

A minor injury to a person without diabetes could result in a severe non-healing ulcer in someone with diabetes. In the extreme cases, these wounds can result in amputation but can be greatly reduced by early identification of the problem and prompt treatment.

LCHS recognises this issue and offers a multidisciplinary approach to managing 'high risk' feet. Diabetes Nurse Educators, Wound Care Nurses, Podiatrists and Allied Health professionals are available, and now with the addition of the GP Clinic, LCHS can offer 'a one stop shop' for clients with diabetes.

Clients can attend our Wound Care Clinic Nurse for a basic foot assessment which includes:

- checking the foot pulses and sensation in the feet
- discussing common diabetic foot problems and the importance of wearing correct fitting footwear
- providing advice on the daily self-monitoring of feet and what to look for.

We encourage people with diabetes have this testing done every six months. We also encourage people with rheumatoid arthritis, spinal injuries and peripheral nerve damage to attend the clinic.

The Wound Clinic is available at our Morwell and Moe sites, Monday to Friday from 9.30am – 1.30pm, by appointment.

(1) Diabetes Australia website, Diabetes Facts, accessed 17 May 2013, http://www.diabetesvic.org.au/about-diabetes

Launch of our Integrated GP Clinic and Medicare Funded Services

On 3 October 2012 LCHS opened our new integrated GP clinic at our Morwell site in response to the growing community need for additional medical services.

Three doctors have joined our clinic:

- Dr James is our Medical Director and has a strong link to the Gippsland community, having worked in the area for over ten years,
- Dr Chander is also well known to Gippsland having worked in numerous practices over a long career in general practice, and
- Dr Asad is our newest member of the team and came to us from Wollongong.

Our GP Clinic offers bulk-billing for all clients under the Medicare Benefits Schedule (MBS).

Under the MBS our clinic also has allied health staff including:

- Psychologists
- Physiotherapists
- Exercise Physiologists
- Diabetes Nurse Educators
- Dieticians
- Occupational Therapists
- Podiatrists
- An Aboriginal Health Worker.

The introduction of Medicare funded visits for allied health staff consultation has increased our ability to offer services:

- Clients who have complex and/or chronic medical conditions may require a combination of several clinical services. These clients have access to five visits under Medicare.
- If these clients require ongoing care, we are able to continue their care under community health funding streams, depending on their eligibility.

Our allied health staff are able to provide services for our own doctors and for other GPs in the area. An external GP can refer a client to LCHS for an allied health appointment and our staff will report back to the referring GP.

Having an integrated clinic on-site enables the health professionals to collectively determine an appropriate treatment plan for the client. Our doctors find this particularly advantageous for clients with complex care needs.

Dr Asad, our newest GP, said:

- "Working as a GP in a rural area can be challenging when the appropriate team of allied health staff is not readily available. The on-site availability of competent and friendly allied health staff makes my life easy.
- We all work as a team with the same passion and common goal to make a healthier and stronger community".

Pictured Above Left: LCHS GP Clinic doctors, Dr Chander and Medical Director Dr James Right: LCHS collaborative GP Clinic consultation – Dr Asad and Podiatrist, Abhi

This collaboration is evidenced with Jack's story:

Jack is a regular client of our podiatry service and in recent times has begun seeing Dr Asad. Jack is in his 70s and is a type 2 diabetic with heart disease. He has chronic issues with his toes including ulceration and pain.

Recently Jack came in to see Abhi, one of our Podiatrists. Jack was concerned as his ulcer on his toe had gotten bigger and the whole toe was swollen due to infection. Abhi advised Jack to see Dr Asad as soon as possible. Abhi knew that 'if Jack waited for another 2-3 days to see the doctor, he was at high risk of his foot being amputated'. Having Dr Asad just across the hallway enabled Abhi to discuss Jack's situation with him following the consultation.

Abhi and Dr Asad both describe the capacity to provide a holistic approach to Jack's care as 'a real advantage of working in an integrated clinic'.

Dr Asad examined Jack and observed a very deep wound on the third toe showing signs of severe inflammation. Jack also had decreased sensation which was an alarming sign. Dr Asad diagnosed the problem as an infected neuropathic foot ulcer, a common problem for diabetic clients.

Abhi said, "in this environment I am able to work with doctors and other health professionals, providing a wide coverage and collaboration of different ideas on the same person". Abhi and Asad were able to have a conversion with Jack about immediate treatment to get the best result for him. During the consultation, Abhi dressed Jack's ulcer and Asad prescribed him appropriate antibiotics and ordered foot x-rays to see if any infection had reached the bone.

All the tests fortunately came back negative and with the collaborative treatment plan in place, the ulcer healed in two weeks. Abhi said, "if it wasn't for the support of the doctors and the capacity to work together at LCHS, we may have seen another amputated foot".

Since then Abhi has collaborated with the LCHS doctors regarding their clients with the same problem and is 'now seeing significant changes in ulcer healing'.

Our allied health staff also foster these collaborative relationships with external GPs, so there is an overall community benefit.

After Hours Diabetes Clinic

On 14 November 2012, we launched our new integrated After Hours Diabetes Clinic. Staff available at the clinic includes:

- Diabetes Educator
- Dietician
- Physiotherapist
- Exercise Leader / Exercise Physiologist
- Chronic Disease Management Care Coordinator.

The launch of the clinic coincided with 'World Diabetes Day'.

The clinic was developed following:

- an audit of files at LCHS identifying a large number of clients listed as having diabetes had not attended services in the last 12 months, and
- a subsequent survey distributed to 180 clients using randomised selection process. From this 84 responses were received with 50% of respondents identifying multiple barriers to accessing services, which included:
  - cost of appointments (38% of respondents)
  - transport costs (29%)
  - times don't suit (29%)
  - unable to get time off work (19%)
  - distance (14%)

This provided LCHS with a basis for redesigning our service model. Our new integrated After Hours Diabetes Clinic improves accessibility and affordability by providing Medicare funded allied health appointments with no gap payments. The clinic provides working age clients with access to clinicians at a convenient time and location.

The clinic operates by appointment on the second Wednesday of the month, from 4.00pm – 7.00pm, rotating across the Morwell, Moe and Traralgon sites.

Pictured: Launch of our integrated After Hours Diabetes Clinic

Getting the Message Out – Health Promotion and Education

'Checkpoint' – Men's Health Forum

Calling all Men, have you 'checked in' lately? 'Checkpoint: check in and accelerate to better health' was the theme behind the successful men's health promotion night run by LCHS in March 2013. The evening hosted a number of speakers on men's health as well as conducting basic health and hearing checks. Over 40 community members attended the event, targeting the 40+ male age bracket.

Our CEO, Ben Leigh opened the forum with some interesting statistics regarding men's health such as their reluctance to visit a doctor, or difficulties in doing so.

LCHS Psychologist, Lloyd Davies talked about goal setting and problem solving giving the men 'tools' to look after their health. This included different ways of seeing things, goal setting and action planning.

LCHS Exercise Physiologist, Phillip Jamieson highlighted the importance of keeping active and offered some great tips. The men also heard about responsible gambling from LCHS Community Education Officer, Stephanie Cohen and looking after your memory from Karen Price, Alzheimer's Australia.

Other speakers included:

- LCHS Medical Director, Dr James Bvirakare
- Alcohol and Drug Counsellor, Brendan Witt
- Diabetes Educator, Christine Campbell, and
- Latrobe Regional Hospital Prostate Nurse, Kelly Koschade.

Participants were entertained with music during the breaks, creating a lively atmosphere.

We received positive feedback following the event including the suggestion to conduct the forum annually.

Health Education at Cooinda Hill

LCHS formed a partnership with Cooinda Hill, who provides life experiences and community based professional training for people with a disability.

In 2012 our Speech Pathologist and Continence Nurse attended Cooinda Hill to provide:

- outreach services to clients
- information to existing staff and carers to increase the ongoing management of client care.

As a result of the sessions, a client was for the first time in their life able to go on a whole day outing with their carers but without family assistance.

It was uplifting for LCHS staff to hear about the huge difference their assistance made to the client and his family.

Our partnership with Cooinda Hill continues, expanding our services to include other clinical services in 2013.

Pictured: Our CEO, Ben Leigh opening the 'Checkpoint' – Men's Health Forum

'Healthy Together Latrobe'

On 30 November 2012, we launched our 'Healthy Together Latrobe' initiative. Healthy Together Latrobe is a partnership between LCHS, the Department of Health and Latrobe City Council.

The Healthy Together Latrobe team works with the local community promoting the importance of good health and wellbeing across all areas of life:

- in schools
- at workplaces
- in the community.

The Minister for Health, the Hon David Davis launched the program with local MP Russell Northe and workplace representatives from across the Latrobe Valley.

Moe based business Safetech was selected as the launch site due to their commitment to health and wellbeing. Safetech has offered a number of workplace health initiatives, mostly around fitness, with a great response from staff.

Health Promotion in Schools

The Healthy Together Latrobe team works closely with schools and early childhood services across Latrobe to help them become recognised health promoting services under the 'Achievement Program with Schools' initiative.

The Achievement Program provides a framework for schools and early childhood services to coordinate their health promotion work across eight health areas:

- 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.

Our team aims to build the capacity of staff and parents to support the work involved in becoming a health promoting service. We will be facilitating a number of workshops throughout the year to assist them through this process.

Since December 2012, 62% of schools and early childhood services across the region have registered to participate in the Program.

Health Promotion in Workplaces

The Healthy Together Latrobe team will:

- help workplaces promote healthy lifestyles and create an environment where healthy eating and physical activity are encouraged
- support the workforce to achieve and maintain healthy weight, reduce smoking and limit harmful alcohol use.

Over the past twelve months Healthy Together Latrobe has been working with major workplaces and businesses in Latrobe to:

- promote the workplace achievement program
- establish healthy living practices as part of workplace culture and day to day activities.

Health Promotion in the Community

The Healthy Together Latrobe team is also responsible for the development of the 'Latrobe Municipal Public Health and Wellbeing Plan'. We consulted with the public in April and May this year to identify regional key health and wellbeing needs. The six priority areas identified were:

- utilising our skills
- being active
- eating well
- staying connected
- feeling safe
- protecting our health.

The plan is due for completion at the end of 2013 and will be in place for four years. We will review the plan each year to ensure its ongoing application.

Pictured: LCHS, Department of Health, Latrobe City Council and workplace representatives launching the 'Healthy Together Latrobe' initiative

WorkHealth Program

LCHS has been endorsed by WorkSafe Victoria as a service provider for the WorkHealth program. Our role is to deliver WorkHealth checks across the Gippsland, Grampian and Hume regions. In the 2012/13 financial year we completed 7,647 WorkHealth checks across these regions, across 990 different workplaces.

The WorkHealth program aims to:

- deliver far-reaching benefits to Victorian workers, employers, businesses and the community, by working to reduce the risk and incidence of chronic disease across the state's working population,
- reduce the impact of illness and injury on working families,
- provide information to workers on healthy lifestyle choices to help reduce the risk of chronic disease, and
- offer tailored advice and ongoing support to workers with higher levels of risk.

Results snapshot:

As at July 2013, the program has delivered more than 745,000 WorkHealth checks to workers across Victoria. A report by Monash University on the results of 500,000 WorkHealth checks identified the following:

- 25% of males had an intermediate or high risk of cardiovascular disease compared to 7% for women
- 24% of workers had a high risk of developing type 2 diabetes and 43% had a medium risk
- 93% reported eating less than daily recommended fruit and vegetable consumption
- 69% reported inadequate physical exercise
- 49% males reported risky alcohol consumption compared to 29% for women
- 18% reported smoking (21% male, 16% female)
- Workers in the Mining and Construction industries identified much higher rates of risky alcohol consumption (57% and 56% respectively, compared to the state average of 39%)
- Workers in Manufacturing, Mining and Transport were more likely to have high risk of type 2 diabetes (31-32% compared to state average of 23%)
- The Agriculture, Forestry and Fishing industry fared worst for smoking rates with almost 30% of workers undertaking a WorkHealth check stating they smoked.

Specific results for the Latrobe area included:

- 52% of local workers reported inadequate fruit intake (State average: 48%)
- 82% reported inadequate vegetable intake, compared to a State average of 89%
- 69% of workers didn't do enough physical activity, which is comparable with the State
- Risky alcohol intake stood at 45%, compared to 39% for Victoria
- 19% of workers reported smoking which was similar to the State results
- (Frequency of risky alcohol intake was up to 55% for Bass Coast).

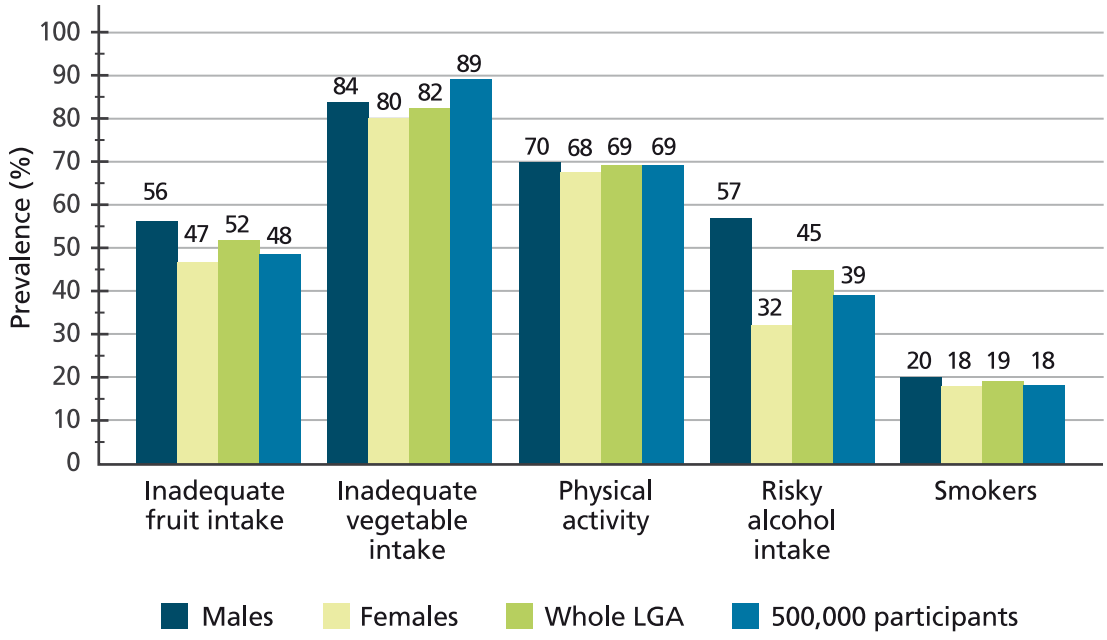
In addition, higher rates of risk for cardiovascular disease and type 2 diabetes were prevalent across all Gippsland LGAs as compared to the average for Victoria.

Through our involvement in the WorkHealth program, helping local workers understand their state of health and what they can do to lead a healthier lifestyle, we believe we have made a great start to tackling the issue of chronic disease risk among the local population.

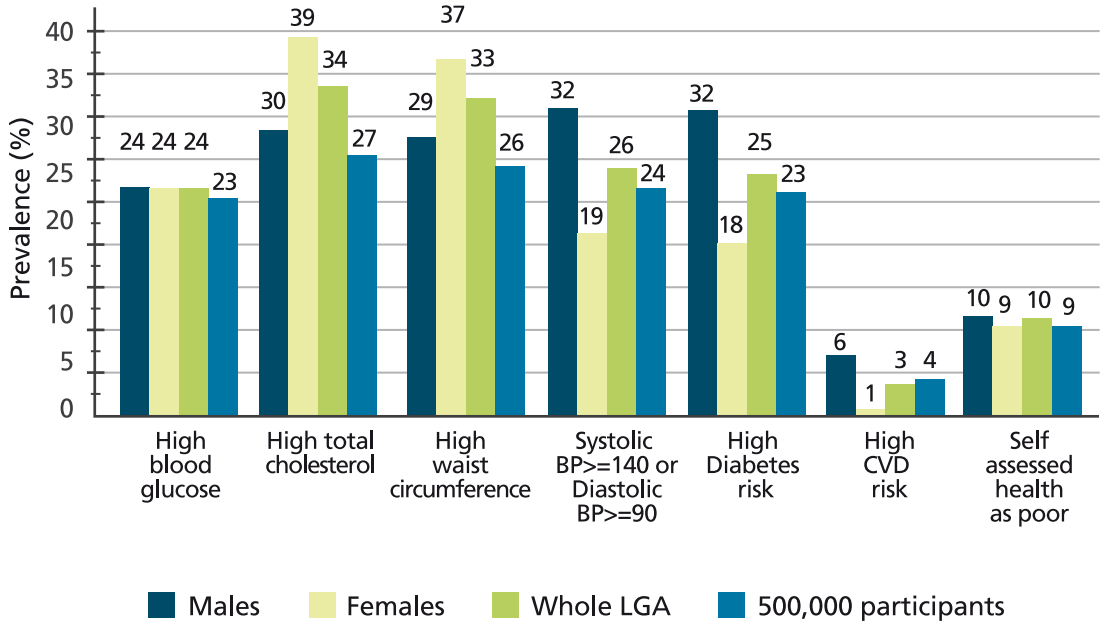
For more information on the WorkHealth program, visit workhealth.vic.gov.au.

Pictured: WorkHealth Check

Prevalence of lifestyle factors – Latrobe LGA



Prevalence of Health-related factors – Latrobe LGA



Latrobe LGA profile for 500,000 participants report, Monash University 2013

WorkHealth WorkSafe VICTORIA

Service Provider **WorkHealth checks**

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 Framework* to:

- monitor safety and quality and
- enhance clinical care.

The framework is our commitment to clients to provide a quality health service. It 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 the below committees:

- **Clinical Governance Advisory Committee -** This group discusses a wide range of issues based on community feedback and makes recommendations to improve care and services provided. This committee also plays a key role in overseeing internal and external audits; and ensuring actions are taken to meet recommendations.
- **Occupational Health and Safety Committee -** plays a key role in ensuring 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.
- **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. Our Consumer Representative is also an active member of this committee, which ensures community perspective, opinions and experiences are included in organisational service planning.

Accreditation – Meeting the Standards

Accredited external agencies review all community health services to ensure compliance with relevant standards.

In March 2012, LCHS achieved three year organisational accreditation until March 2015, meeting compliance in all 18 standards set by the Quality Improvement Council. We achieved an 'exceeded' rating in the Governance Standard.

In December 2012, LCHS was also required to undergo a review under the new Department of Human Services Standards Accreditation program. We are proud to have received an outstanding result, meeting compliance in all 16 review criteria. We were awarded an 'exceeded' rating in Criteria 4.4 – 'People maintain and strengthen connection to their Aboriginal and Torres Strait Islander culture and community'.

This helps us to confirm we are providing quality services to you and meeting, or exceeding, all legislative requirements.

Pictured: Members of our Board and Quality and Safety Committee

Responding to Risk

LCHS has a robust system in place to manage risk. We are proud to report 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 identifying 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 for investigation and development of preventative action.

Why we Like Feedback

Community feedback is vital in 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 127 compliments mostly relating to the valuable service we offer or to our staff in the way they look after you.

Compliments by Month 2012-13

Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13
7	10	9	15	10	11	5	6	15	12	20	7

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 2012-13

Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13
6	2	3	9	9	7	11	8	8	2	10	8

This year we received 83 complaints; most relating to services provided (31%), communication not working as it should (29%), access to our services (28%), and our facilities (12%).

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

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 staff qualifications on our database and update every two years to ensure staff are current with the skills and knowledge required of their role.

Pictured Top: LCHS Respite Services program coordinators Deborah, Ann and Christine who recently completed extensive study receiving an 'Advanced Diploma of Community Sector Management'
Above: Staff members from our Drug Treatment Services team

Improving our Referral Pathways

In August 2012 LCHS commenced an exciting pilot project to improve referral pathways between local GP clinics and our services. The project was undertaken in collaboration with:

- Central West Gippsland Primary Care partnership
- Gippsland Medicare Local
- Tanjil Place Medical
- Breed Street Clinic.

Two LCHS services were used in this pilot program, our Aged Care Assessment Service (ACAS) and Dietetics.

As a result of the project:

- The referral process for GP clinics to LCHS services has been simplified. GPs can send referrals electronically using their own patient software system, which now integrates with the LCHS referral system.
- An education plan was rolled out to relevant GP clinics in the new referral process.
- Electronic referrals to LCHS from the participating GP clinics have increased and relationships between the services have improved.
- Clients have better access to LCHS services and experience improved service coordination. LCHS works closely with the referring GP to ensure the client has access to the services they need, placing the client at the centre of all care.

This project has been so successful that plans are currently in place to expand the services that GPs can refer to at LCHS.

Falls Minimisation

Following on from the inter-agency 'Action on Falls' Forum LCHS organised last year, in 2013 we have developed and implemented an organisational 'Falls Minimisation' Policy and Strategy.

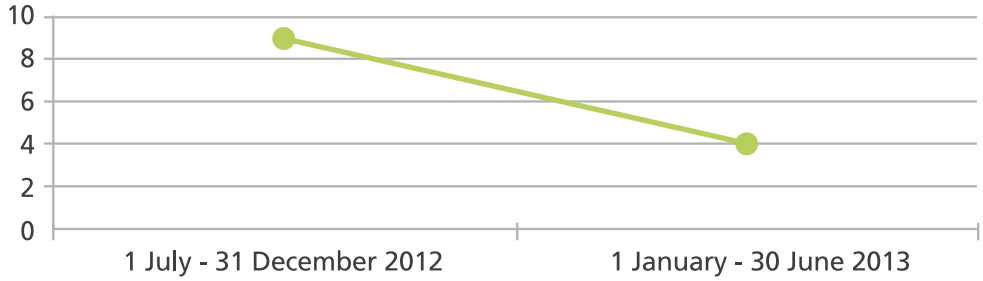
This Policy and Strategy are supported by a training program for all staff working directly with clients. Each clinical directorate now has a 'Falls Champion' who promotes falls minimisation strategies and is a resource person for their colleagues.

LCHS has also developed an 'On-Site Medical Emergency' Policy and Procedure, which ensures an appropriate, consistent and timely staff response to 'falls' incidents. We analyse and monitor any incidents occurring across LCHS and develop strategies to minimise risk.

The strategies implemented to date have already proved successful.

The graph below shows the number of client 'falls' incidents at LCHS has decreased by 56% in the last six months. From July – December 2012 there were nine client 'falls' incidents reported in comparison to four incidents from January – June 2013.

Decrease in the number of client 'falls' incidents at LCHS



We also have a 'Falls Minimisation Working Party' developing a broad checklist to:

- guide LCHS staff in assessing clients' history with falls
- determine the likelihood of a client falling.

The working party will also:

- develop a new 'Falls Assessment Tool' for LCHS
- link the tool to the existing methods of documenting and managing falls information
- develop evidence-based information and flyers for clients, carers and staff to assist in minimising falls.

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

Infection Control and Cleaning

LCHS has comprehensive infection control practices in place to ensure we are compliant with Australian standards and guidelines. We have an external auditor annually reviewing our infection control practices.

The last audit in August 2012 suggested only minor recommendations with the following actions implemented:

- further shelving arranged for the storage of sterile stock
- sterile stock clearly separated from non-sterile stock
- instrument cleaning process revised and implemented as per recommended guidelines
- non-relevant stock discarded.

As part of our commitment to best practice, we are also negotiating a new central cleaning contract for all our sites. This will ensure we have a consistent level of cleaning in all our facilities, including both clinical and non-clinical areas.

The *Cleaning Standards for Victorian Health Facilities 2011* were used as a reference point in developing the LCHS cleaning contract tender. These standards:

- aim to reduce the 'germs' within the environment as this contributes to transmission of disease
- provide clarity on the level of cleaning needed for the health care service staff and cleaning contractors
- are outcome-focused and can be applied in all health care facilities
- encourage innovative and efficient cleaning practices due to the focus on the final outcome rather than cleaning method
- outline the obligations of those cleaning companies responding to the tender to meet the requirements of LCHS.

A high standard of cleaning within our GP clinics and dental surgeries is important as these areas are at a higher risk of client infection during medical procedures. Also, clients attend the GP clinics with transmittable illnesses such as gastroenteritis and influenzas. Some of these bugs can remain living in the environment for long periods of time if not subject to thorough cleaning.

For these reasons LCHS is committed to aligning with the *Cleaning Standards for Victorian Health Facilities 2011*. This will also enable us to benchmark with other like facilities in the future to assess how we are tracking against industry standards.

Pictured Above Left: Morwell Dental sterilisation room
Right: Churchill Dental

Medication Safety

LCHS continuously monitors and reports medication safety through our governance and risk reporting process.

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

Our Palliative Care program provides specialised nursing services and symptom management to clients, who have a progressive life threatening illness, in their homes. Clients have their own prescribed medication stored in their homes.

In April 2013, our Palliative Care program conducted a review of medication safety in clients' homes following feedback raised from a carer.

In some cases clients and carers were keeping large amounts of dangerous drugs of addiction, such as Morphine, in their homes without any form of security.

Dangerous drugs of addiction remain the property of the client to whom they are prescribed and LCHS have no authority to enforce their security. However, in light of this concern, we had discussions with some local pharmacies and sought advice from the Drugs and Therapeutic guidelines as well as other similar services in the region.

As a result, LCHS developed a procedure to help manage the situation and to provide advice to clients and carers on the security and storage of prescribed drugs in the home.

Clients can now have a locked box in their home that only nursing staff, the client and other delegated persons can access. We have also developed a plan with individual pharmacies to deliver small amounts of drugs regularly.

This contributes to ensuring the safety and security of dangerous drugs kept in the home.

Pictured: Medication Safety

Dental Services Quality Improvement Activities

Dental Clinical Indicators

LCHS operates community Dental Services across Churchill, Moe, Morwell and Warragul.

Our Dental Services program submits data to Dental Health Services Victoria (DHSV) as part of our service agreement. DHSV then provides LCHS with both regional and state-wide benchmarking analysis so we can compare our performance across Gippsland and Victoria.

In the 2012/13 financial year, our Dental Services program scored well against the region and state-wide benchmarks. This helps us to confirm we are providing quality treatment to our patients.

Table 1 below shows that LCHS had a lower rate of unplanned patient returns (within seven days) for teeth surgically extracted 2012/13, in comparison to the region and state-wide averages.

Table 1: Unplanned Return Within 7 Days Subsequent to Surgical Extraction

Teeth Extracted 2012/13

		Jul – Sep 2012	Oct – Dec 2012	Jan – Mar 2013	Apr – June 2013	Total Year to Date 2012/13
LCHS	No. of Teeth Treated	12	10	28	20	70
	No. Retreated	-	-	1	-	1
	Total Percentage (%) Retreated:					**1.4%**
Gippsland Region	No. of Teeth Treated	65	91	123	95	374
	No. Retreated	1	5	6	1	13
	Total Percentage (%) Retreated:					**3.5%**
Victoria	No. of Teeth Treated	1,370	1,354	1,393	1,457	5,574
	No. Retreated	34	33	41	21	129
	Total Percentage (%) Retreated:					**2.3%**

Table 2 below shows that LCHS had a lower rate of unplanned patient returns (within seven days) for teeth routinely extracted 2012/13, in comparison to the region average. LCHS also scored similar to the state-wide average.

Table 2: Unplanned Return Within 7 Days Subsequent to Routine Extraction

For Teeth Extracted 2012/13

		Jul – Sep 2012	Oct – Dec 2012	Jan – Mar 2013	Apr – June 2013	Total Year to Date 2012/13
LCHS	No. of Teeth Treated	796	679	818	758	3,051
	No. Retreated	5	3	14	4	26
	Total Percentage (%) Retreated:					**0.9%**
Gippsland Region	No. of Teeth Treated	1,321	1,284	1,583	1,511	5,699
	No. Retreated	13	10	31	7	61
	Total Percentage (%) Retreated:					**1.1%**
Victoria	No. of Teeth Treated	20,390	18,925	19,627	21,032	79,974
	No. Retreated	172	143	181	173	669
	Total Percentage (%) Retreated:					**0.8%**

If LCHS has defined variations from state-wide averages, we will address and report these accordingly. We do this by:

- trending analysis of the anomaly
- identifying contributing factors
- implementing appropriate controls
- evaluating effectiveness of controls.

Dental Wait Lists

LCHS has implemented several initiatives to help address growing public dental waiting lists. We have:

- Employed an additional Prosthetist to assist with our denture waiting list and the growing number of priority patients being identified.
- Implemented the role of the 'Dental Triage Nurse' to ensure, wherever possible, that emergency patients are appropriately categorised and booked appointments.
- Opened a Private Dental chair (in May 2013). Revenue generated from the use of this private chair is to be used to support the increase in resources within the public sector.
- Used the recent 'National Partnership Agreement', enabling us to issue vouchers to those patients triaged as Category 2, 3 and 4 to seek treatment with a private provider.

We are also addressing the number of patients that 'Fail to Attend' (FTA). FTAs leave vacant appointments throughout the day and deny other patients access to the care.

We now monitor and report FTA rates to the LCHS Board as well as DHSV. FTAs are often a result of patients not getting a same day emergency appointment. They make a booking elsewhere and fail to cancel their original booking. In an attempt to reduce FTA rates, LCHS is introducing a 'sit and wait' clinic whereby emergency patients will be offered appointments on the day of their call.

Pictured: Dental services in Morwell and Moe

Research at LCHS

Research at LCHS:

- provides evidence for the organisation to develop or to change practice
- is a critical part of health service activity
- is the basis for all policy development.

Our Research Council guides, supports and facilitates research across LCHS. During 2012/2013 there have been:

- nine External Research projects conducted (from people outside LCHS)
- eight Internal LCHS Research projects, involving 15 staff with an equal number of university staff.

The Healthy Heart Project (2012) and the Latrobe Valley Newly Arrived Driver Program (2011) researchers have submitted journal articles for publication:

- The Healthy Heart research showed that ongoing programs need to be available and promoted to participants once they complete the initial Healthy Heart program.
- The Latrobe Valley Newly Arrived Driver Program research showed the benefits of refugees gaining direct support from the volunteer drivers to obtain their drivers licence, for work and family activity. The research also identified the need for more volunteers to assist refugees to gain the required number of driving hours and skills to be successful in obtaining their licence.

One project reaching its conclusion is the Caregiver Project with some of their important findings included below:

The Caregiver Project

This project is almost complete with:

- the last student recently submitting their research findings to Monash University
- the two students completing their study achieving a High Distinction level.

The researchers completing their studies identified issues faced by unpaid informal caregivers when supporting a frail aged person.

These include:

- fragmentation of services with professionals working separately not together (inter-professionally)
- clearer understanding of the different meanings of consent for clients, carers and practitioners
- the need for carer involvement in planning of client care
- the need for more flexible care delivery, especially in rural areas
- the need for more carer counselling and support services.

Once the final student's thesis is marked these three students will present their recommendations to LCHS for consideration and integration into future LCHS practice.

Joanna Briggs Institute (JBI) – Gippsland Chronic Disease Management Node

LCHS, along with Latrobe Regional Hospital, is an industry partner in Monash University's *JBI Gippsland Chronic Disease Management Node*. The work of this group is to promote the development and implementation of evidence-based health care in chronic disease.

LCHS nominated six staff as JBI Clinical leaders who participated in JBI training to develop 'Evidence Summaries' of research which are then put into practice.

The group is required to develop 100 Evidence Summaries to be recognised as a 'JBI Collaborating Centre'. This will then provide funding to support further research and training of practitioners.

As at April 2013, there have been over 60 Evidence Summaries developed. Examples of the diverse range of Evidence Summaries include:

- hip protectors to prevent hip fractures
- asthma management in a rural setting
- hypertension: smoking cessation
- screening for ovarian cancer
- the use of oxygen therapy for the management of chronic heart failure patients.

Gippsland Region Mobile Wound Care Research Project

LCHS is the lead agency for the 'Mobile Wound Care Research Project', which commenced in April 2010 and involves several regional health services across Gippsland.

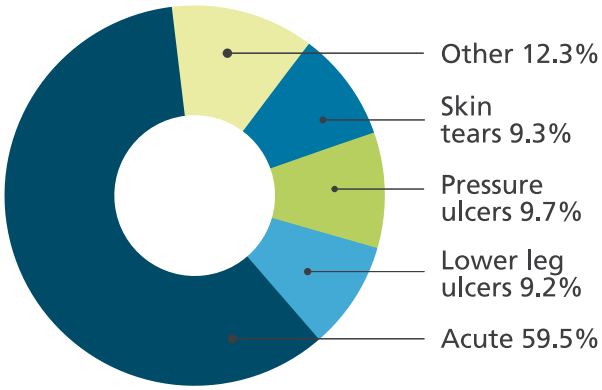
The research aims to:

- identify what types of wounds clients have in the community
- measure how well we care for them by comparing how long each wound takes to heal.

Chart 1 below shows that almost 88% of wound types in our community fall into four categories:

- Acute wounds – wounds from surgery, infection, trauma or burns
- Pressure ulcers (also known as 'bedsores') – wounds from prolonged pressure to the skin
- Lower leg ulcers – long term chronic wounds caused by circulation problems in the legs
- Skin tears – wounds occurring in elderly people with fragile skin, usually on their arms or hands.

Chart 1: Wound Types in Our Community



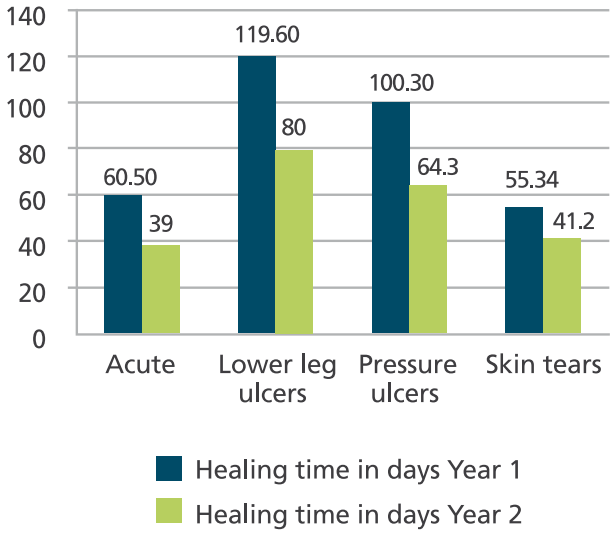
Pictured: Our Regional Wound Clinical Nurse Consultant, Marianne using the 'Mobile Wound Care' data base

LCHS, through Department of Health funding, was able to provide regionally based education focusing on the best management of these wound types.

Over two years the data was collected by the Regional Health Services involved in the research. The data was then compared between the first and the second year of the project. The targeted training in wound management, as well as access to the Regional Wound Clinical Nurse Consultant, decreased clients' healing rates by 25 - 35% *(as shown in Chart 2 below)*.

This is a better outcome for clients as their wounds will heal 10% faster in comparison to the previous year; and overall 35% faster since the project began.

Chart 2: Healing time in days – Year 1 and Year 2



This is just one small part of the research 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.

Our Wonderful Volunteers

LCHS has over 190 volunteers who provide direct support to our staff and the community in a variety of roles including:

- providing companionship to clients
- supporting carers
- cooking and servicing meals
- assisting with client outings and camps
- providing transport and driving
- assisting community members to use public transport
- sewing and assembling 'Buddy Bears' for children and adults who have suffered a traumatic experience.

In 2012/13 our volunteers undertook a range of training programs including:

- privacy and confidentiality
- safe food handling
- safe driving
- palliative care
- handling of difficult people, behaviour and situations.

We thanked our wonderful volunteers for their extraordinary commitment during National Volunteer Week (13 - 19 May 2013). We held a 'Rock & Roll 1950s' themed celebration with an awards ceremony. The event was a fun-filled afternoon with dancing, trivia and an old time snack bar.

Long-time Planned Activity Group volunteer Joan Leister was named the '2013 LCHS Volunteer of the Year'.

Pictured: LCHS National Volunteer Week celebrations

Thank you!

to our 190 volunteers for their time and efforts, contributing an exceptional 50,000 hours in 2012/13. We greatly appreciate our volunteers' commitment to our organisation and the community.

If anyone is interested in volunteering please contact Joanne Creighton, Volunteer Coordinator on phone: 1800 242 696

Visit us at www.lchs.com.au

Free call 1800 242 696

Latrobe Community Health Service
Gippsland Wide

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