



# Quality of Care Report 2011



## What's inside...

- **Community celebrations**  
*Grand openings of our new Morwell and Bairnsdale centres*
- **Cultural Diversity**  
*Living well in Gippsland*
- **Real Winners**  
*A musical comedy on the affects of gambling*
- **Research at LCHS**  
*Investing in the health of the Gippsland Community*



## Our Vision

Better health,  
Better lifestyles,  
Stronger  
communities

## Our Purpose

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

## 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 Latrobe Community Health Service 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.



# What's in our report

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Welcome to our Quality of Care Report for 2011. It has been a busy and exciting year for LCHS and we're proud to share many of our major achievements with you.

## Introduction

*The 'Underbodies' with LCHS dental staff at our Morwell Centre opening*



*Ben Leigh*

During the past year we have received 32,000 referrals and handled over 100,000 phone calls from eight sites across Gippsland. We have also been monitoring the needs of the Gippsland community and acting on all feedback we have received to make sure we offer the right services for you.

Based on this, some of the exciting projects and initiatives you'll find in this report include:

- opening modern new centres in Morwell and Bairnsdale
- how we are working together with the Koorie community
- a unique gardening program to improve well being
- school nutrition and activity awards
- innovations in presenting the responsible gambling message.



*John Guy OAM*

We have also included some of the ways we have improved how we work in our organisation. Some of these initiatives include:

- an organisational wide hand hygiene project
- many exciting and innovative research projects
- what we are doing to maintain our accreditation.



If you have a comment about this report or any of the services we provide, we'd like to hear from you. You can contact us by:

- Email – [feedback@lchs.com.au](mailto:feedback@lchs.com.au)
- Website – [www.lchs.com.au](http://www.lchs.com.au)
- Post – Quality Program, Latrobe Community Health Service, PO Box 960 Morwell VIC 3840
- Telephone – Manager Quality, Clinical Governance and Risk Management on 1800 242 696.

Finally, we'd like to thank all our volunteers, clients and staff who have helped us create this report. Your input and contributions have helped us produce a true community document.

**Ben Leigh**  
CEO

**John Guy OAM**  
Chairman

## What you thought

To gather feedback on last year's report, we met with six LCHS program groups and mailed out 111 surveys to members, clients and community members. We received 22 responses. Over 90% of respondents told us that our report was easy to read and understand, and it explained the wide range of services we offer.

There were some suggestions on how we could improve this year's report. Based on these suggestions, this year we have included:

- more client stories
- bigger and more photos
- more statistics.

## Getting the message out

We are distributing this report in many ways to make sure we reach as much of the Gippsland community as possible. We will:

- Print 500 copies that will be available at every LCHS site. We will also mail copies out to our members and key stakeholders.
- Upload an electronic copy on our website – [www.lchs.com.au](http://www.lchs.com.au)
- Publish an advertorial in five regional newspapers highlighting key achievements from the report
- Send copies to public libraries across Gippsland.



*Participants in our feedback survey on last year's report*

# Our community at a glance

The Victorian Population Health Survey is a state-wide survey undertaken by the Department of Health to collect information about the health of adult Victorians (18 years or older). Information is presented on smoking, obesity, nutrition, physical activity, alcohol consumption and psychological distress. These results help us plan services to meet the needs of the community.

*\*Note: All percentages relate to total population*

## Smoking

Region	Current smoker	
	Males %	Females %
Latrobe Valley	30.8	28.7
All Victoria	24.1	16.9

## Alcohol Consumption

Region	Alcohol consumed weekly at a risky or high risk level for short term harm	
	Males %	Females %
Latrobe Valley	14.5	5.1
All Victoria	13.6	6.9

## Physical Activity – as per healthy guidelines

Region	Physical Activity	
	Males %	Females %
Latrobe Valley	56.8	63.9
All Victoria	61.0	59.7

## Overweight and Obesity

Region	Overweight		Obese	
	Males %	Females %	Males %	Females %
Latrobe Valley	42.2	25.8	17.5	21.9
All Victoria	39.9	24.2	17.3	16.1

## Nutrition – Fruit and Vegetable consumption as per healthy guidelines

Region	Fruit Consumption		Vegetable Consumption	
	Males %	Females %	Males %	Females %
Latrobe Valley	38.4	46.7	6	17.1
All Victoria	41.0	53.5	5	10.7

## Psychological Distress

Region	Psychological Distress (low level)		Psychological Distress (moderate to high level)	
	Males %	Females %	Males %	Females %
Latrobe Valley	56.8	63.9	43.2	36.1
All Victoria	61.0	59.7	39.0	40.3



## Consumer, Carer and Community Participation

*Traditional smoking ceremony at our Morwell Centre opening*

## Working with the Koorie community

We are committed to working in a respectful, two way partnership with the Koorie community to provide culturally sensitive services. We have celebrated significant events such as Reconciliation Week, Close the Gap day and National Aboriginal Islander Day Celebration (NAIDOC) Week. We have recruited a number of local Aboriginal people who have been instrumental in strengthening our relationship with the Koorie community.

### New initiatives: responding to community needs

We worked with a local Aboriginal woman and educator from GippsTAFE to develop a cultural awareness training package for all our staff which is now included in our orientation program.

We have also supported the Koorie community by:

- taking services to the community: co-locating in culturally appropriate locations
- supporting Koorie Women's Groups in partnership with Gippsland & East Gippsland Aboriginal Corporation (GEGAC)
- providing staff with options for wording to use for acknowledgement of Traditional Custodians at significant LCHS meetings and events
- acknowledging the Gunnai Kurnai people as Traditional Custodians with a plaque at each LCHS site
- flying the Aboriginal flag including at half mast when notified by GEGAC
- displaying local artwork at all sites with artist recognition

- inviting community members to provide a Welcome to Country at significant events
- developing an innovative resource for staff, *Strategies for effective consultation and communication with the Koorie community*
- commissioning a local artist to complete artwork to be located in the Koorie infant sleep settling unit
- developing a smoking cessation program for pregnant Aboriginal women and young mums in conjunction with the local community.

We also worked with the Koorie community to plan and provide specific programs including:

- Koorie Golf Day
- Sister's Stylin' Up
- Koorie Dementia program
- Palliative Care
- Pregnant Mums and Bubs Tobacco use Cessation
- Koorie Men's Behaviour Change
- Koorie Dental days.





Koorie Christmas 2010

## Koorie Christmas

At a Braiakaulung Committee meeting late in 2010, a community member requested support to provide a Christmas celebration for the Aboriginal children in Morwell. From this, we led a partnership between Latrobe City Council, Anglicare, Department of Planning and Community Development, Gippsland & East Gippsland Aboriginal Co-operative (GEGAC), Victoria Police and Ramahyuck District Aboriginal Corporation to develop a Koorie Community Christmas Celebration.

The event was a huge success with over 50 families attending and more than 140 children receiving presents from Santa. We received feedback from Braiakaulung stating that it was a very positive and welcoming event enjoyed by the community.

## Koorie Elders Camp

Our Carer Services team supports carers in the Koorie community. We have a Koorie Liaison Officer who works with members of the community to help break down barriers preventing Koorie people accessing the services they need.

We understand that caring for someone can be shared by many people in the Koorie community – often this is done by the Elders who may be supporting several people at a time.

We offer services to the Elders who may have carers themselves. A very successful annual event is the Elders camp at Wattle Point in East Gippsland. We held the camp in April with 37 people attending. This is the third year we have held this camp and the number of Elders attending keeps increasing.

The camp provides an opportunity for Gippsland Elders and their carers to have a break in a beautiful, relaxing location. The Elders enjoy the opportunity to catch up with long term friends and family members who may live in other towns. Some have commented that they like the camp as they are coming together for a happy event in contrast to the community gatherings that often occur when someone passes away. This year the Elders enjoyed the outdoor location. Many even took the opportunity to watch the recent royal wedding.

Our staff arrange and attend these events, and present information on our programs that can assist carers in their role.

Other events we offered during the year included the AFL event – *'Dreamtime@ the G'*, a lunch to celebrate NAIDOC week and Christmas celebrations. In June we also arranged for staff from Alzheimer's Association Victoria to visit the Elders Group in Traralgon to share knowledge on caring for a person living with dementia.



Koorie Elders Camp 2011





Gloria Whalan shares her experience with our district nursing team

## An interview with Gloria

In November 2010, our district nurses were invited to conduct a health check day at the Koorie Elders Planned Activity Group (PAG) in Traralgon. They identified that an ongoing service could greatly assist in changing the health outcomes of these clients. Our district nurses provided a range of services from blood pressure and sugar tests to full health assessments and referrals due to chronic diseases.

Gloria Whalan is a member of the Koorie Elders PAG and she had this to say about the district nurses visits:

*'I didn't know it existed till I was invited along to the weekly Koorie Planned Activity Group (PAG). I had always been stuck at home raising my kids and my foster kids. My husband left me when I was 27 years old with 6 kids aged from 1-9 years. I wasn't able to afford the best nutrition and now have very bad osteoarthritis that has made me disabled. I never went to the doctors much, because when I grew up you only ever went to the doctor if your foot was about to fall off! When I met the nurses they taught me how to look after my health properly, they came to my house and fixed my sugar machine so I can now use it when I need to. I now know that if I'm not feeling good I should take my sugar and blood pressure. It has given me confidence because I know I can ring the nurses anytime and ask a question or get a home visit.'*

*My daughter became very unwell with terminal cancer and I didn't know what to do so I rang up Vida who also works for LCHS in Carer services as she has helped me in the past. She recommended palliative care. The nurse who does PAG also does palliative care, so I could tell my Linda how nice everyone was and this reassured her. The care Linda received was phenomenal. They provided us with all the equipment we needed to make her comfortable. We really wanted Linda to be at home surrounded by her family, not in a cold unfamiliar hospital. With palliative care we could do this and we were supported and were taught the things we didn't know so Linda would be comfortable. It was a really hard time but it was fantastic to be able to do that for Linda. Caring for Linda at home gave the family the ability to visit her at anytime and the family made a roster so someone was with her at all times.*

*I think the nurses coming to our group have helped the Koorie community. Before no one knew what services were available and they just kept their health problem to themselves and just put up with it. We now know that a lot of our health issues can be fixed. I know the nurses do a lot of referrals and they sometimes talk to my doctor too. Often the elders can feel a bit vulnerable and it's good now because they feel supported and we all talk about our (sugar and blood pressure) readings. It's good also to get the word out because I know lots of the elders go home and tell their families what their readings were and of any advice about health and diet.'*



Churchill dental

Moe dental

Moe dental

## New programs in dental treatment

Deb Brighton, Dental Therapist from our Morwell School Dental clinic started a small scale program treating Koorie children from local schools to improve their oral health.

Deb established partnerships with Officers at local schools and set aside a block of time each week to treat the children in groups. The group environment provided a culturally appropriate oral health service supported by Aboriginal staff and helped the children to feel comfortable, and receive treatment in a non-threatening setting.

Eventually the ageing two-chair Morwell School Dental clinic was closed and the Koorie clinics moved to our Churchill site while the new Morwell 6-chair clinic was completed. During the time at Churchill, the Koorie clinics expanded further to include youth patients and Deb worked with Neal Daly from the Health Promotion, Community Health program.

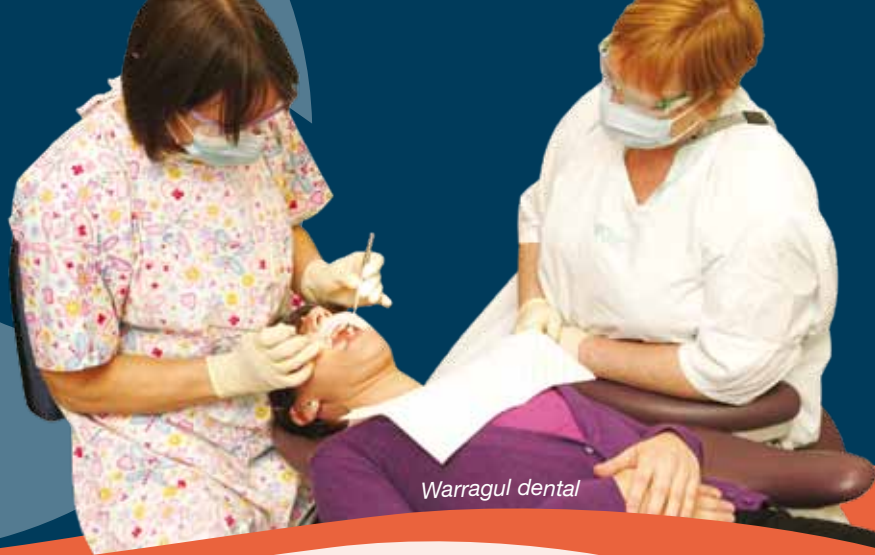
The move into the new Morwell clinic enabled us to develop services for other community groups including Koorie adults and Sudanese adults and children. The Koorie and Sudanese clinics now operate each week for four hours on a Monday and Thursday for both children and adults.

The adult clinics were established with other Directorates and programs to deliver 'whole of health' services on the same day so that clients can attend for their dental needs, as well as other health needs. The Dental Clinic days began in Morwell during October 2010 and the adult clinic has seen approximately 37 Koorie and Sudanese patients treated during the clinic sessions.

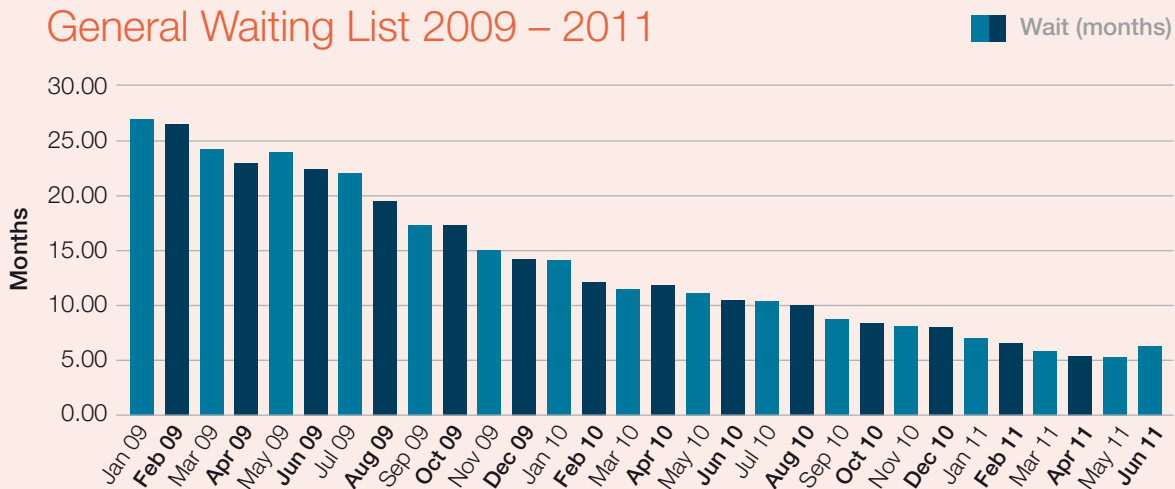
A key to the success of the programs has been to build partnerships with people who already have a relationship with Koorie and Sudanese children and youth. These close relationships have increased the participation in the Koorie and Sudanese paediatric clinics. The past 12 months have seen 76 Koorie and 72 Sudanese paediatric patients treated during the clinic sessions.



# Dental wait lists

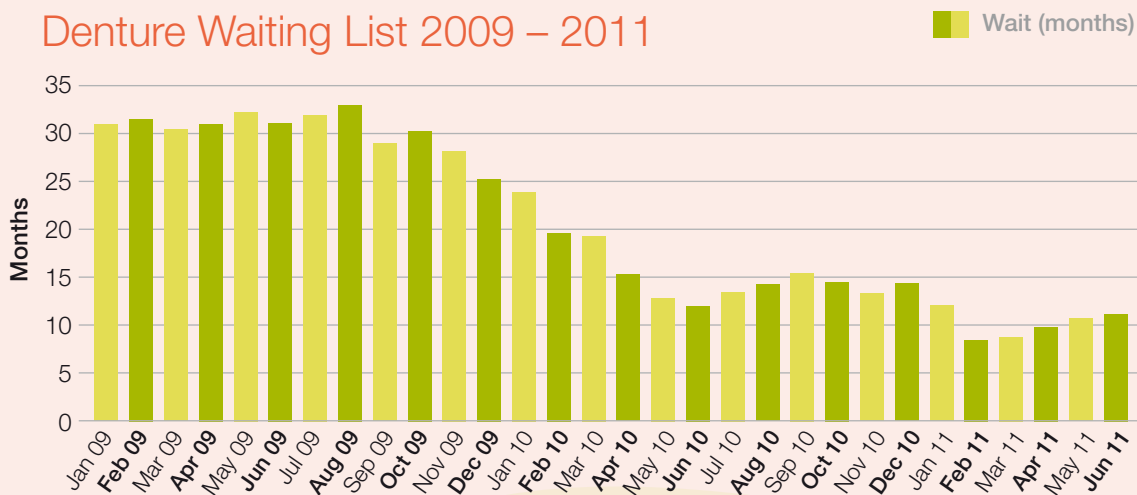


## General Waiting List 2009 – 2011



Graph 1 – demonstrates the decline in waiting times for clients requiring general dental care from 26 months in January 2009 to just over five months in June 2011.

## Denture Waiting List 2009 – 2011



Graph 2 – demonstrates the decline in waiting times for clients requiring denture care from 31 months in January 2009 to 11 months in June 2011.



Italian Health Day

## Cultural diversity

Our Cultural Diversity Management team identified through community consultation that one of the barriers to improving the health outcomes of members of culturally and linguistically diverse communities was that resources and programs were not targeted to the needs of a specific group.

For example, liaison with the Filipino community identified that Diabetes and other common issues faced the community as they aged. Working with other local agencies, we developed a 'Living Well Forum' which brought the community together in a social/fun way and educated the group how our services could help them. The Filipino community celebrated with drumming and dancing.

Because this forum was so successful, we developed another with the Italian community. This also identified Diabetes as a common condition in the community, but had a slightly different need with respect to understanding and accessing LCHS services. We incorporated the health education message with a welcome in Italian followed by dancing and singing.

Both forums incorporated healthy food options and showcased many of our services.

The Living Well Forums will be extended to the Greek community in July and later in the year with the Polish and Croatian community.

Healthy Lunchbox Options presentation





## Assisting new arrivals

Gippsland has continued to experience an increase in the number of Sudanese humanitarian refugees accessing services. In 2010, of the 144 episodes, 32 were clients accessing services for the first time.

For new arrivals, settlement in a country that is very different to their birthplace may present many unique challenges. During the past 12 months, we have been actively involved in programs helping newly arrived residents to the Latrobe Valley who have entered Australia from migrant or humanitarian backgrounds. The programs focus on making sure new arrivals have the chance to settle into their new community with social supports in place to access services and information. Our dedicated New Arrivals Officer also assists with:

- providing interpreting assistance for service providers
- developing and facilitating the first of many financial education sessions in collaboration with our Health Promotion and Education team
- providing advocacy within the local community.

Our Health Promotion team has worked in partnership with other agencies and members of the Sudanese community to develop the Latrobe Valley Sudanese Women's Network. This is an informal program for Sudanese women to meet, learn how to sew and increase access to health and community services. The program increases social connectedness and assists women integrate into the community.

We also held a 'Healthy Lunchbox Options' presentation where new arrivals could explore fresh seasonal produce and discover how to prepare it. The workshop familiarises parents with easy nutritious recipes that can be included in children's school lunchboxes.

In 2011 we will continue supporting new arrivals by developing and expanding the range of information sessions.

## New Arrivals Driver Education Program

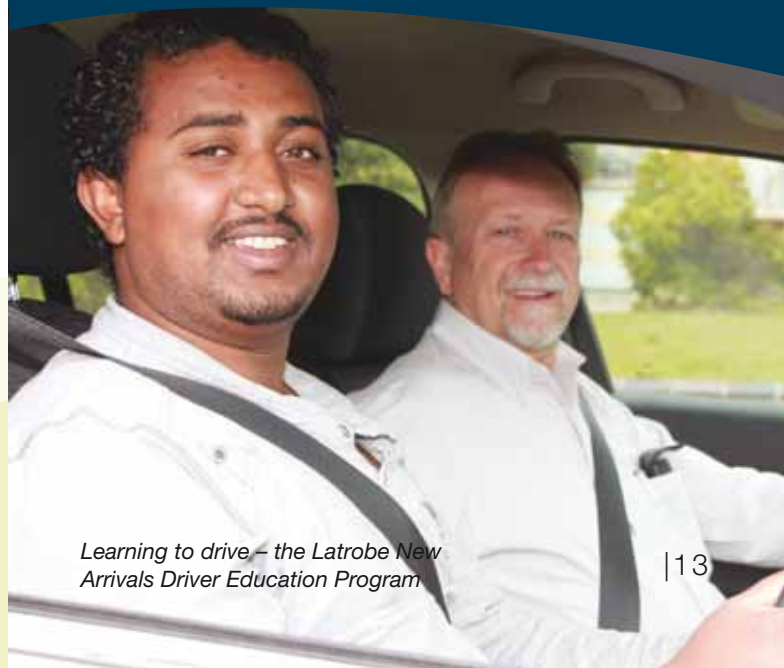
The Latrobe New Arrivals Driver Education Program (LNAPED) helps newly arrived migrants and people from a refugee background learn to drive safely by matching them with a volunteer supervisor driver. Gaining the required level of driving experience can be challenging for those who don't have the support networks. Obtaining a driver's licence can open up doors to many opportunities, such as education and employment, as well as social engagement.

The program aims to provide newly arrived learner drivers with the opportunity to:

- improve their driving skills
- get their drivers' licence
- increase their knowledge and understanding of the community they live in.

We have partnered with a number of local agencies and organisations to deliver the program. Our role was to:

- provide an evaluation of the program
- up-skill volunteer mentors in cultural awareness preparing them for the supervision of learner drivers,
- train volunteers
- be active members of the LNAPED steering committee.



May – Care recipient

*‘Gets me out on weekends and gives me a chance to meet other people and learn about gardening. I enjoy the time we have together. I am looking forward to this year and the friends I will get to know at the gardening group.’*

**Glenda – Carer**

*‘When May attends the Gardening Program I have time to spend with my boys, time to go shopping and a little time to myself. It also gives May something to talk about. When she goes home she tells the family what she has learnt. May finds the Gardening Program exciting. May has been given a packet of seeds to take home and bring back once they had grown into seedlings. With assistance from her grandson, May excelled at this project and brought back to the group a tray of carrot seedlings. May liked the home activity and it also provided her with some quality time with her grandson.’*

## *Taking a break in the garden*

In 2010, a weekend gardening group was set up to provide respite for carers. The group gets together in a culturally appropriate setting every Saturday for six hours. This program enhances the social and emotional wellbeing of clients while providing flexible respite for 13 carers.

Gardening has many health and therapeutic benefits for older people, especially when an edible garden is created. Gardening programs can be used in a many situations and are useful in helping older people and those with diverse needs.

The program’s members include:

- people from a culturally and linguistically diverse background
- people with a mental illness
- people with a disability
- frail older people.



*Weekend gardening group*





## Kids – ‘Go for your life’

Our Health Promotion team works intensively with Latrobe Valley schools in the Kids – ‘Go for your life’ initiative. The program teaches children about healthy habits at a young age, which they can take with them throughout their life.

We work with principals, teachers, parents and children in a variety of ways:

- writing school policies with the principals to ensure that only healthy foods are consumed through lunch orders
- running lunchbox sessions with parents to show them what to put in a healthy lunchbox
- teaching students about why it is important to be fit and eat healthy by visiting the Go For Your Life Community Education Van.

Each school works towards becoming ‘Awarded’ after meeting seven criteria. Currently, nine primary schools have achieved their Award Status, with a further 21 schools agreeing to work towards achieving Award Status.

A recently Awarded school, Immaculate Heart of St Mary’s, Newborough, has built a vegetable garden which students and teachers are able to eat. The vegetable patch is their way of supporting the introduction of fruits and veggies into the school’s culture.

Another Awarded school, Flinders Christian Community College, became so passionate about achieving their Award, that they made ‘National Ride 2 School Day’ a huge school event. The annual event is about encouraging families to live healthy and active lifestyles through activities such as walking, riding, cycling or skating to school.

When the Community Education Van visited the area in May 2011, over 1,000 students from Latrobe Valley were taught the importance of living a healthy and active lifestyle. Each student was given a lunchbox with a skipping rope and swimming cap inside to support the idea of Turn Off, Switch to Play – turning off the TV and going outside to play.

The initiative has been so successful in the Latrobe Valley, with over 5,000 people being exposed to its messages, that one of LCHS Health Promotion Officers was announced as the Top Performing Health Professional for March 2011. This was a State wide award, and acknowledges the commitment and support LCHS has given to the schools in implementing the strategies of Kids – ‘Go for your life’.

The initiative was funded through The Cancer Council of Victoria, Diabetes Australia Victoria and the Victorian Government.



*Members of the Carer Advisory Group with representatives from our Carer Services team*

## *Carer Advisory Group*

Last year we invited carers to join our Carer Advisory Group to work with us to improve the services we offer carers. We currently support approximately 1,123 carers.

We first met in December 2010 and have met three times since. The group has a diverse membership of 10 - 15 carers, including carers of:

- children and adults who have a disability
- people with dementia and mental illness
- people who are frail aged.

The Carer Advisory Group shares their specialist knowledge and expertise with us so that we can plan useful services to carers across Gippsland. With their help we are creating a picture based 'You are Here' service map for carers.

The Carer Advisory Group meetings include guest speakers and a different experience after each meeting. At the June meeting, carers were able to take part in a hand, neck or shoulder massage.

The Carer Advisory Group also assists with pamphlet content so we can better connect with new carers.

We are looking forward to working with the members of the Carer Advisory Group into the future.

### **Carers Survey**

Every year we survey carers who have used our service. This year we distributed 500 surveys to a variety of carers and had a 34% return rate. This has provided us with valuable feedback on how we can improve our carer support. Each year we make some changes to the way we do things based on this survey feedback. This year we established a detailed checklist to make sure every carer receives services in a consistent way.



# Responsible Gambling Awareness Week

Responsible Gambling Awareness Week (RGAW) is held across Australia in May each year. This year our Gambler's Help Program hosted three highly successful events in Gippsland.



*Prof Derevensky and Ms Robinson with representatives from LCHS and the Department of Justice*

## **FORUM – The New Game: Emerging Technology and Responsible Gambling**

We were pleased to host a forum focussing on the impact of emerging technology on gambling. We were fortunate to have two respected Canadian academics, Professor Jeffrey Derevensky and Dr Janine Robinson present at the forum. Over 50 representatives from gaming venues, mental health services, clinicians and non-government organisations, as well as representatives from the Department of Justice attended the forum.

Professor Derevensky presented Youth Gambling Online: myths, realities and new understandings, while Janine presented Sports Betting, keeping in the game. On a local level, Senior Gambler's Help Clinician Andrew Blaney presentation was entitled, Emerging Technology in Gippsland. The speakers discussed the rapid growth of online gambling, particularly among young people and the resulting challenges that individuals and communities may face.

## Gambling Through Koorie Eyes

An art event with a difference helped the community to see new views on gambling. Koorie artists depicted how gambling is not part of the Koorie culture and how it can impact on the person, the family and the community.

Five entries were received in the open section and were entitled

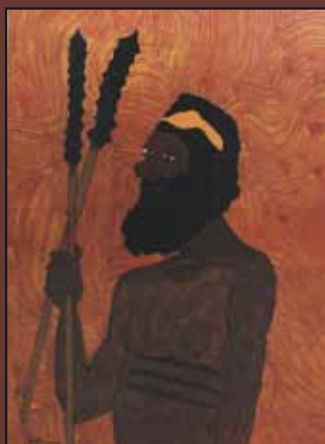
- Path of Life Dreaming
- Stop Gambles
- Ancestors
- The Devils Hole
- Shields of our father.

Six entries were received from primary school aged children. A well-known local Koorie artist supported the school aged participants through workshops that taught and encouraged the use of traditional symbols, while depicting fun things to do as a family. The children were presented with movie vouchers for their entries.

All art works were exhibited at Moe Town Hall, coinciding with the Real Winners production. More than 200 people walked through the exhibition. The works were also displayed at LCHS in July.



First prize –  
Gloria Whalan, “Path of life dreaming”



Second prize –  
Marilyn Fenton, “Ancestors”



Third prize –  
Helen Treadgold “Stop gambles”  
(One of series of three)



# Real Winners

## 'Real Winners' – a Real Innovation

*Real Winners* – a musical comedy about gambling and how it affected the small rural town of Luckshot. The script, music and lyrics were written by one of our own Gambler's Help Counsellors. The story revolved around community involvement in both the school and football team – a football team looking to win their first grand final in more than five years. The characters were dealing with a range of issues ranging from grief and loss, alcohol and gambling.

We worked with local arts identities to stage the play along with new local talent and established performers to perform the play.

Performances were staged in Moe in partnership with Latrobe Performing Arts, and in Drouin. More than 400 people attended the three highly successful performances of *Real Winners*.

*'Several members of our family and friends went to see Real Winners, and enjoyed it very much. The message came across in a very clever way. We laughed and also realised the serious effects of gambling. Congratulations, and hope this can be staged in schools as well. Continue with the good work.'*

*'I would like to send my congratulations to the whole team for the great job you all have done on producing this play. It was a great night and my friends and I were really impressed from the start to the end. Well done everybody, lamingtons great touch.'*



Scenes from the *Real Winners* Moe performance



The cast and crew of *Real Winners*







Local students with members of our Drug Treatment Services team



Potato sack races



Students taking part in a standard drink demonstration

## Drug Action Week

Our Drug Treatment Services team partnered with local businesses and community groups to raise awareness about the harmful effects caused by alcohol and other drugs.

This year's overarching theme was 'Looking After Your Mind'. In addition there were two supporting daily themes:

- *At Risk from Alcohol and other Drugs*
- *Improve Healthcare Arrangements for Indigenous Communities.*

Activities started with a Community Day at Yarram Memorial Park where approximately 150 community members joined us in a day of fun, food, education and prizes. Activities included:

- Potato sack races - highlighting how someone's heart rate, physical activity, coordination and team work all contribute to healthy minds and healthy bodies.
- Spin the wheel - an educational activity testing participant's knowledge of alcohol and other drugs.
- Interactive standard drinks demonstrations - challenging people's understanding of a standard drink.
- Gambler's Help staff providing community awareness on gambling and its adverse effects on individuals and families.

In addition to the Yarram Community Day, up to 400 enthusiastic Traralgon Secondary College students aged between 15 and 18 years, participated in similar drug awareness activities. Students and teachers enjoyed the education and activities promoting healthy lifestyles and harm reduction.





*Our Drug Treatment Services team*

Drug Action Week concluded at LCHS Morwell with a staff education and awareness session focusing on teenagers and alcohol as well as standard drinks and safe drinking strategies.

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



## *Emergency Relief*

In 2010 we experienced a 57% increase in demand for emergency relief from 2009 which stretched services beyond its limits. A thorough review of the program will be completed in 2011. This review will allow greater assistance across the community and linking into services to address underlying issues. It will be done in collaboration with Dieticians and a Nutritionist to maximise the health benefits of the food parcels provided, while addressing issues such as food allergies and diabetes.



WorkHealth checks

# WorkHealth

In the financial year 2010-11 we completed 1,753 WorkHealth Checks. The program aims to deliver far reaching benefits to workers, employers and the community at large, by reducing the risk and incidence of chronic disease across the state's working population and the impact of illness and injury on working families.

Workers also receive information on healthy lifestyle choices to help reduce the risk of chronic disease, and those with higher levels of risk are given access to lifestyle intervention programs and/or advised to visit their GP for further testing.

Of the 300,000 Victorian workers who have undergone a WorkHealth check since July 2009 1.1% were advised to consult a GP within 24 hours because they had very high risk of type 2 diabetes and/or cardiovascular disease.

For those workers over 45 years of age 4.7% were found to have high risk of developing cardiovascular disease with men three times more likely than women. In Gippsland 11.3% of the men were identified as high risk compared to 8% men for the total state average.

	North-West Metropolitan	Eastern Metropolitan	Southern Metropolitan	Barwon South-Western	Loddon-Mallee	Gippsland	Hume	Grampians
Males > 12 (%)	7.1	7.5	8.9	10.1	8.3	11.3	8.0	8.1
Females > 12 (%)	1.2	1.4	1.4	2.0	1.9	1.6	2.1	1.3

High risk of cardiovascular disease (Absolute CVD risk score 16+%) by DHS region.

	North-West Metropolitan	Eastern Metropolitan	Southern Metropolitan	Barwon South-Western	Loddon-Mallee	Gippsland	Hume	Grampians
Males > 12 (%)	29.3	31.0	34.8	30.8	32.8	33.3	33.3	32.7
Females > 12 (%)	14.4	17.8	19.8	18.0	21.8	20.0	19.9	19.6

High risk of type 2 diabetes in Gippsland identified 33.3% of men and 20% of women compared to an average of 30.2% men and 16.3% women state-wide.

We have received positive feedback regarding the WorkHealth checks including the following statement "All participants felt this was a worthwhile and beneficial cause and we appreciate being given the opportunity to have the checks and to receive information on how to better improve our health. We look forward to becoming a healthier workplace."

ENDORSED SERVICE PROVIDER  
WorkHealth checks





## Caring for carers

In 2010, Creative House started a partnership with Carer Services to ensure the carers of clients who attend Creative House were supported. Creative House and Carer Services jointly provide carers with an individual service, offering assistance while minimising social and economic costs. Specific needs for carers may include:

- support for dealing with challenging issues
- education about mental illness and services
- empathy
- respite.

Many carers find it reassuring and comforting to know that other carers have had similar experiences. Creative House and Carer Services have facilitated groups to tap into the overwhelming firsthand experience about coping, negotiating the mental health service system and develop a deeper understanding of mental illness.

*‘Carer Services have helped me heaps organising a walker and chair. My daughter has also received help and support from Carers which makes her life easier. They bend over backwards to help. I have been coming to Creative House for eight years and had never been told or heard about Carer Services until the carers meeting was held at the house and staff gave a talk. I really worry about how many carers are out there and don’t know how much help and support is available. Knowing that they are there gives me security and peace of mind that I don’t have to cope on my own.’*  
Pam

*‘Thank you very much for inviting me and making me feel so welcome, and I was able to see a new side of Peter that I had not witnessed since he was very young. He is a gentle man now. Thank you all who had a hand in helping him. My heartfelt thanks.’*

Joan

## ACAS – including falls information with assessment

Aged Care Assessment Service (ACAS) assess the needs of frail aged members and folk with disabilities who may require assistance to remain living at home

As part of each assessment, our ACAS team provides clients with health fact sheets to help reduce the risk of falls in their day to day activities. The sheets detail common factors that may increase the likelihood of falls. This includes health problems such as high or low blood pressure, depression and diabetes in addition to changes in medications or diet. These fact sheets include local contact details for other support services in their local area along with suggestions such as reflective tape for stairs, night lights and non-slip bath mats and footwear.

According to feedback, clients find the information very useful, with many changing the way they conduct their daily activities as a result.



## 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 sites in Morwell, Moe and Churchill.

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.

In 2010, PAG implemented three innovative community day programs. The following 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 visiting a Doll House museum, fuchsia and rose farms, picnics in the park and live music.
- **The Mermaids** is a swimming program for women. Regular swimming increases the overall health and wellbeing of clients and it has many social benefits.
- **Blokes Day Out** is a chance for men to meet and participate in a range of activities. The Blokes Day Out helps connect men of different ages, abilities and backgrounds with each other and their communities.

These programs provide education and activities promoting independence, functionality, health and overall well-being. They have proven to be extremely popular and 23 clients are actively participating per week.



# Men's Behaviour Change Program

In Australia, one in three women will be assaulted or abused in their lifetime. Family Violence in our local community is a significant issue with more than 600 incidents of violence referred by Police in the Latrobe region alone in the past year.

We work in partnership with a range of services to provide an integrated response to Family Violence. This includes other specialist family violence services, Police and justice services.

Our Men's Behaviour Change Program (MBCP) is a forum for men who want to challenge and change their violent or abusive behaviours to enhance the safety of the women and children in their lives. MBCP groups are for men who:

- have been violent and controlling towards a current or previous partner
- are starting to think about changing their behaviour
- are beginning to take responsibility for their actions.

Participants talk, share information and challenge and support each other. Groups are led by experienced facilitators who ensure that the voices of women and children are heard, and who are able to challenge the participants' beliefs about the use of violence.

To ensure that the MBCP complies with best practice and industry standards, the Family Violence team reviewed the function of the MBCP with the No to Violence Minimum Standards. As part of this process, a need was identified to improve documentation and group 'rules'. The participants of the MBCP were consulted and provided input into the development of group rules and documentation related to the group, including reflective documentation for the preceding week. This has enabled the facilitators and participants to continue and explore themes in a more structured way.

More than 140 men have participated in the MBCP for the year 2010-11.

## *Koorie Men's Behaviour Change Program*

CHOICES is a new 16 week Men's Behaviour Change Program which is a joint initiative/partnership between LCHS and Gippsland East Gippsland Aboriginal Co-operative (GEGAC). The program has all the features of a mainstream program, however has been adapted to be culturally sensitive and appropriate.

The overall objective is to provide facilitated group programs that allow men who use violence, to support each other in a safe and culturally appropriate environment. They can discuss issues affecting themselves, their families and their communities. The program will assist Aboriginal men to stop the cycle of abuse in their communities by providing support and resources.

GEGAC has provided input and advice in the development of the manual. They worked with Elders, community members, current providers of Koorie services to review the manual and identify changes needed for cultural sensitivity.

There are currently eight men registered on the program in East Gippsland. A cultural camp is scheduled at the end of the 16 week program.

We also delivered the CHOICES program to 12 men at Wulgunggo Ngalu Learning Place at Won Wron. This program will continue to be delivered four times a year.

# Responding to chronic disease

Our Allied Health/Chronic Disease Management team conducted a benchmarking audit of processes and tools used for service coordination for clients with chronic and/or complex conditions. Of particular interest were those that used models based on, or promoting interdisciplinary practices.

This resulted in the development of an interdisciplinary referral tool (IRT). Results from a three month pilot indicated that use of this tool in 50% of cases increased a clinicians' awareness of other disciplines. In 35% of cases, clinicians were prompted to make a referral that they may have not otherwise have made.

Although the data requires further analysis, the clinician's feedback in the use of the tool shows that clients were happy to participate and reported that some questions had never been asked despite the client having significant medical histories.

## ABI support services

The term Acquired Brain Injury (ABI) is used to describe all types of brain injury that occur after birth. The brain can be injured as a result of:

- stroke
- brain tumour
- poisoning
- infection and disease
- alcohol and drug abuse
- head injury.

We provide a number of ABI support services to clients, families and other services across Gippsland.

We also have a large case management service offering specialist support to people with an ABI. A case manager works with each client and their support network to help them meet their goals and access services suited to their needs.

In addition, in 2010-11, we provided a series of training events to professionals in the Gippsland Region to increase the ABI expertise of the workforce. Training topics included:

- Behaviours after ABI
- Motivational Interviewing
- ABI during the teenage years
- Paediatric ABI
- Joint partnership between Information Training and Secondary Consultation (ITASC) and Gippsland HACCC training provided the ABI Behaviour series which consisted of four training sessions on specific areas post ABI.
- Various therapeutic and communication approaches.

Over 200 professionals across Gippsland attended training sessions and demand for this service is increasing. Feedback from the training has been overwhelmingly positive and an exciting training calendar has been established for 2011-12.

We also support the ABI service sector by providing a 'secondary consultation' service to agencies across Gippsland. This consultation service provides strategies, education and advice to engage clients to work towards achieving their goals. This can include referral assistance, intervention, advice and general information.

We have developed the regional ABI network to bring the services in Gippsland together to discuss sector development, service updates and any issues pertaining to ABI and service delivery at both local and state-wide levels.





## Quality and Safety

### Hand Hygiene

In 2011, we undertook a two part 'Hand Hygiene' project. The components were:

1. an online Hand Hygiene Self Paced Learning Activity
2. standardised Hand Hygiene signage installed across all LCHS sites.



We have installed 'How to Handwash and Handrub' posters across all our sites

#### Part 1

The LCHS Infection Control Working Group recommended that all staff undertake a Hand Hygiene self paced learning activity. This activity educated clinical and non-clinical staff on the principles of basic hand hygiene and increased awareness, understanding and compliance with correct hand hygiene technique. An excellent response rate of 76% was achieved for the self pace learning tool.

#### Part 2

The second part of the project involved installation of 'How to Handwash' and 'How to Handrub' signage across all our sites. The posters used were produced by the World Health Organisation and set the benchmark for hand hygiene. The posters were installed in public waiting areas, staff toilets, public toilets, change rooms, clinical rooms, and kitchen areas with separate hand washing facilities.

We are committed to maintaining the highest standard of Infection Control and are fully compliant with all relevant legislation and all standards set down by the Department of Health and Ageing.

# Managing Quality, Clinical Governance and Risk

We are committed to providing high quality professional care, in a safe environment for everyone. We achieve this through a structured reporting process called 'Clinical Governance'.

This process is made up of 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.
- **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.

- **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.
- All of these committees report to the **Board Quality and Safety Committee**. In addition to receiving the minutes from each committee, they are provided with reports relating to the provision of care and services provided. The basis of the reports are from the Victorian Healthcare Association's Board Governance Reporting Framework. The Board reviews processes on an annual basis and implements changes, when necessary, to ensure that we remain compliant with legislation and standards.

Members of our Quality Implementation and Advisory Committee







Mayfair House staff

## Mayfair House quality improvement

Mayfair House is a three bedroom home designed to cater for the frail aged or people living with dementia and have low needs.

This overnight respite program gives carers a break by providing supported accommodation with a qualified carer. Mayfair House is a great way for people to meet others. It is also a wonderful place to start accessing respite in a home like environment rather than a residential aged care facility.

A complaint was received in 2011 regarding medication management while a client was accessing the service. A full review of processes was undertaken which highlighted areas that required improvement.

A number of improvements have been implemented from the review:

- updated our documentation and procedures, including:
  - medications procedure
  - support worker documentation
  - Mayfair House manual
  - client assessment
  - daily reporting sheet
- implemented a direct employment model for personal care workers.

We contacted the complainant regarding the implemented improvements and she was extremely happy with the response to her feedback.

These improvements will have positive outcomes for clients because they will have greater continuity of care as staff will be specifically employed to work at Mayfair House.

## Accreditation – meeting the standards

External agencies review all community health services to ensure they meet the standards set by the Quality Improvement Council. There are 18 set criteria to be met. Through the accreditation process reviewers can make recommendations on how we can improve our systems and processes, in order to provide better services to you. We then develop a quality action plan based on their recommendations to ensuring we improve our systems. The accreditation timeline is for three years. During this time we submit written reports and the improvements made six monthly. After 18 months we are visited again and the action plan is reviewed. We are due to undertake accreditation in March 2012.

# Responding to risk

We have a very robust system in place to manage risk. We assess our processes across the organisation and identify potential or real risks. These are then 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 are responsible for reviewing our risk register on a regular basis. Recommendations are given to the Board regarding the management of them. If something goes wrong we use our incident reporting system to record the details of what happened so it can be investigated and put processes in place to prevent it from happening again.

## Why we like feedback

Another vital part of managing our risks is through feedback received from you and the community. The system used to record incidents is also used to record complaints and compliments. Staff involved are notified immediately so they can act on your feedback.

We actively seek and welcome your feedback regarding your experience with us. Our staff value compliments that are received as they provide recognition and appreciation for the service they have provided. A total of 179 compliments were received in the 12 month period. Most compliments relate to LCHS providing a valuable service (58%) and compliments relating to our staff and the way they look after you (33%).

Complaints are extremely valuable as they provide us an opportunity to look at what we do and improve the services provided to you. When a complaint is received it is taken seriously. All complaints are investigated; findings and changes are reported back to you 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 2010-11

Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11
8	5	2	7	6	6	3	5	19	12	11	12

This year we received 96 complaints; most relating to services provided (53%), access to our services (24%), our facilities (13%) and communication not working as it should (10%). We have been able to make significant changes in programs that will greatly improve the services to you and the community.

## Compliments by Month 2010-11

Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11
24	18	12	13	13	15	12	9	17	7	19	20

You can be confident that if you lodge a complaint, we will deal with it quickly, take your personal situation into consideration and make every effort to find positive results for you.



# Research at LCHS

We are committed to developing and maintaining high quality health research activities. We promote, support and participate in research as an investment in the health of our community. Four research projects currently underway are:

## Student Supervised Clinic

We began an 18 month trial student supervised clinic in 2010 and funded by Department of Health Victoria. The broad aim of this project was to develop a clinic where students from differing disciplines could work together to assess and treat clients within the context and values of a community health service.

The first initiatives in developing student and staff capacity for interprofessional collaboration began by delivering interprofessional workshops for staff and students on placement. Volunteers were then trained as simulated clients. Since May 2011, seven half day clinics have been held where interdisciplinary pairs of students interview a simulated client, and receive detailed feedback to enhance their interviewing skills. Student responses have been highly positive including comments such as,

- “Very Realistic”
- “I really saw how much other professional roles are needed”

The research results from this trial will provide strong evidence-based underpinnings for forward planning of future student clinics.



Students taking part in the Student Supervised Clinics

### **What Next? Dilemmas for rural unpaid informal caregivers of a frail aged person.**

Care givers provide vital support for frail older adults. In partnership with Monash University Department of Rural and Indigenous Health (MUDRIH), this research project will explore and identify more effective ways to support care givers and deliver high quality efficient services. Three staff members are participating in the project while simultaneously undertaking a university higher degree. Our staff are building their research skills and learning how to put research results into operation to improve our practice. We hope to publish the results in a healthcare journal following completion of the project in 2012.

### **Developing and documenting the model of care for Creative House.**

In collaboration with MUDRIH, we undertook a research project to develop and document the model of care for Creative House. Creative House supports people with a mental illness to manage their illness and achieve their potential. The research will provide an evidence based model for the operational delivery of the program and will be implemented from July 2011. Clients, carers, staff and community have contributed to the project and we are looking forward to using the results of the project to continue to improve our Creative House program.

### **Carepoint – Mobile Wound Care**

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

Phase 1 of this project collected baseline data including wound numbers, aetiologies, healing rates and cost; informing future treatment and management of wounds in Gippsland.

MWC is a web-based tool that has provided capacity to collect data that will:

- Reduce product costs for clients and organisations
- Decrease healing times
- Decrease travel for clients and the Regional Wound Coordinator
- Increase access to specialist care and support for clients and clinicians.

Based on the success of Phase 1, the Department of Health has extended until April 2012 to implement Phase 2. This phase will provide evidence to influence practice that will impact on health outcomes of clients with chronic and complex wounds.

The MWC project also won the 2011 Victorian Healthcare Association (VHA) Award which recognises an outstanding collaborative project in Victorian public healthcare. This project is an exciting opportunity for us improve the health outcomes for clients, as well as the efficiency and cost effectiveness for service providers.



*Frank Tracey, CEO of HardyGroup International presenting the VHA award to Nicole Steers (Executive Director Ambulatory Care), Marianne Cullen, Leonie Riddle and Ben Leigh (CEO)*





Marianne, our Mobile Wound Consultant with Bert

## Wound Management

Bert\* from Bairnsdale injured his forearm at home leaving a large area of skin that blistered and filled with blood. The district nurses at Bairnsdale were seeing him regularly and dressing his hand. Unfortunately, healing was slow, so the district nurses referred him to Marianne Cullen, the regional wound consultant based at Latrobe Community Health Service. Marianne was able to review Bert's progress using a new electronic process called Mobile Wound Care™ (MWC).

Marianne whilst sitting at an office in Traralgon was able to view all the information related to Bert's hand wound, including photos. This gave Marianne a clear understanding of the issues prior to going to meet him.

Marianne met Bert at Bairnsdale with the district nurses who were caring for him. Marianne realised that there was severely damaged tissue that needed to be removed before the wound would start to heal. Marianne removed the damaged tissue and left a clean wound that would hopefully heal faster.

Marianne provided the district nurses with a clear plan of care for them to follow. Marianne was then able to monitor Bert's progress from Traralgon via the Mobile Wound Care system.

The district nurses at Bairnsdale continued to visit him during the week and Marianne reviewed him two weeks later at Bairnsdale. The wound was remeasured and photographed at this time. The wound had decreased in size so Marianne made the decision at this time to stay with the current treatment plan.

Bert believes 'the nurses have done a great job with my hand... and you can see the difference it has made.'

This case is a good example of how technology can help people in regional areas. It means that clients can have access to expertise that would otherwise be unavailable to them.

\* not his actual name





## Continuity of Care

*Service Access Officers Lindsay, Janine and Teny can help you access the particular health service that's right for you*

## Service Access

The 2010-11 year was busy for us with a growing demand:

- Service Access responded to 32,799 referrals, compared to 27,193 in 2009-10. This increase is in line with the increased number of programs (118) being offered by LCHS Gippsland.
- Over 105,000 phone calls were received, an increase of 3,000 calls from the previous year.

A new feedback procedure was introduced to improve the referral process for GPs. This enabled GPs to be notified when the referral has been received. The GP can now be kept informed of their client's referral status and at the same time improve the information provided by the GP on the referrals requested.

## Recognised for training

Gippsland Home and Community Care (HACC) training is a regional initiative based at LCHS. The program provides training, information and advice for staff working in HACC programs across the Gippsland region.

In 2010-11, we organised 53 programs including four that were accessible by video-conference and 11 that incorporated one or more nationally accredited training units. These programs were attended by 744 participants from 50 organisations. These people work in roles including home support, nursing, allied health, volunteering, respite care, planned activity groups and management and coordination.

In 2011 Gippsland HACC Training worked with the regional LCHS Acquired Brain Injury (ABI) training and support services to offer four units of ABI training

We have also published two editions of our newsletter, All Gippsland HACC Agency Support Training (AGHAST) and ran meetings and consultations throughout the region. Our mailing list currently has 250 subscribers and our on-line community has 36 members.





# Volunteer numbers grow

We celebrated National Volunteers Week and acknowledged some outstanding achievements. We greatly appreciate the efforts of our volunteers as they allow us to expand the health and community services we deliver to you. Volunteering is also a rewarding experience providing the opportunity for people to contribute and socialise within their community.

We have over 90 volunteers including our Board Directors, who all volunteer their time, and we are continuing to build on our volunteer base. In the last two years the number of hours contributed by our dedicated volunteers has grown from 20,000 hours to more than 40,000 hours.



*National Volunteer week activities*



*Volunteer of the Year, Robert Meggs with our Chair, John Guy OAM and CEO, Ben Leigh*



## Qualified staff

We are dedicated to ensuring our staff are appropriately trained and qualified to provide you 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 make sure that staff are current with the requirements of their role.



## New Centres for Morwell and Bairnsdale

Over the last 12 months we officially opened two new state-of-the-art community health centres. We opened our new Morwell and Bairnsdale Centres as part of an ongoing facilities upgrade program to provide the most modern, high quality, and accessible community health services possible.

### Morwell

Over 1,500 community members came to the gala opening of our Morwell Centre on 27 October 2010. This celebration was a great chance for people to visit the most modern community health facility in Australia and enjoy entertainment, fun activities and see the range of our services. The centre was officially opened by the Former Minister for Health, the Hon Daniel Andrews.

The day included:

- free health checks, free exercise classes, educational talks and tours
- the 'Vox Bandicoot Theatre Group' who entertained and educated about the importance of social inclusion and how it can add 10 healthy years to your life
- guest appearances by Paddy Ryder and Michael Hurley from the Essendon FC
- the 'Rhythm of Life African Drumming Group' who performed on the main stage and ran two African drumming workshops to help highlight multiculturalism within our community
- roving performers 'The Underbodies' who depict the inner workings of the human body in an interactive and humorous way



Essendon FC players Paddy Ryder and Michael Hurley talking with local school students



Our Chairman, John Guy OAM and Former Minister for Health, Daniel Andrews officially open our Morwell Centre



Vox Bandicoot entertain the crowd



Free Health Checks

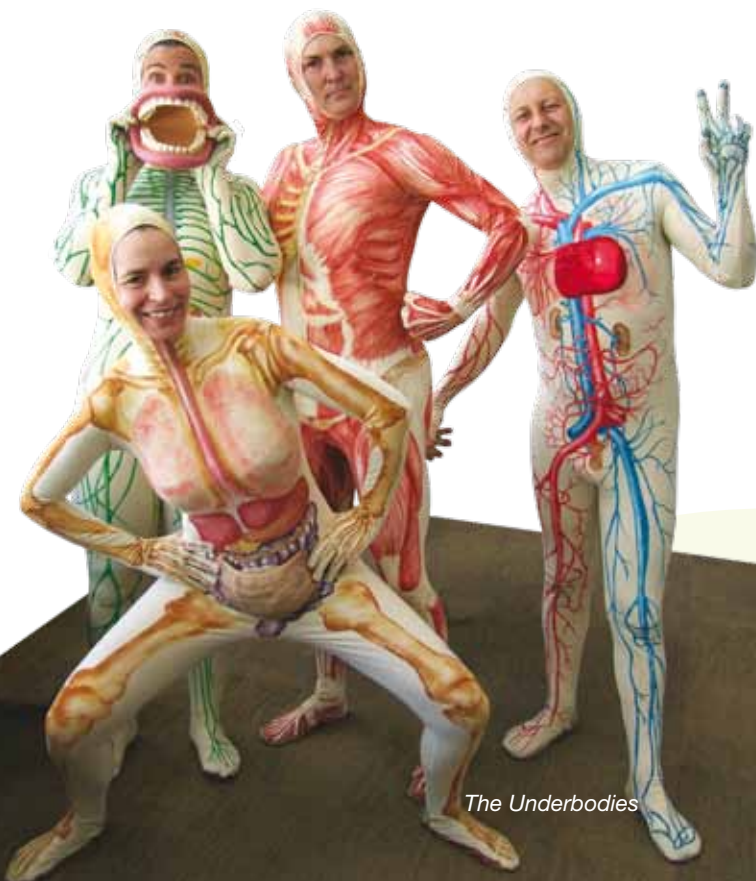


- musical performances from local acts the 'Arch Angels Combined Schools Choir' and the 'Steve Forster Jazz Trio'
- 'Fairy Willow' who entertained children with craft, fruit and story time and read to local school children with Paddy Ryder and Michael Hurley.

Our Morwell Centre offers a range of modern facilities and includes a Dental Suite with six dental chairs, four of which are used for training, and a Consulting Suite made up of 14 rooms designed for services such as counselling, assessment, care planning and allied health.

There is also a Clinical Suite divided into two areas. The mobility centre is used for physiotherapy, occupational therapy and exercise sessions. The second area includes treatment and clinical rooms for consultation, diabetes education, podiatry and other health related procedures.

Both floors offer activity and conference facilities available to the whole community.



*The Underbodies*



*Bairnsdale staff at the opening of our new Bairnsdale Centre*



*Our Chairman, John Guy OAM and Minister for Health, David Davis officially open our Bairnsdale Centre*

### **Bairnsdale**

We opened our Bairnsdale Centre on 18 May 2011. Over 100 people joined in the celebrations which included a smoking ceremony conducted by the traditional custodians of the land, the Gunnai Kurnai people and live entertainment from Nicky Moffat. The centre was officially opened by the Hon David Davis, Victorian Minister for Health.

Our Bairnsdale Centre has increased in size from 300sqm to 700sqm, including an additional three counselling rooms and two multipurpose conference/activity rooms. This has improved comfort for clients and staff. The centre has 20 staff supporting people with a disability or frail aged, help carers take a break from their caring role and provide counselling services including Gambler's Help.

We also have an exciting partnership with the Gippsland East Gippsland Aboriginal Arts Corporation, which involves the regular rotation of Koorie artwork throughout the centre.



## Health Promotion

Building successful partnerships with other organisations helps create programs for the community that encourage healthy lifestyles and enhance access to services. Over the past year, our Health Promotion team has strengthened these partnerships and developed new ways to involve the community in activities that will improve their wellbeing. We focused on access to healthy food, social inclusion and physical activity.

Our health promoting programs also aim to reduce barriers preventing people accessing these activities, such as lack of public transport. This requires a coordinated approach involving other community services. For example, supporting programs in a school setting allows for children to learn about making healthy choices as part of their everyday activities. As part of the *Kids-Go For Your Life* program, schools have been supported in achieving an award as recognition of having a healthy school canteen and for encouraging students to be active.

Adults are also participating in the Heart Foundation's Walking Groups providing a welcoming environment for all different age groups. The program has been improved to include an indoor walking group at a large local shopping centre before opening hours. This allows walkers to regularly participate in a low-cost physical activity regardless of the weather and enjoy the social benefits that the walking group offers.

Our community is rich with many different cultures and our Health Promotion programs aim to be inclusive of all cultures. Flyers have been printed in other languages and interpreters regularly attend events, such as information sessions and focus groups.

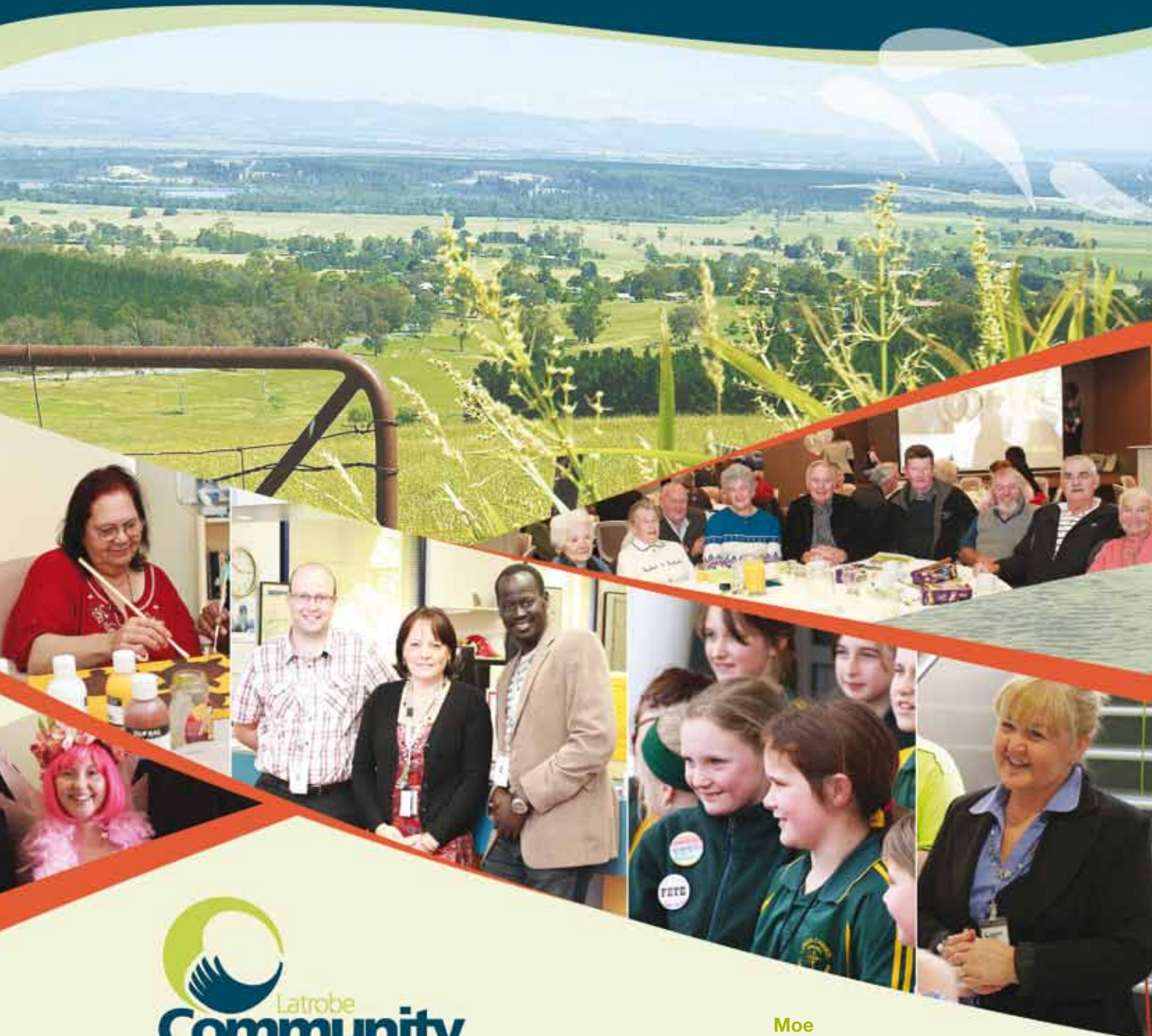
Our Health Promotion team produces a newsletter every three months, called *Heading Upstream*. The newsletter provides information about programs in the Latrobe local government area that the community can become involved in. The newsletter was recently improved and is now in a more reader-friendly format. It can be found on our website [www.lchs.com.au](http://www.lchs.com.au) and is available to in our waiting rooms.



# Services provided

- Aged Care Assessment Service
- Alcohol and Drug: Cautious with Cannabis
- Ambulatory Care – Moe After Hours Medical Centre (MAHMS)
- Auslan Interpreter Service
- Back on your Bike – Adult Riding Program
- Better Health Self Management
- Carer Services – Commonwealth Respite and Carelink Centre (CRCC)
- Case Management
- Children and Adolescent Sexual Assault Support Services
- Childrens Counselling (Aged 4 to 17)
- Chronic Disease Management Care Coordination
- Community Health Nursing
- 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
- Diabetes Education
- District Nursing Service
- Drug Treatment Services
- Early Parenting Day Stay Program (Day Stay)
- Emergency Relief
- Falls Prevention Program
- Facilitation, Futures for Young Adults and Assistance with Extensive Planning
- Fit 4 Life
- Flexible Support Packages
- Gambler's Help – Counselling
- Gamblers Help Financial Counselling
- Home & 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)
- 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 – 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 – Lymphoedema
- Support Group – Parkinson's
- Support Group – Prostate
- Venue Support Worker – Gambler's Help
- Veterans' Home Care
- Video Relay Interpreting
- Walking Groups
- Women & Children's Family Violence Counselling
- Women's Health Clinic
- WorkHealth

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Cnr Princes Hwy  
& Seymour St

**Bairnsdale**  
68 MacLeod St

**Sale**  
52 Macarthur St

**Churchill**  
20-24 Philip Pde

**Korumburra**  
Gordon St (at Gippsland  
Southern Health Service)