

# Quality of Care Report 2015

2016 Calendar



### **CEO's Message**

Latrobe Community Health Service (LCHS) continues its commitment to improving the health of residents of Gippsland and beyond.

Our Quality of Care Report will guide you through some of our achievements between 1 July 2014 – 30 June 2015. We hope you enjoy reading our clients' stories, updates of ongoing services and how we have met key performance indicators.

In response to community feedback, we have provided a simple report in a calendar format, providing a useful tool for you when reading over our articles. We have also provided further information on all the services available at LCHS.

We have distributed this report widely across the region:

- 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.

To ensure this report continues to be relevant to you, we would appreciate if you could complete the evaluation survey at the back of this report. Alternatively, you can contact our Quality program on 1800 242 696.

LCHS thanks all our clients, volunteers and staff who have helped create this report.

We look forward to another exciting year ahead with you – our valued clients and community.

#### **Ben Leigh**

Chief Executive Officer





### **About Us**

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

We provide support to individuals, families and communities and are committed to preventing health problems through information and awareness. We are also committed to providing coordinated services that treat our clients as a whole person, and not as a series of isolated medical problems.

LCHS has a reputation for quality care across a wide range of health services including:

- community-based health promotion programs
- daily living and rehabilitation assistance
- health checks and healthcare plans
- medical care and nursing.

We are particularly committed to helping the people who need us most, especially those with several health problems and high support needs.



### **Overview of our Services**

#### General Health:

- Counselling and psychology services
- Dental
- Doctors
- Podiatry
- Nursing services
- Nutrition and dietetics
- Occupational therapy
- Physiotherapy
- Speech pathology
- Moe After Hours Medical Service (MAHMS)

### Gambling, Alcohol and Drug Support Services

#### **Chronic Disease Management:**

- Better Health Self-Management
- Diabetes
- Hepatitis C
- Lymphoedema
- Respiratory and breathing help
- Wound care

#### Aged, Disability and Carers:

- Aged care
- Carer support
- Continence
- Dementia services
- Disability
- Palliative Care

#### Community:

- Auslan interpreters
- Cook, eat and socialise with the community
- Emergency relief
- Exercise
- Health promotion
- Koorie care
- Migrant and refugee support
- Volunteer program

#### Children and Families:

- Early parenting day stay program
- Family violence counselling service
- Support for children and families





### **Overview of Report**

All health providers in Victoria produce a Quality of Care Report. The report showcases examples of how we listened to our clients and improved our performance. Each story provides insight into one or more of the following areas:

- Consumer, Carer and Community Participation how have we listened to our clients, and worked to incorporate their feedback into our work
- Koorie Engagement what have we done to ensure we are reaching out to the members of our Indigenous community
- Quality and Safety overview of our quality and safety systems and what have we done to:
  - prevent and control healthcare associated infections
  - ensure medication is stored and administered in a safe way
  - prevent falls and harm from falls
  - track and minimise unplanned return visits to the dentist
- Applied Research Projects what research are we doing, and how could it help our clients
- **Diversity** how are we working to include people, regardless of age, race, gender, disability or sexual orientation
- Continuity of Care how are we working across health, from prevention to treatment, through to full recovery
- Chronic and Complex Conditions how are we helping people with multiple longstanding health issues
- Health Promotion how are we educating the community on their health, so that they stay healthy for longer.



### **Community Participation**

#### 'A Mother's Bond'

Below provides the story of a carer and client from our Disability Services program:

A mother's bond with her daughter can be strong, protective and nurturing. Sometimes the support required from a mother and carer can be so great there is little time left to sleep, catch up on housework and take a break. This was the situation in which Katherine, mother to 30-year-old Lily, found herself.

Lily is an active young woman who has uncontrolled epilepsy and an intellectual disability. Lily's epilepsy means she can have a seizure at any time, putting her life in danger if not attended to quickly.

Katherine's commitment to Lily and her medical needs were such that she needed to be in her constant presence at all times to monitor her condition. This involved sleeping on the floor next to Lily's bed at night when her condition worsened; or having to follow Lily around the house when exercising or going about her day-to-day activities. This was exhausting for Katherine and Lily also found this restrictive to her independence.

Katherine was able to talk to her Care Manager, Amelia, about the impact this was having on Lily and herself. Amelia submitted a 'Young Care at Home Grant' application, which was successful following funds becoming available. This grant provided funding for the installation of an audiovisual monitoring system in their home.

The grant has made a huge difference to Katherine and Lily's lives. Much to the relief of Katherine, the home monitoring system enables the observation of Lily's health without the need to be in close physical proximity. Lily can maintain independence and go into the garden on her own and spend time doing the things she enjoys. Katherine can also monitor Lily for seizures overnight from another room.

Katherine said she is "eternally grateful for this amazing gift and the wonderful submission that was put forward by Amelia, she is fabulous".





### **January 2016**

CLINDAY	MONDAY	THECDAY	WEDNIECDAY	THURSDAY	EDID AV	CATURDAY
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31					1	2
					New Years Day	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	20	20	20
24	25	26	27	28	29	30
				1		
		Australia Day	School teachers start	Start school term 1		





Stay safe in the sun

Protect your skin with sunscreen, hats, sunglasses and protective clothing.



### **Community Participation**

#### 'Volunteer Week' Celebrations

LCHS is fortunate to have over 70 extraordinary volunteers who donate their time and talents to support LCHS services. The invaluable support provided by our trained volunteers has a significant and positive impact on clients' quality of life and provides valuable program support.

During the 'Volunteer Week' Celebrations in May 2015, Michael Lancaster was named 2015 LCHS Volunteer of the Year. Michael has been volunteering at LCHS for over eight years as a bus driver and centre volunteer for our Planned Activity Group.

Michael says he loves meeting the clients and hearing their stories as well as sharing his own. He became a LCHS volunteer after his partner encouraged his involvement:

"My partner worked at LCHS and asked me if I'd be interested in volunteering and I thought I'd give it a go. I've never looked back since. I love it. I like cracking jokes with the clients and just making them happy. That's what it's about, I feel, is making everyone happy".

During the celebrations, milestone awards were presented to the following volunteers, recognising their exceptional years of service:

- 35 years Joan Leister
- 30 years Kathy Ljubinkovic
- 25 years Judy Tewierik
- 25 years Pauline Prowse

- 20 years Karen Cooper
- 10 years Annelie Roberts
- 5 years Gwyneth Jones
- 5 years Kaye Chester

- 5 years Keith Luke
- 5 years Ken Findlay
- 5 years Lyn Watts
- 5 years Pam Atlee



"... I like cracking jokes with the clients and just making them happy. That's what it's about, I feel, is making everyone happy".





### **February 2016**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					





**Keep active!**Try to get 30 minutes of exercise each day.





### **Community Participation**

#### Counselling Services Collaborative Assessment and Treatment

All clients entering into a therapeutic relationship with any of our counselling services will undergo an initial assessment. This includes:

- Generalist Counselling
- Gamblers Help Counselling
- Women and Children Family Violence Counselling.

The assessment provides clarity for both the client and counsellor around the issues the client faces. Together they identify important areas and treatment for those priorities through the development of a treatment plan. These plans also assist in measuring the client's therapeutic progress and continuing needs.

When the plan has been implemented, the counsellor and client review the attainment of the goals, or redevelop them if required.

#### Counselling Services Client Evaluations and Quality Improvement

Our counselling services continually strive to improve its activities.

Our Men's Behaviour Change Program educates, supports and challenges participants to change their attitudes and violent and aggressive behaviour. The program conducts two mid group and one post group client evaluation. Program content is reviewed and updated regularly to include any required changes through guideline, research or legislation. Relevant feedback provided from the participants and their partners is actioned to ensure the best outcomes for clients.

Gamblers Help program clients have provided feedback through client satisfaction surveys. These anonymous surveys provide feedback from people with problem gambling behaviour and those affected by gambling. Our funding body, Victorian Responsible Gambling Foundation, uses the information to develop program guidelines and structure. Feedback has directly contributed to the development of a new electronic client management system which seamlessly allows clients to move through any area of gamblers help services.





### **March 2016**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
	Labour Day					
20	21	22	23	24	25	26
				End school term 1	Good Friday	Easter Saturday
					Good Thaay	Laster Saturday
27	28	29	30	31		
	Easter Monday					





#### **Eat breakfast!**

Breakfast gives you the energy you need for your day and improves your concentration.



### **Koorie Engagement**

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

All staff receive Koorie cultural awareness training and we have a Koorie communication and engagement tool. We have designated Koorie Liaison Officers working across our clinical directorates.

We also provide Koorie health programs and offer services in culturally appropriate locations. Programs include:

- Aboriginal Health Worker / 'Yarning with the Mob' Clinic (health clinic for members of the Koorie community who have chronic or complex conditions)
- Koorie Open House Sessions
- 'CHOICES' Program (culturally amended Aboriginal men's behaviour change program).

#### 'CHOICES' Program

LCHS delivers the innovative 'CHOICES' program, a culturally appropriate men's behaviour change program for Koorie men emphasising they can 'choose' their behaviour.

Our program has been modified from the No To Violence (NTV) minimum standards in several ways to ensure increased impact through delivering it in a culturally appropriate manner.

A major program adaption is the inclusion of two male facilitators. NTV standards recommend programs be delivered by one male and one female facilitator.



However, we recognise Aboriginal culture looks at 'men's business' and 'women's business' and men may feel it inappropriate to speak about certain areas in the presence of a female.

Alternative steps are taken to ensure the voices of women and children are heard during the delivery of every group. NTV standards suggest that Partner Contact Work is undertaken in a one-on-one or telephone conversation setting. The Partner Contact Work in our CHOICES program is often delivered within a group setting, embracing the need for broader family and community involvement in the ongoing accountability for men who chose to use violence.



### **April 2016**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	Start school term 2	12	13	14	15	16
17	18	19	20	21	22	23
24	<b>25</b> ANZAC Day	26	27	28	29	30





**Don't over indulge!**Easter eggs are a delicious treat but enjoy in moderation.



### **Koorie Engagement**

#### LCHS Participation in 'Network for Aboriginal Disability and Aged Care'

Our Aged Care Assessment Service (ACAS) has ongoing participation in the Gippsland region 'Network for Aboriginal Disability and Aged Care' (NADAC). The Network meets bi-monthly to discuss topics, share events and work together to improve the experience of Aboriginal people when accessing services.

NADAC participation assists LCHS to improve engagement levels of the Aboriginal population in accessing ACAS services. It also demonstrates to the broader Koorie community that our services meet the needs of the community in a respectful and appropriate manner.

Our ACAS team ensures all clinicians receive specific cultural sensitivity training to assist with ongoing support to the Aboriginal community. Our broader Gateway program also recognised the need for Gippsland specific regional training and completed cultural training with Gunaikurnai Land and Waters Aboriginal Corporation.

In April 2015, our ACAS team also attended the East Gippsland Koorie Women's Day and completed aged health checks. Five referrals for ACAS were generated with further participants indicating they will refer to ACAS in future when services are required.





### **May 2016**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				





Have you had your vaccinations?

LCHS provide flu vaccinations – Get yours before the Winter months hit. Call 1800 242 696.

### **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
- enhance clinical care.

We follow a structured governance reporting process and meet all external accreditation requirements:

- LCHS has a three year organisational accreditation against the 18 standards set by the Quality Improvement Council. We achieved an 'exceeded' rating in the Governance Standard.
- In May 2015, LCHS was also required to undergo a review against the Home Care Standards through the Australian Aged Care Quality Agency. We are proud to have achieved compliance in all 18 review criteria – the highest possible attainment.

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

#### Infection Control

All the LCHS clinical services have undergone external audits to ensure we are at best practise to protect our clients and staff from health acquired infections. We are pleased to report all areas are compliant.

To further enhance infection control, we will review and refine staff training in hand hygiene which is the major cause of infection transmission in all health care settings. We will also improve our record keeping for staff immunisation status.



LCHS has a three year organisational accreditation against the 18 standards set by the Quality Improvement Council. We achieved an 'exceeded' rating in the Governance Standard.



In 2014/15, our Dental program provided a total of 28,301 courses of care. This included 17,281 appointments for adults and 11,020 appointments for children.

Dental treatment at our Morwell site



### **Quality and Safety**

#### **Dental Clinical Indicators**

We have met all Quality of Care indicators set by Dental Health Service Victoria that are measured against State averages over the last year. These include:

- Restorative retreatment within 6 months for adults
- Restorative retreatment within 6 months for children
- Unplanned return within 7 days following routine extraction of tooth
- Unplanned return within 7 days following surgical extraction of tooth
- Extraction of teeth within 12 months of endodontic treatment
- Denture remakes within 12 months
- Fissure seal retreatment within 2 years for children.

#### We also exceeded all the targets set for Triage Compliance. These include:

- Category 1 emergency appointments within 24 hours (target 85%, achieved 88.25%)
- Category 2 emergency appointments within 7 days (target 80%, achieved 89.73%)
- Category 3 emergency appointments within 14 days (target 75%, achieved 87.20%).

#### In 2014/15, our Dental program:

- treated 11,956 patients across our Clinics at Churchill, Moe, Morwell and Warragul. This included 6,438 adults and 5,518 children. We provided care to 398 Aboriginal and/or Torres Strait Islanders, 13 refugees, 4 asylum seekers and 3 homeless (or at risk of homelessness patients)
- provided a total of 28,301 courses of care. This included 17,281 appointments for adults and 11,020 appointments for children
- exceeded targets in the provision of emergency care appointments (a total of 48% of all our appointments were for emergency care, above the target of 40%)
- removed 1,268 patients from the general waitlist, however added 3,354
- removed 504 patients from the denture waitlist, however added 633.

These figures demonstrate the need for further funding to treat our eligible population.

### **Quality and Safety**

#### **Falls Minimisation**

LCHS has developed and implemented an organisational 'Falls Minimisation' Policy and Strategy. These documents 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.

We also have an 'On-Site Medical Emergency' Policy and Procedure in place, 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.

#### **Applied Research Projects**

In partnership with the Monash University School of Rural Health, we are committed to fostering a culture of research and interprofessional collaboration in our work. The research helps us provide best practice in health care to our clients.

The LCHS Research Council guides, monitors and supports research and advises on external requests for research collaborations. The Executive also supports and encourages internal research. Academics from the Monash University School of Rural Health support the research process by assisting staff to develop their research question, submit Ethics applications and conduct a literature reviews.

Presently LCHS staff are working on two important research projects to improve the client experience:

- 1. Funded by Gippsland Regional Integrated Cancer Service, a LCHS project is being conducted to develop a Medication Management Practice Guideline for Nurses working in the community.
- 2. Members of the Primary Intervention team are entering into a longer study of a guided care model following a successful pilot study.

Both these initiatives demonstrate LCHS's commitment to improving service delivery for a quality client experience.





### **June 2016**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	<b>13</b> Queen's Birthday	14	15	16	17	18
19	20	21	22	23	<b>24</b> End school term 2	25
26	27	28	29	30		





Make sure you get enough sleep so you can function better throughout the day. ZZZZZZ

### **Diversity**

#### Becoming a More Inclusive Workplace

LCHS has an organisational *Diversity Plan*, documenting strategies to help become a more inclusive workplace and community organisation. Recent strategies implemented include:

- Development and implementation of Diversity Training for all staff, including an online guiz
- Commencing the 'Rainbow Tick How2' program. This program provides guidance on how an organisation can become more inclusive for people who identify as lesbian, gay, bisexual, transgendered and intersex (LGBTI). The ultimate goal is for LCHS is to become accredited with the rainbow tick within the next 24 months.
- Formation of a LGBTI working party, with members completing the 'How2' program.

On 18 May 2015, we held a community event at our Morwell site to acknowledge the International Day Against Homophobia and Transphobia, also known as 'IDAHOT' Day. The event aimed at sharing with the local community and the LCHS workforce that LCHS does not tolerate homophobic and/or transphobic attitudes.

Community members shared their stories on how:

- negative behaviours have impacted their life
- support services shared the emotional, financial and health impacts they experienced from homophobia and transphobia.

Approximately 80 people attended the event and we unveiled a plague within the newly formed 'diversity garden'. We also flew the rainbow flag on the LCHS mast for 24 hours as a show of support for the LGBTI community.





### **July 2016**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31					1	2
3	4	5	6	7	8	9
10	Start school term 3	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30





Get your eyes checked this JulEYE.

75% of vision loss is preventable or treatable if detected early enough.



### **Diversity**

#### **Community Settlement Program**

LCHS was fortunate to secure three years funding for Community Settlement Services to be delivered across the whole Gippsland region.

Our Community Settlement Program links new residents across the region into mainstream support services such as:

housing

- financial management
- mental health and wellbeing

- general health needs
- employment, education and training.

Over the past year, over 20 education sessions and initiatives have been organised in conjunction with other organisations for new arrivals:

- LCHS held two women's events, 'Understanding Scarves' and 'Understanding Journeys', with a combined total of 100 participants. These events were designed to enhance mutual understanding across diverse community sectors, promoting community connectedness and a sense of belonging.
- We arranged two events during the school holidays, each attracting large crowds of approximately 40 parents and children. These included 'Fire Safety in the Home' in conjunction with the CFA; as well as a 'Sports Taster Day', encouraging active lifestyles.
- LCHS supported Good Beginnings in Moe to deliver monthly 'drop in' sessions for the Sudanese community. The informal setting encouraged participants to meet new people, whilst listening to visiting service providers present information on a variety of health and community topics.
- In partnership with GEST (Gippsland Employment Skills Training), we held Aged Care and Disability employment workshops. The workshops proved successful, with three new arrivals securing work and two undertaking volunteer roles.

Over the next three years, we plan to expand our service delivery to East Gippsland and develop partnerships with further stakeholders.









### August 2016

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			





#### Scrub up!

Frequent handwashing is one of the best ways to avoid getting sick as it avoids spreading germs.



### **Diversity**

#### Refugee Health Nurse program

Our Refugee Health Nurse provides initial health and social needs assessments and coordinates services to refugees in the Latrobe region. The program also provides health education and information to newly arrived refugees.

Highlights for the program during the year included:

- a range of community engagements held to promote cultural literacy
- school visits, formal education sessions and individual appointments undertaken to promote health and community capacity building.

Earlier this year our Refugee Health Nurse, along with our Community Settlement program, were privileged to meet with international delegates from the Turkish United Nations High Commission for Refugees (UNHCR). This initiative was arranged under the Rotary Group Study Exchange program (GSE).

The exchanged information was well received by the delegates and a great opportunity for reviewing our own practices in which the following feedback was received:

'The Refugee Nurse and Settlement programs are a credit to LCHS and of great benefit to the community. The number of partnerships and conjoint action with other providers is impressive as is the use of multiple strategies to support new arrivals, including broader awareness rising to achieve greater understanding between people'. [Nilay Arkun, Member of the Turkish UNHCR].

#### **Dementia Access and Support**

Our Dementia Access and Support program supports people with dementia and their carers to access the necessary services to keep them living in their own homes longer. This program is delivered across Bass Coast, Baw Baw Shire and East Gippsland.



Extensive partnerships have been developed with the following service providers ensuring the quality of the services delivered to the community are holistic and comprehensive:

- Gippsland Multicultural Services assists with clients from a culturally and linguistically diverse (CALD) background
- Alzheimer's Australia Victoria our program refers to them for counselling, community education and support
- Dementia Behaviour Management Advisory Service provides assistance by working with clients who are experiencing and displaying challenging behaviours in anticipation of a positive outcome for the client and carer
- The Dementia Nurse Practitioner in East Gippsland and Latrobe – this role greatly supports our clients with all medical associated issues that present.

Our Dementia Access and Support program continues to grow in demand as the sector refers more readily for support for clients living within the community.



### September 2016

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16  End school term 3	17
18	19	20	21	22	23	24
25	26	27	28	29	30	





#### **Get involved!**

Check out local sports and activities in your area and have fun while staying active.



### **Continuity of Care**

#### **Aged Care Services**

Aged Care Services provides assistance and support to frail aged persons living in their community and their carers.

Our variety of support packages enhances the continuum of care from emergency response to high level inhome care. A carer's respite package can provide weekly support to enable the carer to have 'their own time'.

Our Care Coordinators monitor services and place referrals for additional support as required and as needs increase.

We provide Personal Alarm Emergency Response to vulnerable people as well as 366 different packages of care. Last year we provided services to over 1,400 frail aged or vulnerable clients living within Gippsland. We also expanded our services and commenced operating Home Care Packages in the Grampians and Hume regions, supporting over 70 clients.

Our Aged Care packages are delivered with a 'Consumer Directed Care' approach enabling the client to direct their care and supports towards goals they have developed.

#### 'Your Care Choice' – Home Support Program

In May 2015, we launched our 'Your Care Choice' Home Support program in Latrobe City. The program assists frail aged and people with disabilities to remain living independently in their own homes. Services include:

home care

- personal care
- respite and/or overnight respite

community based social engagement.

A team of 15 highly skilled Home Support Staff work across the program, catering for LCHS clients. This program provides clients with a choice of where to purchase their home and community support ensuring seamless, quality service can be delivered.

In time, we plan on expanding services to external clients and to the Baw Baw and Wellington shires, depending on demand.



Our Aged Care packages are delivered with a 'Consumer Directed Care' approach enabling the client to direct their care and supports towards goals they have developed.



### October 2016

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31					1
2	<b>3</b> Start school term 4	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29





Eat your vegies and fruit! Adults need to eat at least 5 serves of vegetables and 2 serves of fruit each day.



### **Continuity of Care**

#### Supplying Nursing Services to Ambulance Victoria

In April 2014, LCHS became one the first regional health services successful in gaining a tender to supply nursing services to Ambulance Victoria.

This service is a community-minded initiative to better match community health care needs and services. Once a client who has called an ambulance is assessed by an Ambulance Clinician as 'not requiring an emergency service', can be attended by a LCHS District Nurse. The service is provided in the client's home at no cost and within a reasonable time period. This assists in reducing overcrowding in Emergency Departments and unnecessary trips from home.

Our District Nurses are trained in health assessments and provide a range of general nursing care to clients as well as referrals and follow-up services to those in need.

#### **Family Inclusive Practice**

Our Drug Treatment Services (DTS) team have worked hard to ensure families, carers and friends are included in client treatment wherever possible. The practice improves awareness of the impact of substance use on families and serves as an effective means of support for clients.

Our DTS team has implemented many strategies over the last 18 months and presented them at the Victorian Alcohol and Drug Association Conference in February 2015 in Melbourne. Initiatives implemented include:

- Provision of family information packs and newsletters, with details for support and education regarding substance use.
- DTS staff trained in conducting short sessions with families, with an 84% staff positive response. Staff up-skilling also took place in explaining to parents about dependent children addiction problems.
- Clients encouraged to have their family attend an appointment in order to develop a full understanding of substance issues and promote a supported recovery plan. Families also provided with separate counselling to assist with coping strategies.
- Staff provide an ongoing management monthly report on their family work and client files are audited to ensure the practice maintains momentum.

There has been a 38% increase in family interventions since this work began. Both clients and staff have provided positive feedback to this family inclusive practice.





### **November 2016**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		<b>1</b> Melbourne Cup	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			





Remember to drink lots of water. Especially coming in to the warmer months, try to drink at least 8 glasses of water a day.



### **Chronic and Complex Conditions**

#### Martin's Story – Diabetes Diagnosis Brings a Healthier Outlook on Life

Every day in Australia, 280 people develop diabetes. Type 2 diabetes can be prevented or delayed in up to 58 per cent of cases through early detection and lifestyle modification.

Below provides the story of a client from our Primary Intervention program:

For 58-year-old Martin, a regular visit to the doctor four years ago took a turn for the worse when a blood test revealed he had type 2 diabetes:

"I thought I was bulletproof. I thought, 'all of a sudden I've got a disease'. I wasn't happy".

Martin decided to take a positive attitude towards his diagnosis.

"After a day of thinking about it, it became more 'okay I've got it, it's not a death sentence'. So I sought out the correct advice and did something about it".

"My doctor referred me to meet with a LCHS dietician, Emily, on a regular basis. They have both provided advice on my diet and exercise. As a result my diabetes is quite manageable."

Martin says that most of his diabetes management now is a brisk walk every morning, and lots of vegetables.

"I love vegetables. Love them. Which is just as well".

As well as dieticians, our Primary Intervention program offers a diabetes nurse, diabetes prevention courses, diabetes education programs and diabetes support groups.

TO TAKE

"My doctor referred me to meet with a LCHS dietician, Emily, on a regular basis. They have both provided advice on my diet and exercise. As a result my diabetes is quite manageable."





### **December 2016**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	<b>20</b> End school term 4	21	22	23	24
<b>25</b> Christmas Day	<b>26</b> Boxing Day	<b>27</b> <i>Christmas Day additional holiday</i>	28	29	30	31





**Enjoy the festive season!** LCHS wishes you a very Merry Christmas and a safe and Happy New Year!



### **Chronic and Complex Conditions**

#### 'Guided Care' Project

Our Primary Intervention program Care Coordinators are undertaking a 'Guided Care' Project. The Project aims to develop a way to gauge how well a client with a chronic disease is managing their condition. This includes how confident clients are to navigate the health care system and to manage the lifestyle factors necessary to improve their health and quality of life.

Clients were chosen to participate in a trial from October to December 2014. The trial enabled LCHS to ensure the assessment tools used were effective in determining where a client sits as a 'self-manager'.

Currently our Care Coordinators have assessed 100 clients using the guided care model. The results of these assessments indicated:

- 18% of clients were self-directed and could navigate services and had good social supports
- 46% of clients were collaborative, experiencing some problems accessing information and requiring some motivation to achieve their goals
- 21% of clients were supported, requiring more support to move towards self-management
- 14% of clients were very complex and were not able to move towards self-management at this time.

Once a client has been assessed, our Care Coordinators work with them to develop achievable goals to assist them to become a more confident self-manager over time.

Clients will be reviewed and monitored over several years, if necessary. This will determine if the support provided and the actions taken to achieve their goals have helped them move to a more confident level of self-management.

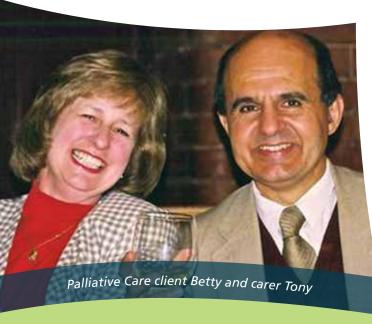


Once a client has been assessed, our Care Coordinators work with them to develop achievable goals to assist them to become a more confident self-manager over time.



Helping to support chronic I complex conditions – our Parkinson's Support Group

### **Palliative** Care -Feedback for Improving the **Client Journey**



Our Palliative Care program provides specialist in-home nursing and support services to clients with a progressive life threatening illness across Latrobe City.

Below provides the journey of a Palliative Care client and carer and how we have used feedback to improve our service:

Betty was a client of Palliative Care who died one year ago with the end not being the way she or her partner had wanted it to be. Betty's health declined very quickly in the final days causing significant distress to her family and friends. Tony provided his insights to LCHS on the things that went wrong for them with the intention of helping us improve our support for other carers and families of those in Palliative Care.

Tony met with us to share the journey of these issues explaining how the response from our palliative care nurses and the support offered during the sudden decline in Betty's condition was not adequate for them. He stated, "It is what Betty would want me to do" – that is, to ensure the end of life journey for others is better.

Together we identified the following areas for improvement:

- communication between the hospital and the community Palliative Care service
- information to clients, carers and families regarding support services available
- clear information to carers on the use of breakthrough medication and ensuring they have enough medication in the home
- catheter management.

As a result of the feedback, we have introduced a 'Carer Support Education Program'. The program includes a range of topics including:

- what is palliative care
- what does it mean to be a carer
- how to prepare for the future

- how to look after yourself
- a list of support services available.

Feedback from program participants has been encouraging with one participant saying, "I was a bit hesitant at first but I found the sessions really helpful. I'm glad I went along".

A new package of resources is also being developed for Palliative Care clients and their carers addressing many topics and areas of concern raised through Betty's journey. Further work with our nursing staff in particular will ensure a client and carer focus with improved communication being central to all we do.

### **Health Promotion**

Our Health Promotion team continues to work with the Latrobe community, promoting the importance of good health and well-being. Current initiatives include:

- 'Achievement Program': currently within Latrobe, we are working with 95% of early childhood centres, 76% of primary schools and 29% of secondary schools on becoming 'health promoting settings'. One way that we work with the schools is by linking them into state-wide events such as 'Walk to School October'. This year 13 local schools walked nearly 19,000kms over the month long event, involving over 1,600 students.
- 'Think on Your Feet!': a workplace initiative at LCHS aimed to reduce prolonged sitting time for deskbound office workers. This eight week challenge involved 165 employees, including the CEO and Executive members. Participants used a 'fitbit' (pedometer) to track the number of steps they did whilst at work and took part in challenges which encouraged active ways of working.
- 'FOODcents': a three week program to help families trying to achieve a healthy lifestyle and save money on their grocery shop. Our staff have delivered this program to a number of community service agencies, primary schools and early childhood centres across Latrobe. Participants took part in a supermarket tour, budgeting and nutrition session as well as a cooking session to apply their new knowledge.
- 'Health Champions': LCHS is a participant in this 'Healthy Together Latrobe' initiative. "Health Champions" are representatives across Latrobe who have been nominated to help our community to move more, eat well and connect with others. In March 2015, a Health Champions forum was held with more than 60 residents in attendance. The forum celebrated the achievements of our Health Champions and participants worked in groups to map potential projects to improve the health of the Latrobe community.





'Health Champions' Forum participants (Shantel Morsink, LCHS Health Promotion Officer and Sam Fenton, Teacher with the Health Department at Federation Training) and our Executive team taking part in the 'Think on your feet' challenge.



Choosing tap water instead of soft drink is vastly better for dental health and can also reduce weight, which in turn reduces risk of diabetes and heart disease.

Launch of our Partnership with Gippsland Water at Commercial Road Primary School

### **Health Promotion**

#### **Encouraging Gippsland Residents to Drink More Tap Water**

In March 2015 LCHS launched a partnership with Gippsland Water to encourage Gippsland residents to drink more tap water. This initiative was in response to health statistics revealing worrying levels of soft drink consumption. More than 20% of people living in Gippsland drink soft drink every day – nearly 5% more than the state average.

Choosing tap water instead of soft drink is vastly better for dental health and can also reduce weight, which in turn reduces risk of diabetes and heart disease.

LCHS and Gippsland Water are committed in seeing more people choose tap water to reduce the level of soft drink consumption in Gippsland. Together we are reaching out to the community over the next year at schools, community events and through LCHS dental clinics.

#### Being 'Mindful' of Carers

Our Carer Programs team undertook a health promotion approach in the delivery of events over the year. Carers play a pivotal role in the community – it's of utmost importance to support their physical, social, emotional and intellectual well-being.

We arranged for carers to attend a 'Mindfulness Matters' seminar in Inverloch. Eighteen carers practiced meditation techniques and learnt how to improve their awareness as a daily stressreduction strategy. One carer shared his new found knowledge, "Mindfulness is an attitude utilised to not only help me communicate effectively, but to choose happiness within me".

Carers also enjoyed a three day 'self-care' getaway at Hummingbird Eco Retreat, Red Hill. Activities included bush walking, yoga, meditation and massage. A local Naturopath also provided information on a holistic diet for good health.

The time away was valuable and carers developed ongoing connections and friendships. Feedback received from carers included "the environment was conducive to feelings of well-being. The retreat offered a holistic approach, nurturing and caring".

### **Health Promotion**

#### Planned Activity Group – Stronger Healthy Eating Program

Our Planned Activity Group (PAG) offers an enjoyable community based program for our clients to undertake social activities and connect into community life. Our program prides itself on offering clients a wide variety of home cooked meals that are both healthy and enticing.

In recent months PAG has worked in partnership with our Primary Prevention team. Together we have raised awareness of healthy food choices for our clients and offered a greater variety of wholesome meals to enjoy.

We are very fortunate to have excellent volunteers who plan and prepare delicious and healthy meals daily for our clients. Our menus are planned in advance and adhere to the principles of low fat, low salt, low sugar and lots of veggies and protein. We use freshly grown veggies, fruits and herbs from our outdoor PAG garden which has been maintained by our clients.

We acknowledge for some of our clients, cooking meals for themselves can be challenging; therefore, our meals contribute to our clients' dietary requirements for the day. The variety of freshly cooked meals include:

hearty soups

- mouth-watering roasts
- pasta dishes

zucchini slice

quiches

seasonal salads

- fresh vegetables
- dessert generally fresh fruit or a traditional home cooked treat.

All PAG staff and volunteers have been provided training on the Healthy Food Choices Guidelines, benefits of maintaining a healthy diet and incorporating this into meals.

We continue to embrace healthy food choices in our program and the opportunity to showcase beautiful meals, including food from different cultures.









## **Quality of Care Report Evaluation Survey –**Have Your Say!

We want to ensure that our Quality of Care Report remains relevant to you. We would appreciate if you could fill out this evaluation survey. You can find details on how to return this form on the back of this page.

Please	tick 1	the	appr	opriate	boxes:

1. What best describes you?				
Client with LCHS	Relative/Carer of a LCHS Client			
Health Professional	Student			
Volunteer with LCHS	Other			
2. Do you like the calendar format?				
Yes	□ No			
3. Did you find the report informative?				
Yes	□ No			

4. Was the report easy to	understand?			
Very easy	Easy			
☐ Difficult	☐ Very difficult			
5. What improvements would you suggest we make for this report?				
6. Any other comments?				

### **Quality of Care Report Evaluation Survey – Have Your Say!**

There are multiple ways for you to return your complete survey:

Hand deliver to any LCHS site

Send via post to Po Box 960 Morwell 3840

**Email to** feedback@lchs.com.au

Fax to 03 5136 5451

Please attention all surveys to 'Quality Program'

Thank you for your time.







### **Our Wonderful Volunteers** - Thank you!

LCHS sincerely thanks all of our volunteers for their time and exceptional efforts over the year. We greatly appreciate your commitment to our organisation and the community.

If you are interested in volunteering, please contact the Volunteer program on 1800 242 696.

Visit us at www.lchs.com.au

Free call **1800 242 696** 

Latrobe Community Health Service Ltd ABN: 74 136 502 022

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