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Latrobe Community Health Service
Quality Account 2017
2018 CALENDAR

Introduction

CEO report

In the twelve months since we prepared our previous Quality Account, our organisation has experienced unprecedented growth.

This stems largely from our success in tendering to provide local area coordination for six new National Disability Insurance Scheme (NDIS) service areas. As I write, we are half way through securing an additional 31 sites and more than 370 new staff across Victoria. It is a tremendous privilege to be a small part of the largest social reform in Australia since Medicare was introduced.

Such rapid expansion demands ongoing vigilance to ensure the quality of our clinical and customer service is not diluted. To this end, in 2017 I expanded our governance team. This will help us maintain the highest of standards across our many sites.

I am proud of the Latrobe Community Health Service (LCHS) culture of addressing complaints swiftly and thoroughly. We have always treated feedback as an opportunity to learn and improve the way we do things. Nonetheless, it is pleasing to see a reduction in the number of complaints we received over the course of the year, even as our service footprint expanded.

With such a rapid increase in clients, it would be easy to become removed from the day-to-day experiences of the people we help.

However it is important to me that we do not lose sight of the individual stories that make up the community that we serve. Stories such as Danny's (page 25) and 3 year old Max's (page 29) are a reminder of the positive impact of our exceptional, personal client care.



We have distributed this Quality Account widely:

- 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 is available from our website, www.lchs.com.au

To ensure this report continues to be relevant to you, we would appreciate it if you could complete the evaluation survey at the back of this report. Or, you can provide feedback directly to our Governance program on 1800 242 696.

This calendar is a mix of evidence and human stories. Taken together, I hope they provide an insight into our ongoing commitment to the highest standards of clinical care, customer service and governance.

Ben Leigh

Chief Executive Officer

About us

Latrobe Community Health Service (LCHS) is a major provider of health and support services in Gippsland and across 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
- Medical care and nursing
- Community aged care
- Disability services
- Allied health
- Psychology and counselling services
- Dental

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



Overview of report

All health providers in Victoria produce a Quality Account (formerly known as the 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.

Quality and safety - overview of our quality and safety systems and what we have done in regard to:

- Responding to consumer feedback
- Using our staff survey responses to improve services
- Maintaining our accreditation and using the process to take improvement actions
- Demonstrating how our quality improvement processes have improved health outcomes

Continuity of care - a demonstration of how we will provide a continuum of care by:

- Highlighting the actions taken to improve continuity of care regarding a community health priority population
- Providing a case study that demonstrates a continuum of care response



January 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 <i>New Years Day</i>	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 <i>Australia Day</i>	27
28	29	30 <i>School term 1 starts</i>	31	<p>Healthy tip: Stay safe in the sun</p> <p>Protect your skin with sunscreen, hats, sunglasses and protective clothing</p>		

Consumer, carer and community participation

Doing it with us not for us: strategic direction

The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

The Local Area Coordination (LAC) Service commenced in the Central Highlands on 1 July 2016. A component of our role is to ensure that people with a disability build their capacity to access community and mainstream supports. We have achieved this by focussing on:

- Community mapping and resource gathering including disability, mainstream and community services within the Central Highlands local government areas
- Collaborating with the National Disability Insurance Agency to identify and target specific community engagement opportunities and co-facilitating at community forums in the service area

Creating opportunities for local community, mainstream and disability service providers to introduce themselves to the LCHS LAC team and delivering targeted activities such as:

- Pre-planning workshops for participants with a focus on inclusion of the Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) communities
- Education and pre-planning workshops targeted to parents and carers
- Engaging and presenting to community based and mainstream organisations to build and expand opportunities for greater social and economic participation for all people with a disability



Jill has been married to her childhood sweetheart, Kevin, for 52 years. When the time came to develop a plan for her care with her aged care case manager it was important to her that Kevin was involved.

Our care manager met with Jill and Kevin to develop a care plan based on the goals she wanted to achieve, with valuable input from Kevin. Jill had been a keen gardener before osteoarthritis struck, meaning that she could no longer bend down to tend to her beloved garden. Kevin felt that Jill's mental health had been impacted by this reduction in functioning, and Jill agreed. The care manager discussed the option of raised garden beds, which would negate the need for Jill to bend down. Three raised garden beds were purchased with Jill's funding, and Kevin built a seat for Jill that she was easily able to slide along a pulley from bed to bed. Jill is now back in the garden (weather permitting) and we received feedback from both that they appreciated being involved in the process, rather than being told what would happen, they were told what could happen.

We are a trusted guide walking alongside the client, ensuring the client has the information needed to support informed decisions about their care.

February 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>Healthy Tip: Keep active!</p> <p>Try to get 30 minutes of exercise each day</p>				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			

Consumer, carer and community participation

Interpreter services

LCCHS has a procedure in place that guides the provision and use of interpreting services.

- This procedure is relevant to service provision for people from Non English Speaking Background (NESB) and those who are Culturally and Linguistically Diverse (CALD). These terms are used interchangeably.
- Clients who are hearing impaired are also considered to need interpreter (Auslan) and translating services.
- The use of interpreters shall be included as an integral part of quality service provision.
- Latrobe Community Health Service through the Department of Health and Human Services has access to a credit line for services through Victorian Interpreting & Translating Service (VITS).
- It is essential that as soon as it is known that an interpreter is required, a booking to access an interpreter shall immediately be made. Requests made at short notice may not be met due to heavy demand.
- There are two types of interpreting services:
 - Telephone
 - On site



An interpreter shall be used when:

- A client requests an interpreter or produces an Interpreter Card
- A client exhibits no understanding or effective use of English
- The client is able to communicate in English but in a limited capacity
- The client is able to communicate in English but is more comfortable with their own language
- The client is under stress which may hinder their ability to communicate adequately in English

Interpreting services are regularly used by LCCHS clients throughout the year across a range of programs.

March 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>Healthy Tip: Eat breakfast!</p> <p>Breakfast gives you the energy you need for your day and improves your concentration</p>				1	2	3
4	5	6	7	8	9	10
11	12 <i>Labour Day</i>	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29 <i>School term 1 ends</i>	30 <i>Good Friday</i>	31 <i>Easter Saturday</i>

Consumer, carer and community participation

Community health priority population group

Harmony Day celebration

This year the Settlement Team celebrated Harmony Day on 21 March 2017 across Gippsland with a number of community groups and agencies. Harmony Day is a celebration of our cultural diversity - a day of cultural respect for everyone who calls Australia home. This year's theme was 'everyone belongs'.

In the Latrobe Valley, The Settlement Team celebrated Harmony Day with a morning tea that was extended to the broader community. We had the ABC broadcasting live at the event and our entertainment featured belly dancing, henna tattooing and delicious cuisine from all across the world. This was

generously catered for by the International Woman's Group and internally by our Planned Activity Group team who are great cooks.

This was an enormous success, with 200 community members attending from across the community.



We were lucky to speak with Soula Kanellopoulos who migrated from Greece back in the 60s, Amaline Tachdjian who prepared all the wonderful food for the morning tea and has made Moe her home and Akout Magouk, a Sudanese refugee who moved from Egypt to Australia in 2005.



April 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 <i>Easter Sunday</i>	2 <i>Easter Monday</i>	3	4	5	6	7
8	9	10	11	12	13	14
15	16 <i>School term 2 starts</i>	17	18	19	20	21
22	23	24	25 <i>Anzac Day</i>	26	27	28
29	30	<p>Healthy Tip: Don't over indulge!</p> <p>Easter eggs are a delicious treat but enjoy in moderation</p>				

Consumer, carer and community participation

Community health priority population group

CARE for Carers

The CARE for Carers program aims to support carers of people with dementia and the frail aged, with priority target groups identified as those from Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander backgrounds. The program focuses on increasing carer knowledge and carer wellbeing through peer support and social connectedness. Another key aim is to reduce the risk of care relationship breakdown and prevent premature entry into permanent care. This is achieved by enhancing the carer's capacity to maintain their caring role through education, health optimisation and the formation of peer support.

The feedback has been overwhelmingly positive, with carers reporting that they are now more aware of how their caring role has impacted them, how they can now take better care of themselves and are better prepared to navigate the support system available to them.

Carers have also reported that they have formed carers support groups after the program or social groups have ceased.

We had 7 participants attend an Aboriginal and Torres Strait Islander CARE for Carers program, all participants enjoyed the break away from caring roles and found the information of interest and would like other information sessions hosted in Latrobe and East Gippsland.



The program was held at the new Aboriginal centre, The Gathering Place at 99 Buckley St, Morwell, with sessions covering:

- Navigating the system
- Caring for your health and prevent potential health risks
- Caring for someone with dementia
- Caring for yourself workshop

Participants also enjoyed an Aboriginal Heritage Tour, a visit to the Phillip Island penguin parade and a seal viewing cruise.

May 2018

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	<p>Healthy Tip: Have your vaccinations? LCHS provide flu vaccinations - Get yours before the Winter months hit. Call 1800 242 696</p>	



Quality and safety

Feedback and complaints

Complaints

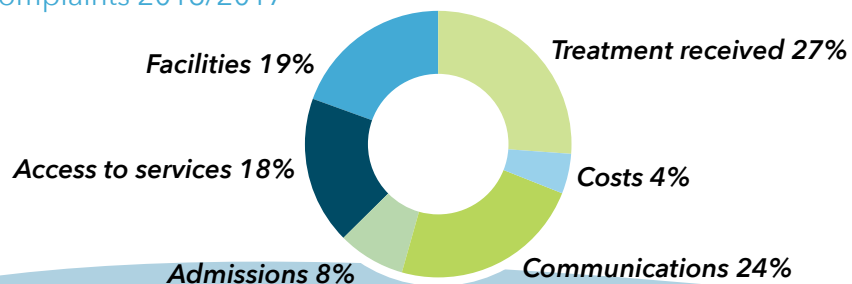
Complaints provide us with an opportunity to improve our services to you. We take all complaints seriously and thoroughly investigate them. We aim to have complaints dealt with and resolved within 28 days. This isn't always achieved and processes are in place to continue to improve on this. An acknowledgement letter is always sent and contact maintained with the person throughout the entire process.

Outcomes and improvements are always reported back to relevant parties. During 2016/2017 the outcome of complaints led to numerous improvements in the quality of service, including:

- Improving our SMS reminder approach to take account of clients needing to be rescheduled
- Dealing with a lack of regular contact by case managers by an improved monitoring approach and better aligning the location of clients to case managers
- Ensuring palliative care clients have the opportunity to continue to use rented equipment when discharging and facilitating the process
- Implementing a system that ensures disability clients are informed when their case manager takes more than two weeks leave
- Increased palliative care triage training to enable the assessment of clients over the phone to improve end-of-life care

This year we received 70 complaints relating to the following areas:

Complaints 2016/2017

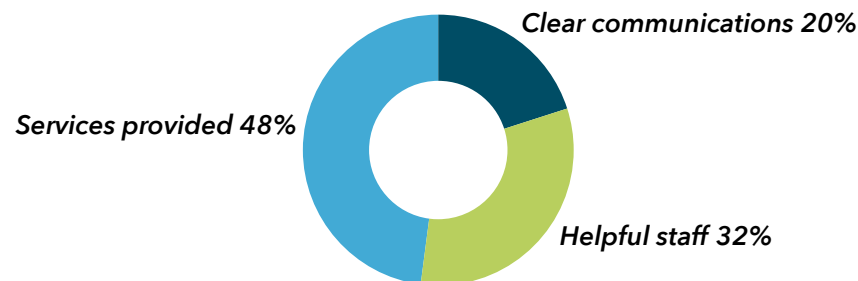


Compliments

We value compliments as they provide our staff with recognition and appreciation for the hours they devote to helping the community.

Over the past year, we received 101 compliments mostly relating to the valuable service we offer, or to our staff and in the way that care options are communicated and explained.

Compliments 2016/2017



Feedback surveys

LCHS regularly sends out client and staff surveys for all our program areas, to gather information on satisfaction about our performance in delivering services. The surveys give clients and staff an opportunity to provide valued input on any areas for improvement and allow us to plan future programs to deliver services that best meet our clients needs. The following service improvements were made as a result of staff surveys in 2016/2017:

- Programs such as our Creative Club and Planned Activity Groups have adapted their content from client suggestions
- Additional outings have been incorporated into programs based on client feedback
- New activities have commenced as a result of surveys
- We will soon work with a client/carer focus group to develop a "carer tool box" to assist carers with strategies and tools to maintain their caring role

June 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p><i>Healthy Tip: Make sure you get enough sleep</i> so you can function better throughout the day</p>					1	2
3	4	5	6	7	8	9
10	11 <i>Queen's Birthday</i>	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29 <i>School term 2 ends</i>	30

Quality and safety

Staff survey results and programs improvement

The staff survey is completed annually in September. This anonymous survey, open to all employees, is a body of research into the culture of the organisation across seven themes. The survey delivers a report that has a strong empirical base and provides a snapshot of our employees' perception of the organisation. The 2016 survey had a 77% response rate. The 2016 survey highlighted that 67% of respondents believed that LCHS was "a truly great place to work".

LCHS uses the wealth of information provided in the report to develop an annual Organisational Action Plan to address areas of improvement. LCHS is keen to focus these improvements on improving the safety and quality of services provided to our clients. The 2017/2018 Organisational Action Plan includes the following themes.

Themes	Strategies To Improve	Safety & Quality Outcomes
Keep staff engaged	We must ensure that all staff - especially long-term staff - remain motivated, informed and engaged as LCHS grows and changes.	By re-orientating our employees more regularly we have the opportunity to ensure their capacity to be fully engaged with their roles, and the clients they serve, remains high. We believe clients will directly benefit from a highly motivated workforce.
Create a safe environment	We have a shared responsibility to create a safe environment. This is reflected by embedding a culture to promote incident management within LCHS.	Improving the way we manage safety is a process of continuous improvement. In safety management it is important to learn from the things that go wrong and also near misses. Capturing the facts on safety incidents is an important part of learning and in 2017/18 we aim to continue to improve client safety by better incident management practices.
Foster community engagement	If we want to be front of mind in the community, then we must do more to be <i>in</i> the community.	Through conducting more regular events around themes relevant to the communities we serve, we aim to celebrate our connection to them, and to better understand any barriers that may exist in delivering quality services.
Provide excellent customer service	All frontline staff must be equipped with the right knowledge to ensure they are our front of house experts.	Providing excellent customer service is one of the four values we have at LCHS. Our clients will continue to enjoy a great experience if the employees that serve them give them the right information, first time.

July 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 <i>School term 3 starts</i>	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	<p>Healthy Tip: Get your eyes checked this July</p> <p>75% of vision loss is preventable or treatable if detected early enough</p>			

Quality and safety

Accreditation status

LCCHS 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 constantly strive to improve the delivery of our services by:

- Responding to community feedback
- Applying and measuring improvement initiatives
- Performing internal audits of program areas

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

Standard	Accreditation status	High priority improvement actions include:
Quality Improvement Council	All standards are currently met	<ul style="list-style-type: none"> • Provide better safety equipment for staff working remotely • Review risk management processes for palliative care • Improve consistency of client documentation
Department of Human Services	All standards are currently met	<ul style="list-style-type: none"> • No required improvement actions
National Safety and Quality Health Service	All standards are currently met	<ul style="list-style-type: none"> • Complete the Infection Control Quality Improvement Plan • Provide one process for recording of medical histories • Visual alerts to be made available to clinicians prior to care • Expand the scope of consumables procedure to include antibiotic pastes
General Practitioner Accreditation	<p>3 GP clinics accredited</p> <p>Remaining GP clinics scheduled for accreditation late 2017 or early 2018</p>	<ul style="list-style-type: none"> • Ensure all general practitioners and other practice staff undertake Cardio Pulmonary Resuscitation (CPR) training in accordance with accreditation recommendations • Review cold chain management processes • Record the immunity status of practice staff and offer immunity checks, as appropriate to their duties
Commonwealth Aged Care Standards	All standards are currently met	<ul style="list-style-type: none"> • No required improvement actions

August 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>Healthy Tip: Scrub up!</p> <p>Frequent hand washing is one of the best ways to avoid getting sick as it avoids spreading germs</p>			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	

Quality and safety

Quality improvement

Lesbian, gay, bisexual, trans and/or intersex (LGBTI) community

We know that people who identify as LGBTI are more likely than their heterosexual counterparts to experience difficulty in accessing health care. LCHS is committed to improving access to healthcare and health outcomes for people from the LGBTI community.

In 2017 we celebrated the International Day Against Homophobia, Biphobia, Transphobia and Intersex phobia (IDAHOBIT) Day for the third consecutive year with the theme 'Love Makes a Family'. The day was planned by our LGBTI Steering Group, in consultation with our LGBTI Community Reference Group, with support from a number of LCHS staff. People travelled from across the Gippsland region to celebrate the raising of the rainbow flag, listen to special guest speakers from a range of local and state agencies, have a professional family photo taken, and to learn more about the services provided by LCHS. A pamphlet outlining how LCHS is working towards inclusive practice was officially launched. This pamphlet outlined the delivery of staff training on how to support people who are LGBTI; changes to current policies and practices to promote a safe and welcoming service for people who are LGBTI; a commitment to working with other health services in the region to promote LGBTI inclusive practice and contact details for LGBTI specific services including: Qlife, Vic Aids Council and Minus 18.

We have also introduced a confidential email address that is accessed by staff members who have had intensive LGBTI training provided by GLHV (formerly known as Gay and Lesbian Health Victoria).



September 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	<p>Healthy Tip: Get involved!</p> <p>Check out local sports and activities in your area and have fun while staying active</p>					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
					<i>School term 3 ends</i>	
23	24	25	26	27	28	29
					<i>Grand Final Day</i>	



Quality and safety

Quality improvement

Palliative care remembrance service

The LCHS Palliative Care Service has fully trained volunteers who provide invaluable support to registered palliative care clients, carers and their families. Palliative Care volunteers are able to provide both practical and emotional support to clients, carers and their families. Current volunteers assist with a wide variety of tasks including companionship, respite, transport and accompaniment to appointments such as chemotherapy or radiotherapy.

As well as meeting any LCHS organisational requirements to become a registered volunteer, the Palliative Care volunteers are required to complete an extensive 4 ½ day palliative care specific training program. This training program has 9 modules and covers topics such as Introduction to Palliative Care, The Role of a Palliative Care Volunteer, Spirituality, Responding to Loss & Grief, Illnesses & their Symptoms, Death & Dying and Self Care. This training is usually run annually and facilitated by the Pastoral Care Nurse with guest speakers often invited to attend.

This year the Palliative Care Volunteer Program saw five of their volunteers receive additional training to increase their skills and knowledge in bereavement. The additional training, as well as guidance and support by Pastoral Care Nurse Michelle Davy, has enabled these volunteers to effectively provide extended bereavement support to bereaved carers and families of LCHS Palliative Care Clients. Volunteers provide both emotional and spiritual support through attending to phone calls, home visits and sending our bereavement anniversary cards. The addition of the Bereavement Volunteers has certainly enhanced the scope of service and support provided by the Palliative Care Bereavement Support Program.

Palliative Care Volunteers have been exceptional in their support and dedication to the team, clients, carers and families. There is such an extensive wealth of knowledge and experience amongst the Palliative Care Volunteers with the longest serving volunteers having been with palliative care for over 28 years.

October 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8 <i>School term 4 starts</i>	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	<p>Healthy Tip: Eat your vegies and fruit!</p> <p>Adults need to eat at least 5 serves of vegetables and 2 serves of fruit each day</p>		



Quality and safety

Quality improvement

The Hazelwood Mine Fire (HMF) implementation plan (respiratory and diabetes)

As part of the HMF implementation plan LCHS has received additional funding to expand the services for people with chronic conditions. A key element of the expanded service model is to engage with sectors of the community that are currently not accessing services or those whose access is based on 'crisis' management rather than proactive management of their chronic condition. LCHS is using an internally developed concept called the 'Guided Care Model' as the central component of building service capacity for people with chronic conditions. This model works with clients to plan their care and facilitate their ability to self-manage their condition and improve their understanding of the service system.

This approach has been piloted internally with a small cohort of clients but a more extensive research is taking place alongside our service development.

We have increased our ability for clients to access assistance for respiratory conditions with a 21% increase in referrals in the first quarter of 2017. We are also broadening our reach and from July 2017 will commence spirometry consultations in partnerships with general practitioners in Latrobe City.

We have also developed a comprehensive diabetes service in which all allied health clinicians involved in a client's care can be seen at the same time. The service focuses on ensuring that the health care team work with the client towards achieving their goals, regardless of their work location. All clients who are seen in the clinic have the ability to participate in the research. Of the clients who have agreed to this, 75% require additional assistance to navigate the health system and plan their care*.



**Additional assistance is determined by a number of assessment criteria within the 'Guided Care Model' which defines whether a person is able to fully self-manage their condition and care. Self-management is defined as managing a chronic condition including making the necessary lifestyle changes and accessing services when required or within a predetermined cycle of care. Health literacy is central to the effectiveness of self-management.*

November 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>Healthy Tip: Drink lots of water</p> <p>Especially coming in to the warmer months, try to drink at least 8 glasses of water a day</p>				1	2	3
4	5	6 <i>Melbourne Cup Day</i>	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Continuity of care

The journey of empowerment using a multidisciplinary team

Danny is a 53 year old Aboriginal man, living in East Gippsland. Danny suffered a stroke in April 2016 and subsequently his driver licence was suspended on medical grounds by VicRoads.

Danny was formerly employed as a medical driver by a Gippsland Health and Children's service, and the loss of independence and employment has impacted Danny's life significantly, having to rely on others to leave the remote community to do even basic shopping. There is no public transport that services the area, and the bus stop is some fifteen kilometres away. Danny's children all live at a distance, so visiting his family has become very difficult.

Danny suffered from some left side weakness as a result of his stroke; he dragged his left leg when he walked, and had reduced strength in his left arm and reduced dexterity using his left hand. As Danny is left hand dominant, this has also had a significant negative impact on Danny.

In October 2016, after several months of rehabilitation, Danny believed that he could be capable of driving again and discussed with his care manager the types of supports that were available under his home care package to assist him to achieve his goal. To enable Danny to legally drive again he would need to be assessed by a VicRoads approved occupational therapist. A review of Danny's care plan was undertaken to incorporate his goals and the strategies required to achieve them.



In conjunction with Danny's general practitioner, occupational therapist, and physiotherapist, a plan was developed to help him regain some of his strength and fine motor skills. Weekly physiotherapy sessions to regain upper body strength and function on his left side, occupational therapy, and the introduction of adult colouring books helped Danny focus his concentration and strengthen his fine motor skills. These were all incorporated into his care plan and funded under the home care package.

Initially Danny was impatient, and wanted to be assessed and back on the road. The risk was that if he rushed the assessment and failed, his licence would be cancelled rather than suspended making it extremely difficult to get his licence back in future. After discussion it was agreed that the best course of action was to have a number of driving lessons with an approved driving instructor. This would give Danny the opportunity to self-assess his capability and readiness for formal assessment, as well as update him on new road rules and give him strategies to help him compensate for his mobility restrictions.

His care manager contacted a number of VicRoads approved occupational therapists and it was identified that if Danny was assessed in Lakes Entrance he would qualify for a local area licence, which would only allow him to drive within the local community around Lakes Entrance. As Danny's children live in the Latrobe Valley and Melbourne this was not the result Danny was hoping to achieve. A Bairnsdale based driving school was contacted, who were willing to offer the lessons at three locations with the intention of Danny being assessed in Bairnsdale.

In January 2017 Danny's general practitioner submitted a medical report to VicRoads and Danny was given approval to drive with a registered driving instructor. Due to a misunderstanding however Danny was unaware that they had also put a time restriction, giving him eight weeks in which to complete the assessment. He was very distressed when he received a letter in March 2017 telling him that as he had not completed his assessment in time his licence was to be sent back to VicRoads and cancelled.

Danny did not feel that he could successfully deal with VicRoads and asked his care manager to advocate on his behalf. The care manager was able to successfully negotiate an extension of time until the end of April 2017, with the option to extend again if the occupational therapist requested it.

Arrangements were initially made for Danny to have six driving lessons. For the Lakes Entrance and Bairnsdale lessons a support worker was arranged through his employer to transport Danny to the lessons, with taxi transport to return Danny home back after the lessons.

After the six lessons the formal assessment was set in Bairnsdale with Keen As Rehabilitation Service, and a request for a further two lessons was made in the week leading up to Danny's assessment. A final driving lesson was booked for the morning prior to the assessment to ensure that Danny was relaxed and confident.

Danny passed with flying colours. Feedback from the assessor was that Danny had been very well prepared for the assessment, he was confident and very capable. Danny received his licence back, without restriction.

The process took eight months, and shows the importance of a well-conceived plan for success rather than rushing to failure. A successful outcome was the product of a clearly defined and realistic goal, which the client was involved in from beginning to end, and a team of people working towards the same goal.

In addition to regaining his licence, Danny achieved increased strength in his legs and upper body, his handwriting has improved significantly, he no longer drags his leg when he walks, and the growth in his confidence and self-esteem has been remarkable.

And you can't get the smile off his face...

Continuity of care

Regional Wound Management Clinical Nurse Consultant (CNC)

There are two nurses at LCHS (Marianne and Linda) who love to work with clients who have wounds that don't heal. They have many years of experience and they love a challenge. They are known as the Regional Wound Management Clinical Nurse Consultants or CNCs. These roles are regional which means that they can see people in any District Nursing Service or Public aged care facility in Gippsland, so some days mean a lot of travel.

In the majority of cases, Marianne and Linda see wounds on people's lower legs. They see many clients who have had a wound for several years and are able to provide assessment and management to allow these wounds to heal. They work closely with the allied health staff in all the facilities that they see their clients, so often it's a team effort. The role has won several awards over the years for the research and data it has collected.

The CNCs provide training to regional staff to enhance the skills of nurses working with clients with wounds in Gippsland, and present at a state and national level. Access to these specialists in wound management can be made via any District Nursing Service in Gippsland.



December 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31	<p>Healthy Tip: Enjoy the festive season!</p> <p>LCHS wishes you a very Merry Christmas and a safe and Happy New Year!</p>				1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
					<i>School term 4 ends</i>	
23	24	25	26	27	28	29
		<i>Christmas Day</i>	<i>Boxing Day</i>			



Continuity of care

Programs working together to support a carer and her family through a particularly challenging time

Max is an adorable 3 year old boy who loves Toy Story and water play but hates toys and bath time! Oh, and Max has autism. With help from our Disability Services team, his family were able to purchase water play equipment that has lead Max to tolerate bath time, which has relieved a major stressor for him and his loving family. This has also enabled better sleeping, which has led to an overall happier experience for Max who is now more engaged with appointments during his day. We have all been thrilled to see Max enjoying bath time.

Max's mother says that she is extremely grateful to LCHS for their assistance during this important time in life for Max to learn to communicate and operate in our world. She felt their needs were heard and some of their pressures relieved, leaving time and money to work on some of the many other issues facing their son and family unit.



Evaluation survey – have your say!

We want to ensure that our Quality Account 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 the appropriate boxes:

1. What best describes you?

- | | |
|--|--|
| <input type="checkbox"/> Client with LCHS | <input type="checkbox"/> Relative/carer of a LCHS client |
| <input type="checkbox"/> Health professional | <input type="checkbox"/> Student |
| <input type="checkbox"/> Volunteer with LCHS | <input type="checkbox"/> Other _____ |

2. Do you like the calendar format?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

3. Did you find the report informative?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

4. Was the report easy to understand?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Easy |
| <input type="checkbox"/> Difficult | <input type="checkbox"/> Very difficult |

5. What improvements would you suggest we make for this report?

6. Any other comments?

Evaluation survey – have your say!

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

Hand deliver
to any LCHS site

Post to
PO Box 960
Morwell 3840

Email to
feedback@lchs.com.au

Fax to
03 5136 5451

Please attention all surveys to 'Governance Team'

Thank you for your time.



Cut along dotted line





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ndis National Disability Insurance Scheme

ndis



"I didn't want to think of the future before the NDIS. Now we can dare to dream."

— Ally's mum Kathy.

ndis.gov.au

Regional Victoria



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