

# 2009 Quality of Care Report



## Introduction

**Latrobe Community Health Service (LCHS) is committed to providing high quality community based health services to the people of Gippsland. This is emphasised through inclusion as a strategic direction in the 2007-2012 Strategic Plan. We have grown and expanded from our beginnings as an incorporated body in the mid 1990s.**

Our organisation's structure was critically reviewed in 2007 by consulting with staff, reviewing client and stakeholder feedback, reviewing the literature and benchmarking against other community health services.

As a result of this, LCHS has been reorganised to present a more holistic and multi-disciplinary approach, that will improve the health of our community, strengthen links with our community, improve the quality of our services and increase our capacity to better utilise knowledge to achieve our Vision - Better health, Better lifestyles, Stronger communities. LCHS consists of five directorates which are Community Support, Coordinated Care, Primary Health, Ambulatory Care and Corporate.

While the primary catchment population is Latrobe City, we offer a broad range of support and care services to people of all ages across Gippsland. In 2009, our annual services reached more than 22,000 Gippslanders. Ensuring that the quality of this care is of the highest standard is of the utmost importance to the Board and the staff.

LCHS has a well established Board Quality and Safety Committee which oversees our quality and safety systems. Its membership comprises three Board Directors and one community member and it is attended by LCHS staff who report on the quality and



safety within their programs. The Committee meets every two months and uses an annual calendar in order to ensure it monitors all the important quality and safety indicators for LCHS.

Members of our community and our stakeholders will be able to obtain a copy of this report from our sites or via our website. Information regarding the Quality of Care Report will be made available in the Latrobe Valley Express. This approach has been adopted to ensure a very wide distribution of the report.

Contributions from our staff and our Board are reflected in this report. Our programs involve the community, and our Board are members of our community. In our previous Quality of Care Report we encouraged readers to provide feedback to us, in order to improve the 2009 report. We learnt that asking for written feedback via a structured form did not work well. This year, we are encouraging feedback by telephone, email and a link provided via our website. Your feedback will be used to improve our next Quality of Care Report.

To provide feedback please telephone Quality on **03 5136 5076**, email **QOC2009@lchs.com.au**, or visit website **www.lchs.com.au**

# Our services

- Aged Care Assessment Service
- Alcohol & Drug Treatment Service
- Carer Services - Commonwealth Respite & Carelink Centre
- Case Management
- Child Assault Management Program
- Community Aged Care Packages
- Community Health Nursing
- Continence Nurse advisor
- Counselling & Support Services
- Creative House
- Dementia Education & Training for Carers
- Dental Services
- Diabetes Education
- Disability Services
- District Nursing Service
- Early Childhood Intervention Services
- Early Parenting Day Stay Program
- Exercise Programs
- Falls Prevention Program
- Gambler's Help Service
- Gippsland Auslan Interpreter Service
- Gippsland Withdrawal and Rehabilitation Service
- Home & Community Care Response Service
- Health Promotion
- Health Services for Homeless Youth
- Hydrotherapy
- Kids Life! MEND Program
- Koorie Community Aged Care Packages
- Life Skills Group
- Lymphoedema Clinic
- Mayfair House
- Mental Health Assistance
- Men's Health Clinics
- Moe After Hours Medical Service (MAHMS)
- Men's Self Help Ending Domestic Violence (SHED) and Young Aboriginal Men's SHED Project
- Needle & Syringe Exchange Program
- Non Case Managed Packages/Early Intervention
- Nutrition and Dietetics
- Occupational Therapy
- Palliative Care
- Parent Support Program
- Physiotherapy
- Planned Activity Groups
- Podiatry and Foot Care
- Refugee Health Services
- Relaxation and Stress Management Group
- Stay Healthy Latrobe - Early Intervention in Chronic Disease Management
- Support Groups
- Supported Accommodation Program
- Veteran's Home Care
- Women and Children's Family Violence counselling
- Women's Health Clinics
- Wound Management

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# How we work together

An important aspect of providing a quality health service is to ensure that all members of our community have access to our services and feel confident to use our services.

## Working with Koorie Communities

In 2008 LCHS committed to improving the way we deliver services to Koorie people. Together with members of the Koorie community we developed an action plan to ensure that LCHS programs and activities are responsive, culturally appropriate and reflect Koorie community needs.

We held a series of successful Koorie Open House days at LCHS where staff provided information about the services and support we offer. The use of story telling techniques proved to be most effective in explaining our services and how to access them and allowed positive interaction between staff and the Koorie community. In addition to the open house days we held joint events to acknowledge Reconciliation Week, NAIDOC Week and Close The Gap day.

A booklet designed to assist LCHS staff to have a better understanding of cultural aspects when working with Koorie people was developed in consultation with Koorie community members. The booklet is a guide for effective and respectful communication and aims to assist staff to be approachable, understanding about issues past and present; flexible and thoughtful. Overall, we provided a service to 340 Koorie people in 2008/09 up from 261 the previous year.

Case management staff continued to provide services to residents at the Lake Tyers Aboriginal Trust in East Gippsland. A review of the lawn mowing and firewood services occurred and has resulted in community members becoming more involved in the selection of alternative service arrangements.



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## Improving the health of culturally and linguistically diverse communities

**The LCHS Cultural and Linguistically Diverse (CALD) Committee oversees the organisation's CALD Plan for improving access to the health service for non English speaking community members. This year's plan focused on improving access and involvement for people who are new to Australia as well as those who are longer term residents but who have difficulty speaking and understanding English.**

**There have been a number of achievements this year that we will continue to build on to improve access to services for all community members:**

- We have implemented cultural awareness training for LCHS reception and service access staff;
- Interpreting service usage has increased and we have increased the variety of documents translated into a number of languages that are available for distribution by LCHS staff;
- The International Women's Craft Group meets weekly and provides local Sudanese women a forum for discussion on their emerging needs in Australia. LCHS assists the group by providing help in dealing with the issues common to migrants. The program is a joint exercise in partnership with Gippsland Multicultural Services, Relationships Australia and LCHS.
- The Morwell office hosted a Sudanese Lunch during Harmony Week. Several of the members of the Women's Craft Group worked together to provide a range of Sudanese foods that were enjoyed by staff and a qualified interpreter described the dishes and their cultural significance.
- Presentations outlining LCHS services have been made throughout the year at various cultural group meetings, presenting the services with interpreters in a setting that they feel comfortable in.
- A Refugee Health Nurse was appointed to the LCHS Community Health Team in March 2009 in order to focus on increasing refugee access to culturally appropriate primary health services. The nurse addresses health and social needs of new arrivals and coordinates health care services through general practitioners, the community dental clinic, hospitals, counselling and support services and allied health care services. Health education and information for newly arrived refugees will be among the resources available to individuals and groups.
- A Refugee Health Committee was established this year with Latrobe City Council and the Latrobe Settlement Committee to work to improve refugee awareness and access to health services. This is supported with work that the Primary Care Partnership is doing in mapping health and support services available to the refugee population.



# How we meet your needs

## Caring for chronically ill patients

**LCHS continually strives to provide best practice and quality services for patients with chronic and complex care needs.**

Assisting clients to manage chronic conditions, maintaining a healthy lifestyle and knowing when to seek assistance is the major focus in this important area of service.

In partnership with Central West Gippsland Primary Care Partnership we bring together strategic working groups, coordinate special projects, and research and promote the use of quality tools and resources, providing kits, practice manuals and best practice chronic illness care.

## Better wound healing

**In September 2008, LCHS lead a region wide wound project, to examine the healing times of wounds, and to research whether chronic wounds will heal faster with sound management practice, and therefore be more cost effective for both clients and the service.**

The project involved Home and Community Care clients with chronic wounds failing to heal within three months, despite district nursing service support. Clients with leg ulcers were provided with a specific treatment regime by the Clinical Nurse Consultant and assessed over a three month period.

The results of the project were very encouraging and clearly indicated that a treatment plan recommended by a Wound Clinical Nurse Consultant provided a significant improvement in healing, with shorter healing times, improved quality of life for clients and reduced expense for the Service. The potential economic outcomes for Latrobe Community Health Service and benefits for our clients are considerable.



## Early intervention in chronic disease

**This year, we reviewed our Stay Healthy Latrobe program which provides services for managing and caring for people with chronic disease, through community based health services. The review found that while early intervention and self management were actively being promoted, there were significant gaps in ensuring clients and referrers had friendly access.**

The program was significantly improved by delivering services

across the whole organisation rather than on a stand alone basis and by coordinating the referral process, we were able to improve efficiency and reduce delays for referrals.

LCHS and the Division of General Practice developed a better understanding of the management of Team Care Arrangements, leading to a system that identifies referrals immediately at the access point and the Care Coordinators follow up. Involving both the consumer and GP at an early stage has resulted in

improved access to coordinated services for consumers and has eliminated failed referrals.

The LCHS health promotion team play an active role in the management of chronic disease and there is a collaborative partnership between Stay Healthy Latrobe and Health Promotion. Three “Life! Taking Action on Diabetes” courses were facilitated during the year and succession planning has commenced so that this program can be facilitated by the Community Health Nurses in the future.

## Access to services

**LCHS provides the greater Gippsland community with access to the Commonwealth Respite & Carelink Centre, accessible through all LCHS sites from Bairnsdale to Warragul. This year over 1,400 enquiries were received.**

Despite the challenges of bushfires, limited staffing resources, increased services delivered and changes to work processes, Service Access Officers at LCHS processed higher levels of referrals than in previous years with an average of 115 referrals daily, for over 90 LCHS programs. More than 30,000 referrals were responded to during the year.

Our centralised service access point and records has streamlined the handling of appointments for our referred clients and Service Access Officers have worked toward improving access for all. A full review of access in 2008 has mapped out a series of improvements that have been and will continue to be implemented in consultation with our clients.

In line with changes to service access and an improved phone system, reception has been streamlined allowing our Front Office staff to process more than 2,000 calls weekly, improving telephone response times and reducing waiting times for clients.



# Ways we look after you



## A healthier community

**This year LCHS has focused on health promotion in three priority areas which align both with the Department of Human Service's (DHS) and the Central West Gippsland Primary Care Partnership priorities for improving the population health of the Latrobe Valley. These are Mental Health and Wellbeing, Food and Nutrition, and Physical Activity.**

LCHS has shown leadership in health promotion by building capacity throughout the organisation and in other services and communities to provide effective health promotion interventions in the community. An example of this is the Vocational Curriculum and Learning program. LCHS partnered with Lavalla College, Stockdale Road Primary School and Latrobe City Council to provide nutrition information and activities to the program, which involved primary school children growing vegetables, cooking with the assistance of secondary students, and studying vocational curriculum areas of hospitality and gardening. This program was awarded the Partnership Achievement Award by the Victorian Curriculum and Assessment Authority.

Community Kitchens have been successful across the Latrobe Valley providing food and nutrition information and experience for participants but they are also an excellent vehicle for breaking down social isolation. Kitchens are led by volunteers, following a manual, and the group makes decisions on the food to be prepared based on healthy food guidelines. A new Community Kitchen began this year in Boolarra and a multi-cultural Community Kitchen was established in partnership with the Gippsland

Multicultural Service and the Sudanese Community. Participants in the multi-cultural Community Kitchen are able to learn about Australian food and nutrition as well as share their own cooking and food styles. To further assist the newest settlers LCHS translated and localized a Guide to Healthy Eating in Australia booklet for distribution to the Sudanese Community. This resource contains five fact sheets of 'how to buy fruit and vegetables', 'how to prepare fruit', 'how to keep foods safe', 'how to cook vegetables', and 'preparing vegetables'. It is translated into the two main languages used by the community. It also has maps of Churchill, Moe, Morwell and Traralgon containing location and contact details of supermarkets, fruit and vegetable stores and butchers in each town.

LCHS successfully facilitated a Community Kitchens forum with key speakers from Frankston Community Health who developed the original program. Volunteers from Latrobe Valley, Central Gippsland and Baw Baw were recognized at this forum with the presentation of certificates. The Forum provided an excellent opportunity for Community Kitchen leaders to share and develop ideas with other leaders from throughout Gippsland and beyond.

The international women's craft group has also been maintained with donations of sewing machines, overlockers and sewing lessons contributing to this. LCHS has remained involved in the Settlement Planning Group and has provided organisational support to the Centre for Ethnic Health in the Sexual Health program that they provided for the Sudanese community. LCHS has maintained an advocacy and education role in assisting new settlers to understand and access transport in the Latrobe Valley.

Improving the capacity of residents of Latrobe Valley to access, prepare and consume nutritious food, targeting families, children and neighbourhood renewal areas has been the focus of Food and Nutrition throughout 2008/09. Healthy market basket surveys were completed in Moe, Morwell, Traralgon, Churchill, Boolarra, Yinnar and Glengarry and the results of these were used to inform catchment planning.

Evidence in health promotion indicates that work with younger children has a greater effect on nutrition for the whole family than work with parents alone. LCHS worked with 21 pre-schools for Smiles for Miles which educates children on healthy foods for dental health and good nutrition. 52 parents presented at the annual Smiles for Miles forum and the program was extended to playgroups as a result.

Physical activity has been a vehicle to increase the number of people actively exercising throughout the Latrobe Valley. Staff have been trained by the National Heart Foundation to support the establishment and sustainability of local walking and exercise groups. This then enables them to train volunteer group coordinators. Two extra walking groups were established this year, making four groups in all. Nordic walking has continued and is a popular activity. The groups have been linked in with the Heart Foundation walking program and have an identified leader.

An adult bike riding program, Back On Your Bike, was developed with support from a TAC Road Safety Grant. Partners in the program included Victoria Police, Latrobe Road Safe Committee, Mallard Cycles and Latrobe City Council. Eight community members attended a two day instructor training session to assist in the delivery of the program. Resources have been developed to support the program.

Smart Movers continues to be delivered at Moe, Morwell and Traralgon and links participants on to other external physical activities.





## Reducing alcohol and drug related harm

**Mental health is fundamental to physical health, productivity in the workplace, school, family and overall quality of life. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just.<sup>3</sup> Mental disorders account for 13.9 per cent of the burden of disease in Latrobe, above the State average. For both males and females, mental disorders are third, after cardiovascular diseases and cancer, in causes of the burden of disease across Gippsland.**

Good mental health is a prerequisite for good physical health. Poor general health is three times more common among people who report significant emotional distress.<sup>3</sup> Poor mental health is recognized as a growing cause of morbidity in Australia and a significant co-morbidity of many of the major disease conditions. Poor mental health has been linked with increased susceptibility to illness and disease including cardiovascular disease, diabetes and stroke.<sup>3</sup> Poor mental health may also lead to substance misuse, difficulty in relationships, lower self-esteem and an increased risk of suicide and selfharm.<sup>1</sup>

*“The picture is dominated by substance use and affective and anxiety disorders, which together account for over three-quarters of the overall burden attributable to mental illness.”<sup>2</sup>*

1. Commonwealth Department of Health and Aged Care 2000, *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*. Mental Health and Special Programs Branch, Commonwealth department of Health and Aged Care, Canberra.

2. Department of Human Services 2005c, *Victorian Burden of Disease Study- Mortality and Morbidity 2001*. Melbourne, Victorian Department of Human Services.

3. Victorian Health Promotion Foundation (2005). *A Plan for Action 2005-2007 Promoting Mental Health and Wellbeing*. Melbourne, Australia.



*Poor mental health may also lead to substance misuse, difficulty in relationships, lower self-esteem and an increased risk of suicide and selfharm.*

Drug Action Week is an initiative coordinated by the Alcohol and other Drugs Council of Australia and supported by the Department of Health and Ageing, designed to raise awareness of alcohol and other drugs issues and reduce alcohol and drug-related harm.

This year, the LCHS Drug Treatment Services focused on young people, alcohol, drugs and mental health issues. As part of the project, LCHS staff attended an 'Underage Rage' (alcohol & drug free dance for 13-17 year olds), in the Baw Baw region. The purpose was to raise awareness of alcohol, drug and mental health issues among young people and to provide information on available local youth services.

LCHS also conducted street outreach walks to 'high risk' areas in the Baw Baw region, engaging with young people to build rapport and trust and raise awareness about alcohol and other drugs and mental health issues. Thirteen of the fifteen young people surveyed felt the information provided to them was useful and easy to understand. The feedback suggestions included a more visible and experienced presence, school seminars and the provision of literature, attendance at sporting clubs and the involvement of young workers.

The school presentation of the Get Wise Not Wasted program, a one hour interactive education program designed especially for youth, was highly successful.



# Providing you with quality care

**LCHS uses many different process and systems to ensure that care provided is safe and of high quality. Our systems and processes are subject to external review by way of audit and accreditation. We also have our own internal processes to monitor safety and quality of care. Regular reporting and monitoring of safety, quality and risk management occurs through organisational Committees, including the Board Quality and Safety Committee. The following information highlights some of the systems in place:**

## Major external review

Every three years, LCHS undergoes a major external review whereby external reviewers examine our systems, processes and documentation and conduct staff and stakeholder interviews to ensure that we are complying with specific standards. We underwent this accreditation review by Quality Improvement & Community Services Accreditation Inc. (QICSA) in March 2009. Our accreditation has been renewed for a further 3 years. We are currently addressing the Service Coordination standard, which was identified for improvement and we have developed a Quality Improvement Plan that focuses on key areas for continuous improvement.

Leadership, organisational direction, our Strategic Plan, our Quality and Clinical Governance Framework, and our online systems all received commendations.

## Our qualified staff

When you receive a service from LCHS, you can be assured that the staff are appropriately qualified and experienced to provide the care they give.

After a review, a new credentialing process was implemented in 2008 to ensure that LCHS has a current record of qualifications, personal registration details and other information relevant to the scope of practice of individual staff members. Staff members are also obliged to provide records of their ongoing registration, certification and professional development to assure they meet the standards required of their individual professional bodies.

LCHS also has a performance review process for all staff.



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## Clinical governance - a shared responsibility

**The accountability for ensuring that care provided is safe and of high quality is a shared responsibility across the organisation.**

The term that is used to describe all levels of the organisation working together in this way is called 'clinical governance'. The need to have a formal process at LCHS for clinical governance was identified and late in 2008 the LCHS Executive endorsed the establishment of a Clinical Governance Advisory Committee. Since April 2009, the committee has assisted LCHS to manage and monitor the delivery of care. Membership represents every area of the organisation and its purpose is to oversee and monitor the care LCHS delivers.



## Compliments and complaints - we want to hear from you

**LCHS received 129 compliments for 2008/09 and 99 complaints for the same period of time.**

Compliments tell staff they are doing something well and complaints are a vital form of feedback that provide valuable information to us to help improve the quality of the services we provide. All compliments and complaints received by LCHS are managed through a centralised system that ensures compliments and complaints are tracked and addressed by appropriate managers and staff in a timely manner.

We welcome and take feedback from the community seriously and strive to resolve complaints quickly and to the satisfaction of the person providing the feedback. The following is an example:

*This year two families within the Palliative Care Program gave considered feedback around the communication process and as such have been assisting with the development of a client and carer information package. The package will consist of two booklets once completed. The first booklet will provide general information about all aspects of the palliative care program. The second booklet focuses on the issues a carer may come across when caring for someone who is in the final stages of a life threatening illness. Having consumer involvement in preparing these documents has been invaluable as they give the very human response and identify for us the needs out in the community.*

*As part of this process we also realised that there was a need to offer our nurses some intense and customised training in palliative care. This training was provided by Calvary Healthcare Bethlehem. The program focussed on critical thinking, communication, reflection as well as time to discuss and look at the current issues in palliative care training. This training was offered to the Palliative Care nurses and the district nurses. The nurses found the experience invaluable with some now taking up clinical placements at large metropolitan palliative care services to further enhance their training.*

## Risk management

**Risk management means identifying things that can go wrong, preferably before they happen, and putting steps in place to prevent or reduce the likelihood of events occurring.**

Safety of our community and staff is a key element in risk management. At LCHS potential risks are identified and listed in a risk register and preventative actions developed. Risks and preventative controls are reviewed and updated on a regular basis to monitor effectiveness and introduce corrective action.

In addition, regular Occupational Health and Safety (OH&S) audits are conducted and the safety of all facilities and equipment is regularly checked.

Risks and controls are reviewed and monitored by the OH&S Committee, Clinical Governance Advisory Committee and by the Board through its Audit and Quality and Safety Committees.

### Keeping up to date on Swine Flu

**Information concerning the Swine Flu epidemic was regularly provided to staff.**

The incidence of staff infections from the virus compared to the incidence of normal strain of flu and colds that impact annually is unclear.

A General Public Bulletin available in multiple languages, for consumers, was provided directly by staff and displayed in public waiting areas of LCHS.

## Reducing the risk of infection

**In April 2009, we reviewed infection control activities at all our sites where we undertake clinical activity.**

The aim was to assess if we met all infection control standards and guidelines. The reviewers looked at the clinical, storage and sterilisation areas, plus the district nurses vehicles and suitcases. The review found that the Dental Service processes were compliant, with only a few minor changes suggested for the sterilisation area which are being considered in planned renovations. The new Traralgon site meets all the standards and the new facility at Morwell will also meet all standards and guidelines once it is completed early next year.

The review found that other sites achieved partial compliance so a number of recommendations were presented and are now being followed up.

This has included focusing on storage at all sites including linen, medical supplies and medical equipment to make sure we are compliant.

We have also purchased new bags for the District and Palliative Care Nurses through funds donated by the LV Palliative Care Fundraising Assoc. Inc. as the existing bags were outdated.

Staff have attended a hand hygiene training session, as part of Infection Control education. Videoconferencing with our staff located in Bairnsdale, Sale and Korumburra, enabled broad participation in the training.

Evaluation has indicated staff now have a clearer understanding of the need for appropriate hand hygiene. Hand hygiene has been highlighted as the single most effective practice for minimising health care associated infections.



# Better dental services

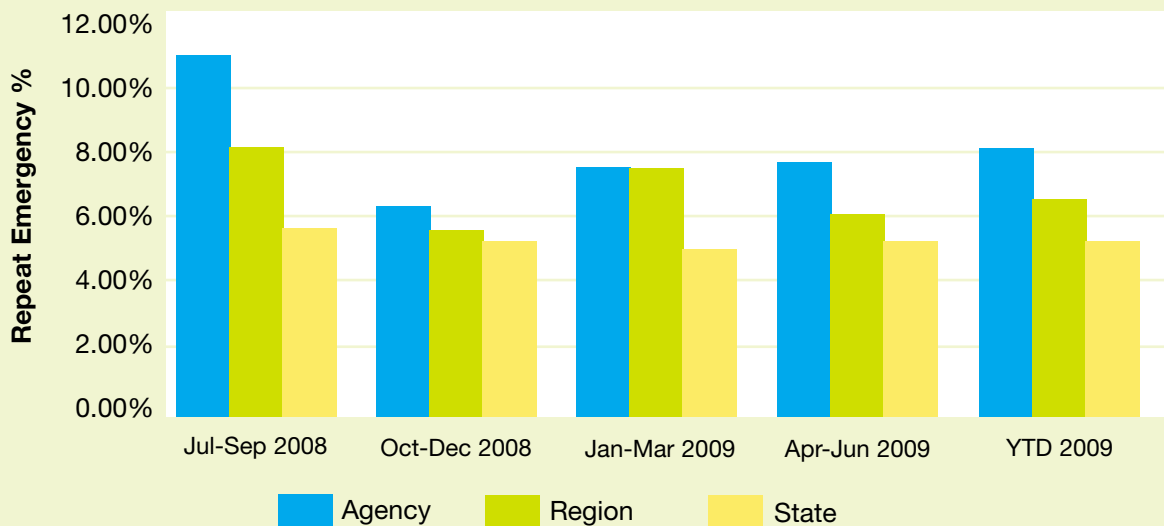
## Comparing our emergency care

**We constantly monitor and review the effectiveness of our dental services, along with our other services.**

Information gathered in clinical surveys assists us to streamline processes and provide better service to clients. One of the measures we use to monitor our dental service is to look at the number of clients who receive emergency dental care and then have to return for care within 28 days after the emergency

treatment. The incidence of clients representing within 28 days after emergency dental treatment is impacted by factors including emergencies requiring extensive treatment and multiple visits, swelling or infections and those requiring a general anaesthetic. LCHS has significantly reduced the frequency of patients re-presenting over the past 12 months as shown in the graph below. LCHS is represented as the Agency in the graph.

**Emergency Care Provided 2008/09 and Retreated Within 28 days**



## A new dental clinic

**Our community will benefit from a new state of the art dental clinic fitted with six dental surgeries, prosthetic laboratory and sterilising facility at the new Morwell LCHS site.**

LCHS, in partnership with Melbourne University will

use four of the six chairs as a joint training facility for final year Bachelor of Dental Science (BDS) students. We will continue to mentor and supervise final year Bachelor of Oral Health students at Moe, in conjunction with the BDS students in 2010.

## Using technology to improve service

**Early in 2009 the Ambulatory Care team identified that the paper based system used to allocate staff for client visits was inadequate.**

A solution was found by working with the LCHS Information Communication Technology (ICT) team, who helped build and implement a new electronic allocation and client management system. The system gives immediate access to the information Ambulatory Care need to make decisions about the allocation of staff to meet clients' needs. The system will also provide Ambulatory Care staff with protected access to information even when they are off-site visiting clients. Improving our systems enables us to provide more efficient and effective services.

LCHS has embraced S2S eReferral (an electronic referral system) to simplify and speed up the referral process to enhance service access.

Our ICT team ensure that all information held by LCHS is protected and secured from non-authorized access by the application of strict policies, procedures and appropriate technology.



## An ongoing commitment to continuously improve

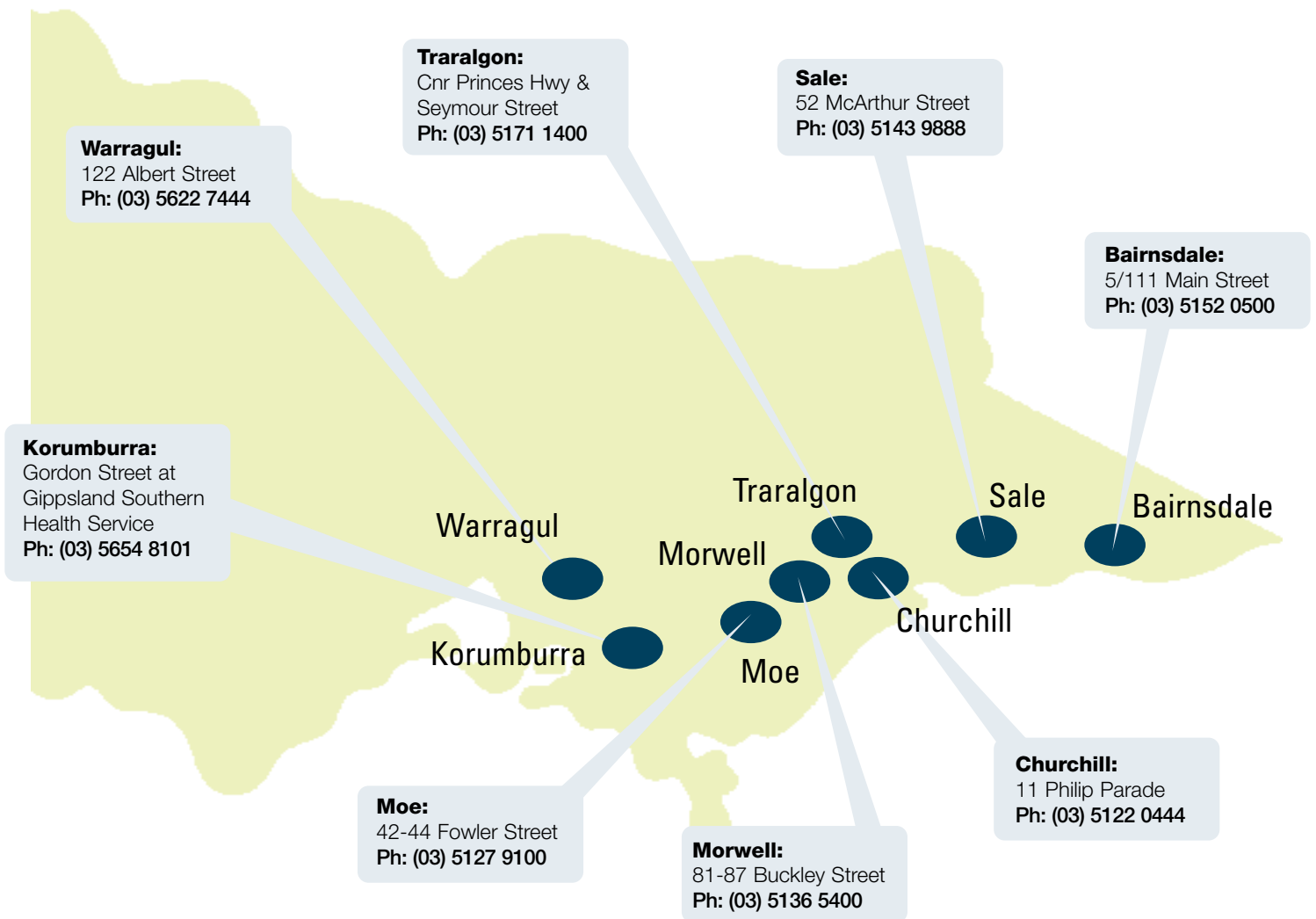
**LCHS is an organisation that is committed to continuous improvement.**

We have compared our performance to industry standards and requirements by undergoing accreditation, internal audits and reviews and have acted upon their findings and recommendations. We listen to our community and act, when we receive compliments and complaints. Our internal processes for overseeing quality and safety continue to improve through the active participation of all of our staff in quality activities and a continued focus on OH&S, clinical governance and risk management. Our facilities are upgraded and renewed so that services are provided from a modern and safe environment.



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# Gippsland Wide



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