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PREMIER'S AWARDS

Category	✓	PRIMARY HEALTH SERVICE OF THE YEAR				
		RURAL HEALTH SERVICE OF THE YEAR				
		REGIONAL HEALTH SERVICE OF THE YEAR				
		METROPOLITAN HEALTH SERVICE OF THE YEAR				
Organisation	GIPPSLAND LAKES COMMUNITY HEALTH					
DHS region	GIPPSLAND					
Chief executive	BRUCE HURLEY					
Entry contact person	Fiona Rawson					
Position	Administration					
Unit/Division	Corporate Services					
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Please note you must register your intention to enter by completing the online form at www.health.vic.gov.au/healthcare awards by 6pm Wednesday 5 July 2005.

The completed entry must be submitted by 6pm Wednesday 26 July 2006, accompanied by a signed endorsement letter from the organisation's chief executive officer.

Organisation

Gippsland Lakes Community Health

(a) About the organisation

"GLCH has taken on board the challenges of change and presented as a thriving, exciting and vibrant organisation" – QICSA Review 2006

Gippsland Lakes Community Health (GLCH) is a high profile health service provider in East Gippsland that is noted for its extensive range of health and community services, its ability to relate to and provide services to the most disadvantaged communities, and its championing of the social model of health.

East Gippsland has a population of 40,000 and the area is predominantly rural. Major industries include farming, forestry, fishing and tourism. The area is one of the most disadvantaged in Victoria with pockets of severely disadvantaged communities.

GLCH's service sites are in Lakes Entrance, Bairnsdale and Bruthen. It provides outreach services throughout East Gippsland through its network of partnerships, extensive travel and use of information technology. Its partnerships with koori controlled organisations and more remote community health or bush nursing centres is particularly strong. It provides management, administration and outreach health services to many of these organisations in a way that builds capacity and empowers their Boards and communities.

GLCH values and promotes excellence of service and prides itself on delivering coordinated and accessible health services and health promotion programs. There is a focus on the health of populations as well as the health of individuals (*Attachment A*).

GLCH has an annual budget of \$10 million, over 200 staff and 300 volunteers who deliver a range of family, children and youth services, home care, allied health, nursing, medical and counselling services. Over 10,000 clients from all communities and age groups utilised GLCH services and programs in 05/06. The statistics reflect the services priorities – for example, 7% of clients are Koori.

GLCH takes a lead role in workforce development to address chronic shortages of health professionals in remote rural areas. It adopts innovative ways to redefine work to attract, retain and maximise benefits for its staff.

It takes a lead role in reconciliation with koori communities, in social and service planning initiatives with local government and the primary care partnership, and in service developments including chronic care, early years development and integrated health promotion.

GLCH maintains its reputation for keeping true to the values of community health whilst positioning itself to attract additional health services.

(b) Performance against agreed targets

GLCH has met and exceeded targets in relation to service output measures, financial performance, operational goals and strategic planning. The only exception is where difficulty has been experienced recruiting professional staff. In such cases, funding has been used to exceed targets in related areas.

Output Measures

Managers and Board receive quarterly data reports on actual versus service targets in all areas and anomalies are highlighted and acted upon. Targets are consistently exceeded. Where staff shortages account for target shortfalls or improved service models involve the need to redefine targets, negotiations occur with funding bodies. The Community Health program is 1% over target in 05/06, despite shortage of speech therapy services during the first 6 months.

Service statistics are reviewed at an organisational level to inform the development of Unit plans, identify gaps, compare client profiles with ABS statistics and generate future action.

Finance

GLCH is financially viable with a strong focus on maintaining a sound position. Financial governance is an important part of the Board's role and they use a range of accounting and reporting analyses when planning financial strategies. The Board receives monthly financial reports. *Attachment B* shows the capacity of the organisation to meet all commitments. GLCH is a growing organisation with a budget of \$8.7M in 2004; \$8.9M in 2005; and expected growth to \$10M in 2006.

Strategic Plan/ Organisational Goals

Through consultation with key stakeholders, GLCH establishes its strategic direction through 5 year strategic plans. The 2002-2007 plan informs the setting of operational goals (*Attachment C*). A culture exists where goals are met and used to extend and develop responsive services.

(c) Clinical governance

Organisational values are overtly stated, understood and integrated into operations and culture – QICSA review 2006

GLCH supports a notion of accountability and quality improvement and is committed to assessing and managing risk to ensure continuous safe, responsive and efficient services.

To support this objective GLCH is accredited with:

- QICSA – Quality Improvement Council Standards and Accreditation Program
- Australian General Practice Accreditation Limited
- Department of Veterans Affairs
- Home and Community Care

GLCH's 'Integrated Planning Model' articulates a collective purpose through Strategic, Operational, Team, and Individual Work plans. These plans link with performance management and reporting systems that ensure management and staff are accountable to set goals.

Quality improvement elements are integrated throughout GLCH including:

- 3yr Quality Improvement Plan
- Designated Quality Coordinator Role
- Inclusion of a quality focus in Integrated Planning Model, Position Descriptions and planning/reporting templates
- Learning and development activities
- Auditing systems including clinical, client records, finance, OH&S
- Risk assessments

An electronic consumer feedback system was developed in 05/06 to document and respond to community concerns/compliments. This system was developed to address barriers to the documentation, reporting and response mechanisms connected to consumer feedback. This system now provides a range of reporting possibilities to identify necessary improvements.

GLCH has an active OH&S committee in 05/06 which implements systematic safety audits and checks to ensure a safe environment for staff and clients, and routinely reviews linked policy and procedures.

Communication of these elements to staff through learning & development forums, staff inductions, newsletters and meetings ensure all staff are aware of relevant policies and procedures and incorporate them into daily work.

(d) Consumer, carer and community participation

GLCH has an extensive range of strategies to ensure consumer, carer and community participation.

Over 300 volunteers play a pivotal role in service delivery including volunteer transport, meals on wheels, palliative care and fundraising, and provide a strong voice on behalf of the clients they assist.

There are regular volunteer and carer forums in disability and homecare programs to discuss service improvement initiatives and provide support and training. GLCH leads the region in palliative care and bereavement support by utilising trained volunteers in its team. It recently extended its program to skill volunteers to work with local hospitals and other agencies. In 2005/06, GLCH received funding to establish a volunteer centre.

Community participation and a strong sense of identity with GLCH in Bairnsdale, Bruthen and Lakes Entrance is an organisational priority. Community capacity building projects exist in these towns. The formation of the Lakes Entrance Koori Elders group is an example.

It was recognised in January 2005 that the Lakes Entrance Koori community needed a more coordinated approach towards local reconciliation, a greater sense of identity with GLCH and an ability to attract funding for much needed health and community support services.

Community members met with GLCH and agreed on strategies including the formation of an Elders Committee to lead community development projects, improve access to services, and help develop new services for this population. In 2005-06, the number of koori clients accessing GLCH doubled; extra recurring funding of almost \$1million for Koori health services was attracted; there are signs of greater harmony within the community; and moves towards local reconciliation occurred.

GLCH's Board aims for a broad cross-representation of community, recently recruiting a koori elder and a Bairnsdale representative. Board members have a strong community profile and connections with many local organisations.

GLCH has a large membership base with around 300 supporters attending events including the AGM, Open Days, NAIDOC celebrations and volunteer information days. Members are actively involved in the development of the strategic plan and new service developments.

Consumer surveys, evaluations and focus groups are conducted regularly resulting in program improvements, facility developments and increased staff awareness of client concerns/aspirations. Evaluation of the Transition Gym program for elderly clients which is run in partnership with the YMCA, indicated program cost and staffing qualifications were an issue. Negotiations occurred enabling reduced fees, and YMCA staff were given additional training by GLCH physiotherapy staff ensuring appropriate skill level to safely work with this client group.

(e) Innovation and excellence

GLCH addresses community needs through innovative models that are based upon “best evidence” research and respond to local needs.

Areas of innovation and excellence in 05/06 include early years programs; Community Arts projects to address issues of youth at risk and divisions within local communities; critical incident stress management program for East Gippsland arising from lessons of the 2004 bushfires; Koori community capacity building projects; and physical activity programs targeted towards populations with high health needs.

The 0-2 project for families with additional needs with children aged 0-2 is proving highly successful. The program used evidence based approaches that recognise the importance of the early years in improving a child's development. Its objectives are to improve parenting confidence and skills by supporting parents to nurture and protect their children.

A program development reference group was used to ensure inclusive quality processes were applied in the planning phase. An action research framework has been used throughout the program to ensure evaluation processes are meaningful and responsive to the dynamic service system environment. Positive feedback from professionals and clients includes increased client confidence, consistent care-planning approaches, and provision of information, education and choice.

This project was presented at forums including the National Investment for the Early Years Conference in Sydney, Gippsland Regional CEOs forum and will soon be presented at the Queen Elizabeth Centre early years conference in Melbourne.

GLCH has also been nominated for or received Professional Awards including:

- Primary Health Care Awards 2005 - Koori Bubs swim program; Healthy Tick for Bruthen Project; Transitional Gym; 0-2 Project
- National Care Award for Excellence in Nursing Practice (M&CH) 2005
- Rural Health Staff Award 2005 for commitment to delivering innovative rural models of care across East Gippsland
- Community Arts awards 2006

(f) Workforce

Traineeships are an integral part of GLCH workforce development. In 05/06, Koori specific traineeships have been provided in customer service, home care, allied health and men's health with long-term employment a reality for those completing their training.

The Homecare team is involved in a project with East Gippsland TAFE to increase worker numbers by providing 15 traineeships. The median age of the homecare workforce is 55 years and 25 staff are eligible for long service leave. The opportunity to skill a workforce and alleviate an upcoming staff shortfall drove this initiative. It is hoped that a career pathway into other disciplines within GLCH such as nursing or disabilities will occur in the future for participants.

GLCH has reconfigured its workforce in 05/06 in response to difficulties attracting specialised staff in rural areas. Examples include:

- employing a fitness instructor to help in gym group sessions, allowing physiotherapists to concentrate on individual treatment
- creating an attractive package to successfully recruit a full-time Speech Pathologist in partnership with Omeo District Health and the High Country Cluster of Schools
- utilising personal care workers to shower clients, allowing nurses to concentrate on the clients clinical needs
- training A&D workers to take on the role of A&D nurses for the Home-based Withdrawal Program, due to lack of nursing staff

GLCH has a dedicated Learning and Development Coordinator to help staff access activities to update their professional skills and to assist recruiting overseas staff. GLCH also provides scholarships, with staff undertaking education in human resources, information management, accountancy, palliative care and mediation in 05/06.

(g) Partnerships and collaboration

GLCH is positively characterized by its partnerships, collaborations and relationships...It engenders respect from other organisations local, regional and state - QICSA Review 2006

GLCH's first strategic plan goal recognises the importance of developing sustainable partnerships with other service providers, community groups and all levels of government to achieve improved health outcomes for its community and ensure effective use of resources.

The CEO chairs the East Gippsland Primary Care Partnership and GLCH takes a leadership role in many PCP activities including Service Coordination, Integrated Health Promotion and partnership developments.

2005/06 has seen exciting partnerships develop including early years programs with children service agencies like Kilmany, and koori health programs with Koori controlled agencies in Bairnsdale, Lake Tyers and Orbost. GLCH has also played a central part in a number of chronic care management projects including the National GP collaborative program, Healthy for Life, Aboriginal Health Promotion and Chronic care, and discharge planning with the acute sector.

Partnerships involving development of information systems and information management have been another feature of 2005/06. GLCH was asked to pilot the implementation of the statewide HealthSMART project, with preparation for the project commencing earlier this year. GLCH provides IT support to smaller agencies including Nowa Nowa Community Health and Lake Tyers Aboriginal Cooperative. A MOU has been developed with the Local Shire to coordinate planning and service planning at a local level.

Central to GLCH is the development of partnerships with the communities it serves. These have been outlined in the consumer participation section.

Another example is the Bruthen Healthy Tick project. This project between GLCH, Department of Sustainability and Environment, Gippsport, Department of Victorian Communities, East Gippsland Rail Trail and the Bruthen Community has seen the development of the Bruthen Walking Trails, a series of signposted walks through state forest successfully designed to promote physical activity, social connectedness and tourism. This project has been used as an example of health promotion and community capacity building at a number of Statewide conferences.

(h) Leadership

GLCH actively contributes to the development of primary healthcare at local, State and National levels through involvement in committee work, service trials, conference presentations and responses to draft government papers. It places emphasis on staff awareness of emerging trends, policy and service developments.

Service developments in 2005-06 include:

- National GP Primary Care Collaboratives program
- HealthSMART implementation
- Aboriginal Health Promotion and Chronic Care
- Healthy for Life trials
- Family Support Innovations Program
- Flexible funding trial
- East Gippsland Communities for Children Projects
- Critical Incident Stress Management
- Gippsland Palliative care consortium
- Family violence projects - Koori and mainstream

Describing one of the above points - GLCH is taking part in the first wave of the National Primary Care Collaboratives Program to help GPs and primary health care providers work together to improve patient outcomes. This quality improvement program focuses on diabetes, heart disease and client access. GLCH has already developed and reviewed systems in these areas and improved its coordination of care between allied health staff and GPs.

GLCH provides leadership and is actively involved with its community at many levels, including the creation of community health and support service hubs in Bairnsdale, Lakes Entrance and Nowa Nowa. It is intimately involved in the community renewal project at Lake Tyers Aboriginal Trust. These projects involve working with key service providers, local government, politicians and organisations.

Indicative of its active role with its communities, senior staff are frequently asked to comment on health and community issues through local media; its programs and services gain extensive local press coverage; and staff are often asked to be involved in local events and issues. For example, there were over 150 articles in local papers in 2005-06 featuring the work of, or new stories generated by, GLCH.

References
Supporting material
<ul style="list-style-type: none">• Attachment A – Healthy Activities• Attachment B – Financial Performance• Attachment C – Integrated Planning Model
Word count
2491