



# KYABRAM DISTRICT HEALTH SERVICE

## Strategic Plan

2013—2018

October 2015



### **Our Purpose**

Healthy Community. Local Care.



## Strategic Priority 1 – Developing a health service that is responsive to people’s needs

| <b>Intent</b>   | <b>Strategy</b>   |
|---|---|
| 1.1 The community is engaged in the activity, direction and performance of the health service | 1.1.1 Implement a sustainable, community driven, primary health model to enhance the health and wellbeing of the Kyabram, Tongala and Stanhope communities. |
|   | 1.1.2 Community & Stakeholder Engagement is embedded in the planning and delivery of safe and appropriate health services.                                  |
|   | 1.1.3 Partnerships with local groups are identified and strengthened through collaboration and support.   |
|   | 1.1.4 The need of culturally diverse and minority groups who are marginalised or vulnerable to poor health are addressed.                                   |
| 1.2 KDHS is responsive to the needs of the rural catchment.                                   | 1.2.1 Identify and respond to community needs through service innovation and re-design.   |
|   | 1.2.2 Implement strategies that address the issue of rural isolation and service inaccessibility.   |
|   | 1.2.3 Work and plan with key partners and service providers to respond to local issues.   |
|   | 1.2.4 Develop 2 year stepped plan for new services, eg mental health  |
|   | 1.2.5 Investigate the implications of social ventures, eg Breastfeeding Café  |



## Strategic Priority 2 – Improve the Community’s health status and experience

| <b>Intent</b>  | <b>Strategy</b>   |
|--|---|
| 2.1 Improve the capacity of KDHS to promote a healthy community.             | 2.1.1 Chronic Disease Management and Early Intervention programs are delivered to ensure improved care coordination and collaboration with key clinical providers. Referral processes are in place                                    |
|  | 2.1.2 Develop and enhance programs that support clients to better “self-manage” chronic and complex conditions.   |
|  | 2.1.3 Work with key regional partners, including the Campaspe Shire, Murray Primary Care, the Campaspe Primary Care Partnership and regional health services to develop strategies to address identified health promotion priorities. |
| 2.2 Improve the health outcomes of the marginalised or vulnerable community. | 2.2.1 Develop initiatives that ensure a greater focus on cultural competency of marginalised patients / clients to the service.   |
|  | 2.2.2 Work with regional partners to develop initiatives that support timely access to regional mental health services.   |
|  | 2.2.3 Increase focus on opportunities on funding to provide integrated health promotion services to targeted communities (include cultural changes required)  |
|  | 2.2.4 More targeted approaches in maintaining independence in aged care population (including rights/power of attorney/life decisions/risks, etc)   |
|  | 2.2.5 More Culturally aware across the organisation (including increased staff and Board awareness of organisational capacity)  |
|  | 2.2.6 Review models of care (for example residential aged care, operating theatre, oncology, etc. includes success measures)  |



### Strategic Priority 3 – Expand service, workforce and system capacity

| <b>Intent</b>   | <b>Strategy</b>  |
|---|--|
| 3.1 The Model of Care is responsive to the specific needs of people with priority clinical conditions | 3.1.1 Seek opportunities to develop flexible service options within the core service mix, ie: post acute care, palliative care, (TCP), Rehab, Hospital in the Home (HITH)                |
|   | 3.1.2 In partnership with other local providers, apply existing service capability frameworks to maximise the use of available resources across the catchment such as oncology services. |
|   | 3.1.3 Increased the availability of allied health services, eg NDIS, HACC etc. particularly services for people with chronic conditions.   |
| 3.2 Create a workplace community where people want to belong, be valued and know what to expect.      | 3.2.1 Embed the stated Purpose and Values of KDHS into all health service activity.  |
|   | 3.2.2 Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility.                   |
|   | 3.2.3 Provide clear and effective communication and consultation processes that ensure that all staff are actively engaged in the directions of KDHS.                                    |
| 3.3 Ensure that service facilities are appropriate for current and future service requirements        | 3.3.1 Develop a forward Capital Plan to improve patient flow to the Urgent Care, Theatre and Day Procedure Units.  |
|   | 3.3.2 Develop a strategy for the improvement of facilities at the Stanhope site.   |
|   | 3.3.3 Develop options to support better access to afterhours services  |



### Strategic Priority 4 – Financial sustainability and productivity

| <b>Intent</b>  | <b>Strategy</b>   |
|--|---|
| 4.1 Ensure sustained financial viability through efficiency and better value service delivery through. | 4.1.1 Ensure the transition to the NDIS does not result in an adverse financial impact. |
|  | 4.1.2 Adopt strategies to reduce the overall cost of service provision.                 |
|  | 4.1.3 Seek new funding stream opportunities.  |

### Strategic Priority 5 – Safe, effective, quality services

| <b>Intent</b>   | <b>Strategy</b>   |
|---|---|
| 5.1 Quality services are provided under the dimensions of being effective, appropriate, acceptable and safe | 5.1.1 Enhance clinician driven safety and quality processes |

### Strategic Priority 6 – Accountability and transparency

| <b>Intent</b>   | <b>Strategy</b>   |
|---|---|
| 6.1 KDHS remains accountable to the community for its performance as a public community owned entity through open and transparent reporting | 6.1.1 KDHS performance reporting provided to improve care outcomes and inform consumers |
|   | 6.1.2 Social media integration and positioning  |



## Strategic Priority 7 – E-health and communications technology

| <b>Intent</b>   | <b>Strategy</b>  |
|---|--|
| 7.1 Improving utilisation of e-health and communications for better health outcomes | 7.1.1 Develop business modelling on the development and progressive implementation of an electronic patient record across KDHS |
|   | 7.1.2 Support the move to a paper light environment  |
|   | 7.1.3 Support the use of tele-health consultations in appropriate settings   |
|   | 7.1.4 Identify and develop plans for transfer of information across relevant internal and external services                    |