



KYABRAM DISTRICT
HEALTH SERVICE

Healthy Community. Local Care.

Strategic Plan

2013—2018

Midterm review endorsed October 2015



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

| Intent | Strategy |
|---|---|
| 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 1.2.5 Investigate the implications of social ventures |



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

| Intent | Strategy |
|--|---|
| 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 mental health services. |
| | 2.2.3 Increase focus on opportunities on funding to provide integrated health promotion services to targeted communities. |
| | 2.2.4 Apply targeted approaches in maintaining independence in the ageing population (including rights/power of attorney/life decisions/risks) |
| | 2.2.5 Strengthen cultural awareness across KDHS |
| | 2.2.6 Review models of care (residential aged care, operating theatre, renal dialysis, oncology) |



Strategic Priority 3 – Expand service, workforce and system capacity

| Intent | Strategy |
|---|---|
| 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, transition care, rehabilitation, hospital in the home. 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 for people with chronic disease through programs such as NDIS, HACC and MBS. |
| 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

| Intent | Strategy |
|--|---|
| 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

| Intent | Strategy |
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| 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 through a quality culture 5.1.2 Strengthen clinical governance systems of accountability across KDHS clinical services. |

Strategic Priority 6 – Accountability and transparency

| Intent | Strategy |
|---|---|
| 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

| Intent | Strategy |
|---|--|
| 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 |

