

health

2012-13 Statement of Priorities

Agreement between Secretary for Health and
Nathalia District Hospital

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Background

The Statement of Priorities (SoP) is being introduced as the formal funding and monitoring agreement between Victorian small rural health services and the Secretary for Health, and is in accordance with section 26 of the *Health Services Act 1988*. The agreement which will be signed annually facilitates delivery of or substantial progress towards the key shared objectives of financial viability, improved access and quality of service provision.

Statements of Priorities should be consistent with the health service's strategic plans and aligned to government policy directions and priorities.

A Statement of Priorities consists of four parts:

- Part A provides an overview of the service profile, strategic priorities and deliverables the health service will achieve in the year ahead.
- Part B lists the key financial and service performance priorities and agreed targets.
- Part C lists funding and associated activity.
- Part D outlines the schedule for payments to health services made from the National Health Funding Pool.

The mechanisms used by the Department of Health to formally monitor health service performance against the Statement of Priorities are outlined in the *Victorian Health Service Performance Monitoring Framework 2012-13 Business Rules*.

Policy directions

The Victorian Health Priorities Framework 2012–2022 (VHPF) sets out the following 5 key outcomes the health system should strive to achieve by 2022:

- People are as healthy as they can be (optimal health status)
- People are managing their own health better
- People enjoy the best possible health care service outcomes
- Care is clinically effective and cost-effective and delivered in the most clinically effective and cost-effective service settings
- The health system is highly productive and health services are cost-effective and affordable

In addition, the VHPF articulates a set of principles and seven priorities which will guide the future development and operation of the Victorian health system.

The health and hospital system continues to be under pressure from population growth, an ageing population, increasing prevalence of chronic disease, and the escalating costs of health care technology. In this context, the department, in conjunction with service delivery partners, aims to:

- improve health service performance;
- reform mental health and drug and alcohol services to better meet client needs;
- strengthen prevention and health promotion;
- develop our health service system and organisation;
- respond to an ageing population; and
- enable optimal health outcomes.

In 2012-13 these objectives will inform the department's work in implementing the Government's commitment to creating a transparent and accountable approach to health service delivery in Victoria, improved health service performance, and system capacity within a tight fiscal environment.

Government commitments

To reflect the government's commitment to providing services that work, in a manner that is financially sustainable, the government has made a number of specific commitments to support the health system to continue to deliver health and wellbeing outcomes for all Victorians.

Specific commitments relate to:

- expanding acute hospital-based services to treat more emergency department patients, provide additional outpatient clinical appointments and increase the number of organ transplants;
- maintaining elective surgery capacity;
- investing in health infrastructure to enable and support the effective delivery of health services;
- supporting the Victorian Cancer Agency to undertake vital research into cancer identification and treatment;
- supporting Home and Community Care services that will help keep senior Victorians living independently in the community;
- promoting eye health and vision care through the Vision 2020 initiative;
- establishing the Victorian Innovation, E-health and Communications Technology Fund; and
- supporting a range of mental health initiatives that include expansion of bed capacity and redevelopment of community-based mental health infrastructure.

Part A: Strategic overview

Mission statement

Vision:

Leading our community towards better health

Mission:

Working collaboratively to provide quality health and well-being services for our community

Our Values:

Integrity: We engage others in a respectful, fair and ethical manner, fulfilling our commitments as professionals. We ensure the highest degree of dignity, equity, honesty and kindness.

Accountability: We ensure quality patient care and use of resources appropriately in an open and transparent manner.

Collaboration: We work as a team in partnership with our staff, our community and other health care providers.

Knowledge: We create opportunities for education and health promotion.

Excellence: We are committed to achieving our goals and improving quality of care to deliver safe, efficient, person centred, innovative, knowledge based health care.

Service profile

Nathalia District Hospital operates under the Victorian Department of Health small rural health service funding program. This program allows us to deliver a wide range of preventative health and community based services as well as inpatient services, whilst offering a high degree of flexibility for our organisation to decide the balance of services to be provided. These programs are reviewed annually to meet the changing needs of our community. The hospital services the residents of Nathalia and District, which encompasses the small townships and districts of Waaia, Barmah, Picola, Kotupna, Bearii and Yalca. There are 6 acute beds across the service; one of these beds is often used as a transitional care bed.

Demographically Nathalia has an ageing population with the median age of 48 years, significantly higher than the national average of 37 years, and a geographically diverse population, 58.7 per cent live in towns, the rest on farms. Having an older population spread over such distance increases the need to centralise services to increase overall delivery. Many primary health needs of the community are now met by the services provided by Nathalia District Hospital.

Banawah Nursing Home provides 20 residential high care aged care beds for the residents of Nathalia and District. A community low care residential hostel refer clients to this service as their physical and emotional needs increase to high care.

Community Health and Support Services provide home based care through our district nursing service seven days a week, outreaching to the small townships surrounding Nathalia. This service provides a community health coordinator to offer health risk assessments and promotion of a healthy lifestyle, and youth and farm safety programs. Health education clinics are conducted in asthma, diabetes, women's health and foot-care. Other services the hospital manages include generalist counselling, speech pathology, physiotherapy, dietetics, radiology, pathology, optometry and links with aged care assessment services.

The hospital operates a Home and Community Care (HACC) Planned Activity Group Program, provides meals on wheels, runs an equipment loan program and coordinates a twice weekly 'Strength and Mobility' program. It provides the venue for staff from other programs funded by the Department of Health and/or Department of Health and Ageing, hosts some outreach services from Goulburn Valley Health (Shepparton Base Hospital) and Primary Care Connect in Shepparton and has made arrangements with some practitioners to provide services on a 'fee for service' basis.

Strategic planning

Nathalia District Hospital strategic plan [2009 – 2012] can be read at www.nathaliahospital.org.au

Strategic priorities

The Victorian Government's priorities and policy directions are outlined in the *Victorian Health Priorities Framework 2012-2022*.

In 2012-13 Nathalia District Hospital will contribute to the achievement of these priorities by:

Priority	Action	Deliverable
Developing a system that is responsive to people's needs	In partnership with other providers within the local area, apply existing service capability frameworks to maximise the use of available resources across the local area.	Build on current partnerships with other Moira health services to deliver a community rehabilitation program across the shire. Liaise with Nathalia Community Association to improve the current model of care by incorporating social wellbeing into our health programs.
Improving every Victorian's health status and experiences	Consider new models of care and more coordinated services to respond to the specific needs of people with priority clinical conditions.	Expand community health programs to include audiology services to improve outcomes for clients with hearing deficits. Increase access to videoconferencing to provide increased options for specialist involvement in patient care.
Expanding service, workforce and system capacity	Develop collaborative approaches to deliver professional education, training and support. Identify opportunities to address workforce gaps by optimising workforce capabilities and capacity, and exploring alternative workforce models.	Introduce the 'advanced practice nurse' model to improve after-hours emergency treatment when there is no doctor available on call. Support the partnership with the Murray to Mountains (M2M) program to provide placement for interns in the Nathalia Medical Clinic.
Increasing the system's financial sustainability and productivity	Identify opportunities for efficiency and better value service delivery. Examine and reduce variation in administrative overheads.	Maintain a sound financial position by working towards a break even budget. Work towards the sale of the old hospital site to improve the overall financial position of the health service. Analysis of consumables for administrative purposes.

Priority	Action	Deliverable
<p>Implementing continuous improvements and innovation</p>	<p>Develop and implement improvement strategies that better support patient flow and the quality and safety of hospital services.</p>	<p>Work towards a patient centred care model by introducing the 'identify-situation-observations-background-agreed plan-read back' (ISoBAR) handover technique and hourly rounding.</p> <p>Review the quality processes to ensure compliance with the National Safety and Quality Standards.</p>
<p>Increasing accountability & transparency</p>	<p>Implement systems that support streamlined approaches to clinical governance at all levels of the organisation.</p>	<p>Complete an annual internal audit to evaluate the effectiveness and compliance of current risk management processes in place across the health service.</p> <p>Complete a review of the open disclosure processes used to ensure they meet the newly reviewed guidelines from the Department of Health and Ageing.</p>
<p>Improving utilisation of e-health and communications technology.</p>	<p>Trial, implement and evaluate strategies that use ICT as an enabler of better patient practice.</p>	<p>Introduce 'ConnectingCare' to all primary care services.</p> <p>Progressively implement the electronic patient record for all HACC services using the current UNITI program.</p>

Part B: Performance priorities

Financial performance

Key performance indicator	Target
Operating result	
Annual operating result (\$m)	0.00
Cash management	
Creditors	< 60 days
Debtors	< 60 days

Service performance

Key performance indicator	Target
Quality and safety	
Health service accreditation	Full compliance
Residential aged care accreditation	Full compliance
Cleaning standards	Full compliance
Submission of data to VICNISS ⁽¹⁾	Full compliance
Hand Hygiene(rate)	70
Victorian Patient Satisfaction Monitor: (OCI) ⁽²⁾	73
Consumer Participation Indicator ⁽³⁾	75
People Matter Survey	Full compliance

⁽¹⁾ VICNISS is the Victorian Hospital Acquired Infection Surveillance System.

⁽²⁾ The target for the Victorian Patient Satisfaction Monitor is the Overall Care Index (OCI) which comprises six categories

⁽³⁾ The Consumer Participation Indicator is a category of the Victorian Patient Satisfaction Monitor

Part C: Activity and funding

Funding type	Activity	Budget (\$'000)
Small Rural Acute		\$1,888
Small Rural Residential Care		\$573
Small Rural HACC	4,945	\$250
Total Funding		\$2,710

Part D: National ABF funding pool payments

Period: 1 July 2012 – 30 June 2013

	Estimated National Weighted Activity Units	Cwlth Funding Contribution	State Funding Contribution	Total
Activity Based Funding total	0	0	0	0
Other Funding Total		\$704,098	\$915,693	\$1,619,791
Total		\$704,098	\$915,693	\$1,619,791

Note:

- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).

Accountability and funding requirements

The health service must comply with:

- all laws applicable to it
- the National Health Reform Agreement
- all applicable requirements, policies, terms or conditions of funding specified or referred to in the *2012-13 Victorian health services policy and funding guidelines*
- policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the department
- all applicable policies and guidelines issued by the department from time to time and notified to the health service
- where applicable, all terms and conditions specified in an agreement between the health service and the department relating to the provision of health services which is in force at any time during the 2012-13 financial year
- relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation (ISO) standards and evidence of compliance documented.

Signature

The Regional Director as delegate of the Secretary for Health and the health service Board Chair agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



Mr Tony Dunn
Director, Health and Aged Care
as delegate of Secretary for Health

Date: 25/9/2012



Ms Bernadette Brooks
Chair
Nathalia District Hospital

Date: 25/09/2012

