

health

2013-14 Statement of Priorities

Agreement between Secretary for Health and
Nathalia District Hospital

Contents

Background	3
Policy directions	3
Part A: Strategic overview	5
Mission statement	5
Service profile	5
Strategic priorities	7
Part B: Performance priorities	9
Financial performance	9
Service performance	9
Part C: Activity and funding	10
Part D	11
Accountability and funding requirements	12
Signature	12

Background

The Statement of Priorities (SoP) is 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* (Vic). The agreement which is 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 forms the service agreement between each health service and the state of Victoria for the purposes of the National Health Reform Agreement (NHRA).

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 2013-14 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

It also articulates seven priorities which reflect the Government's policy ambition to build a strong health system for all Victorians. The focus is on:

- developing a system that is responsive to people's needs
- improving every Victorian's health status and experiences
- expanding service, workforce and system capacity
- increasing the system's financial sustainability and productivity
- implementing continuous improvements and innovation
- increasing accountability and transparency
- making better use of e-health and communications technology

These priorities are fundamental to Part A of the SoP and require address by health services.

Government commitments

Victoria has long been a leader in driving efficient health services. The Government's commitment to quality and efficiency will build an affordable health system for the long term ensuring that Victoria is well placed to address future challenges associated with a growing and ageing population, and greater rates of chronic and complex health conditions.

In this context, the department will work with service partners to build a health system that is integrated and responsive to the changing needs of the community.

Specific commitments made by the Government in 2013-14 relate to:

- Growing essential hospital services including capacity for critical care and elective surgery across the system
- Implementing mental health reforms, supporting mental health initiatives and growing mental health services
- Boosting alcohol and drug services, including alcohol prevention programs and specific alcohol and drug awareness campaigns
- Improving cardiovascular disease health outcomes and reducing readmission and disease progression rates through better management and support for people with chronic heart failure
- Training our future health workforce by providing additional clinical training positions for undergraduates, postgraduates and rural GP proceduralists
- Establishing a Health Innovation and Improvement Fund to support improvements in efficiency, quality, safety and patient centred care
- Implementing an infection prevention and control strategy to improve patient outcomes and reduce the cost burden of health associated infections in Victorian public health services
- Improving health outcomes for Aboriginal Victorians through the provision of culturally appropriate service options
- Increasing support for older people and younger people with a disability through the Home and Community Care (HACC) program to assist them to remain in their home
- Meeting the needs of refugees and asylum seekers through the provision of timely intervention and preventative care in primary care settings in high settlement areas of Victoria
- Improving health literacy about maternity care through the development of consumer information and piloting of a statewide parenting kit
- Increasing the availability of information for senior Victorians to support them to live independently in their own home for longer
- Boosting community health services, particularly in growth areas
- Reducing preventable disease in support of Victoria's Healthy Together Community Strategy and via various public health initiatives
- Supporting telehealth projects that will improve co-ordination and care for patients, and support the delivery of care closer to where people live
- Supporting additional health capital projects and infrastructure improvements including the Werribee Mercy Hospital Mental Health expansion, The Waurn Ponds Community Hospital and Northern Hospital expansion

Part A: Strategic overview

Vision statement

Leading our community towards better health

Mission statement

Working collaboratively to provide quality health and wellbeing services for our community

Value statements

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

Acute Services:

- Urgent Care
- Medical and post surgical inpatients
- Palliative Care
- Nathalia Medical Clinic

Aged Care Services:

- High Care Residential Aged Care
- Transition Care – managed through Goulburn Valley Health in Shepparton

Community Health Services:

- District Nursing
- Planned Activities Group
- Community Health Nursing
- Women's Health Clinic
- Generalist Counsellor
- Community Transport
- Dietetics
- Diabetes Education
- Physiotherapy
- Podiatry
- Occupational Therapy

Partnership Arrangements:

- Optometry
- Audiology
- Medical Imaging
- Pathology Collection
- Consultant Geriatrician
- Meals on Wheels
- Speech Pathology
- Breast Care Nurses

Demographically Nathalia has an ageing population with the median age of 45 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.

Strategic planning

Nathalia District Hospital strategic plan 2013 – 2015 can be read at

<http://www.nathaliahospital.org.au/uploads/nathalia/Nathalia%20District%20Hospital%20Strategic%20Plan%202013-15%20%20FINAL.pdf>

Strategic priorities

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

In 2013-14 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	<ul style="list-style-type: none"> Implement formal advance care planning structures and processes that provide patients with opportunities to develop, review and have their expressed preferences for future treatment and care enacted. Work and plan with key partners and service providers to respond to issues of distance and travel time experienced by some rural and regional Victorians. 	<ul style="list-style-type: none"> Complete an education program for clinical staff and community on advanced care planning philosophy. Develop a system to identify record and meet the identified preferences on the individual client at service contact. Resource methods to reduce or manage the cost of transport of patients to the regional centre in Shepparton.
Improving every Victorian's health status and experiences	<ul style="list-style-type: none"> Improve thirty-day unplanned readmission rates. Deliver care as close to home as possible, when it is safe and effective to do so. 	<ul style="list-style-type: none"> Increase patient satisfaction with the information provided on discharge which supports them managing at home post discharge. Identify options to support the ongoing provision of medical imaging services in Nathalia.
Expanding service, workforce and system capacity	<ul style="list-style-type: none"> Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning. 	<ul style="list-style-type: none"> Work with Medicare Local to implement a scholarship program that supports the education of nurses to practice as Rural Isolated Practise Endorsed Registered Nurse (RIPERN) practitioners.
Increasing the system's financial sustainability and productivity	<ul style="list-style-type: none"> Reduce variation in health service administrative costs Identify opportunities for efficiency and better value service delivery. 	<ul style="list-style-type: none"> Undertake to review the administrative staffing structure to minimise duplication whilst maintaining service delivery. Implement processes to maximise access to the eight Peter Prentice Place community based units.
Implementing continuous improvements and innovation	<ul style="list-style-type: none"> Support change and innovation in practice where it is proven to deliver more effective and efficient health care 	<ul style="list-style-type: none"> Implement a patient managed discharge plan that gives greater control of outcomes to the patient.

Priority	Action	Deliverable
<p>Increasing accountability and transparency</p>	<ul style="list-style-type: none"> • Prepare for the National Safety and Quality Health Service Standards, as applicable. • Increase transparency and accountability in reporting of accurate and relevant information about the organisation's performance. 	<ul style="list-style-type: none"> • Develop and implement policies and procedures to meet the National Standards requirements at Australian Council on Healthcare (ACHS) periodic review in September 2013. • Introduce a system of informing consumers of the organisation's performance through a monthly performance report.
<p>Improving utilisation of e-health and communications technology.</p>	<ul style="list-style-type: none"> • Work with partners to better connect service providers and deliver appropriate and timely services to rural and regional Victorians. 	<ul style="list-style-type: none"> • Progressively implement the 'ConnectingCare' referral system with the assistance of Primary Care Partnerships.

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
Health care worker immunisation - influenza	75
Hand Hygiene(rate)	70
Victorian Patient Satisfaction Monitor: (OCI) ⁽²⁾ (July to December 2013)	73
Consumer Participation Indicator ⁽³⁾ (July to December 2013)	75
Victorian Hospital Experience Measurement Instrument ⁽⁴⁾ (January to June 2014)	Full compliance
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.

⁽⁴⁾ The Victorian Health Experience Measurement Instrument (VHEMI) will succeed the VPSM as the instrument for measuring patient experience.

Part C: Activity and funding

Funding type	Activity	Budget (\$'000)
Small Rural		
Small Rural Acute		\$1,860
Small Rural Residential Care	7,232	\$584
Small Rural HACC	4,693	\$254
Total Funding		\$2,698

Part D

In 2012-13, the Commonwealth Government reduced funding to Victorian health services by \$107 million.

The Commonwealth Government decision to return funding of \$107 million to Victorian hospitals and health services in 2012-13 was a one-off Commonwealth payment, leaving an ongoing Commonwealth shortfall in promised funding of \$368 million over the next three years. In 2013-14, the impact is \$99.5 million less than promised.

Period: 1 July 2013– 30 June 2014

	Estimated National Weighted Activity Units	Total Funding	Provisional Commonweal th Percentage
Activity Based Funding	0	0	N/A
Other Funding		1,653,232	
Total		1,653,232	

If the Commonwealth government returns funding of \$99.5 million this financial year, Nathalia District Hospital budget will increase by \$0.03 million.

Note:

- Provisional Commonwealth Contribution Percentage is subject to change following state-wide adjustments (i.e. cross border patient flows).
- 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).
- N/A – Health service funded on a block funding arrangement through the State Managed Fund.

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 *Victorian health services policy and funding guidelines 2013-14*
- 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 2013-14 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
Regional Director as delegate of
Secretary for Health

Date: 23/10/2013



Ms Susan Logie
Chair
Nathalia District Hospital

Date: 23/10/2013

