

Statement of Priorities

2017-18 Agreement between the Secretary of the
Department of Health and Human Services and Nathalia
District Hospital

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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ISSN 2206-6985

Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/statement-of-priorities>

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Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 65ZFA, 65ZFB and section 26 of the *Health Services Act 1988*.

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. The annual agreements support the delivery of, or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

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 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.

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2017-18*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities by 1 November each year and place more data about the performance of our health system into the public domain.

Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health services are delivered to the Victorian community. The Department of Health and Human Services (the department) develops policy, funds and regulates health services and activities that promote and protect the health of Victorians. Through the department, the government funds more than 500 organisations to provide various health services to Victorians.

Government commitments

The *Victorian Budget 2017–18* provides an extra \$1.67 billion over four years for health, mental health and aged care services across Victoria, including:

- \$1.3 billion over four years from 2017-18 to respond to growing patient demand across Victoria.
- \$325.7 million over four years for mental health and investment in forensic mental health services.
- \$319.8 million over four years from 2017-18 to provide additional elective surgery funding.
- \$215.1 million over five years from 2016–17 to implement the recommendations of *Targeting zero* to put patient safety first.
- Building on the investment of \$526 million in November 2016, a further \$26.5 million will help ambulances respond to every emergency even sooner.

To support this investment, the Andrews Labor Government is funding capital projects worth \$428.5 million across Victoria.

This investment will support the implementation of *Health 2040: advancing health, access and care* - which presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

Part A: Strategic overview

Mission statement

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

Our Vision

Leading our community towards better health.

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 is a small rural health service that comprises Acute, Residential Aged Care, Community Health and Nathalia Medical Clinic.

Nathalia is located in the Hume health region, 40 kilometres from the nearest regional hospital, Goulburn Valley Health in Shepparton. Its township has a catchment population of 2074 and outreach to the small townships of Barmah, Kaarimba, Kotupna, Picola, Waaia and Yielima, expands the catchment population to 3,194. Nathalia has an ageing population with the median age of 45 years, which is significantly higher than the national average of 37 years. Having an older population spread over distance increases the need for Nathalia District Hospital to provide access to all possible services locally and provide sound referral systems for ongoing care delivery.

Acute Services:

The health service has six acute beds and an Urgent Care Centre providing care 24/7. Total bed days are about 1,600 per year and the Urgent Care Centre sees about 250 presentations per year. Nathalia District Hospital accepts Transitional Care patients under a program auspiced by Goulburn Valley Health.

Nathalia Medical Clinic is co-located with the hospital and has three full time General Practitioners who provide medical care to our community. An additional doctor will join the practice in September 2017.

Aged Care Services:

Nathalia District Hospital incorporates Banawah Nursing Home which provides residential aged care for twenty residents with high care needs.

Community Health Services:

Our community health program is funded under the small rural health service funding model. Our program includes Diabetes Education, Dietetics, Physiotherapy, Foot Care, Generalist Counselling, a Women's Health and a Health Promotion Program.

In addition, the hospital also facilitates the provision of Optometry, Audiology, Medical Imaging, Pathology Collection, access to a Psychologist and a Consultant Geriatrician. It also links with local providers to support podiatry, speech pathology and occupational therapy services.

Nathalia District Hospital commenced a building program in July 2017 to refurbish its aged care services following a successful funding application to the Department of Health and Human Services. This will support our vision of person centred care for all our residents by providing more comfortable, home like personal space for each resident.

The building program will include an expansion of the current physiotherapy area to incorporate a rehabilitation gym. The building works are expected to be finalised in December 2017.

Strategic planning

Nathalia District Hospital strategic plan 2016-2019 is available online at

<http://www.nathaliahospital.org.au/uploads/nathalia/NDH%20Strategic%20Plan%202015-2020.pdf>

Strategic priorities

In 2017-18 Nathalia District Hospital will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p>Better Health</p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	Implement and embed the Health Literacy project within the health service to ensure it is provided for all services.
		Deliver a pulmonary rehabilitation program in partnership with other local health care practitioners to assist people with Chronic Obstructive Pulmonary Disease to better manage their health.
		Increase training options for staff to better identify family violence and support appropriate effective interventions.
		Develop a pathway for the recognition of febrile neutropenia and educate clinicians on the importance of early intervention and management.
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	Promote registration of My Health Record.
		Action the recently developed Aboriginal Health Cultural Competency Plan to provide improved service access to Aboriginal and Torres Strait Islander patients.
		Optimise alternatives to hospital admissions by review and expansion of the current physiotherapy services by the use of allied health assistants
		Grow the options available through telehealth to improve access to specialist services currently not available to local residents.

Goals	Strategies	Health Service Deliverables
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p>	<p>In partnership with the Consumer Advisory Committee, improve the medication information provided to patients on discharge to better meet their needs.</p>
	<p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p> <p>Mandatory actions against the 'Target zero avoidable harm' goal:</p>	<p>Work in partnership with Moira Palliative Care Services to ensure effective pain management to patients in our care with a terminal illness</p>
	<p>Develop and implement a plan to educate staff about obligations to report patient safety concerns.</p>	<p>Undertake staff education and training on quality and safety systems including staff obligations to report patient safety concerns.</p>
	<p>Establish agreements to involve with external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review).</p>	<p>Establish an agreement to involve external specialists in clinical governance processes for: Mortality reviews, Morbidity reviews, Palliative care, and Urgent Care presentation.</p>
	<p>In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every six months to reflect new areas for improvement in patient experience.</p>	<p>With the support of consumer feedback, review current bedside handover practices to provide greater opportunity for patients to have any questions or concerns addressed.</p>

Part B: Performance priorities

The *Victorian Health Services Performance monitoring framework* outlines the Government's approach to overseeing the performance of Victorian health services.

Changes to the key performance measures in 2017-18 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

Further information is available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	75%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75% very positive experience
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
Adverse events	
Number of sentinel events	Nil
Mortality – number of deaths in low mortality DRGs ¹	Nil

¹ DRG is Diagnosis Related Group

Strong governance, leadership and culture

Key performance indicator	Target
Organisational culture	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	0.00
Average number of days to paying trade creditors	60 days
Average number of days to receiving patient fee debtors	60 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Number of days of available cash	14 days

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in Volume 2: Health operations 2017-18 of the *Department of Health and Human Services Policy and funding guidelines 2017*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
Small Rural		
Small Rural Acute	26	1,859
Small Rural Residential Care	7,232	621
Small Rural HACC	548	26
Health Workforce	2	38
Other specified funding		182
Total Funding		2,728

Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2017 to 30 June 2018 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2017–18 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2017 – 30 June 2018

	Service category	Estimated National Weighted Activity Units (NWAU17)	Total funding (\$)
Activity based funding	Acute admitted services	-	-
	Admitted mental health services	-	
	Admitted subacute services	-	
	Emergency services	-	
	Non-admitted services	-	
Block Funding	Non-admitted mental health services	-	-
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	2,727,621
Total		-	2,727,621

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 reconciliation by the Administrator of the National Health Funding Pool.
- 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).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.

Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

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 *Department of Health and Human Services policy and funding guidelines 2017*;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services 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 of Health and Human Services relating to the provision of health services which is in force at any time during the 2017-18 financial year; and
- Relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.

Signature

The Secretary and the health service board chairperson 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.



Andrew Crow
Assistant Director, Rural Health as
Delegate for the Secretary of the
Department of Health and Human
Services

Date: 13/10/2017



Ms Diana Baxter
Deputy Chairperson
Nathalia District Hospital

Date: 13/10/2017