

# Statement of Priorities

2018–19 Agreement between the Secretary for the  
Department of Health and Human Services and  
Mildura Base Hospital

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# Contents

- Contents..... iii**
- Background..... 4**
- Strategic priorities ..... 5**
  - Government commitments ..... 5
- Part A: Strategic overview..... 6**
  - Mission statement ..... 6
  - Service profile ..... 6
  - Strategic planning ..... 6
  - Strategic priorities ..... 7
- Part B: Performance Priorities ..... 10**
  - High quality and safe care..... 10
  - Timely access to care ..... 11
  - Effective financial management..... 12
- Part C: Activity and funding ..... 13**
- Part D: Commonwealth funding contribution..... 15**
- Accountability and funding requirements ..... 16**
- Signature..... 17**

# 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 2018-19*.

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 2018-19* provides an extra \$2.77 billion over 5 years for health, mental health, ambulance and aged care services across Victoria, including:

- \$1.6 billion over four years to meet hospital services demand to respond to growing patient demand across Victoria
- \$583.8 million over four years for mental health and drug services
- \$362.2 million over four years to improve access to elective surgery, to respond to demand, reduce waiting times and to maintain the current performance of Victoria's health service system.
- \$50 million (in 2017-18) for a *Winter Blitz* package to support health services to prepare for the 2018 winter flu season.
- \$55.1 million over four years for an additional 90 paramedics to meet increases in demand for ambulance services.

To support this investment, the Andrews Labor Government is funding a \$1.3 billion acute health capital, infrastructure and equipment program.

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

**Our Vision:** Your Hospital – We care

**Our Mission:** Improving the health and wellbeing of our community by providing quality health services with care, compassion and skill.

## Service profile

Mildura Base Hospital is a sub-regional public hospital servicing a population of approximately 80,000 in the Sunraysia area. The hospital is the major public referral health service for the Northern Mallee sub-region of the Loddon Mallee region which encompasses other hospitals at Ouyen, Robinvale and Manangatang. It is also a referral health service for the far west region of New South Wales including Wentworth and Balranald, and the Riverland of South Australia.

Acute service provision includes emergency, obstetrics and gynaecology, intensive care, general medicine and surgery, medical imaging, pathology, dialysis, chemotherapy, mental health (inpatient and community), rehabilitation, palliative care and a range of ambulatory care services.

A new 10 bed Prevention and Recovery Care Unit providing mental health step-up and step-down care opened in January 2018. Capital works to expand the Short Stay Unit from six to eight beds and the Intensive Care Unit from five to eight beds commenced in 2018 and are due for completion January 2019. Capital works to redesign and refurbish the Psychiatric High Dependency Unit and inpatient mental health unit are also due for completion April 2019.

Funding has been secured and planning commenced in 2018 for further capital expansion delivering an eight bed stand-alone paediatric unit.

In conjunction with the Department of Health and Human Services, the Mallee Area Service Plan will be progressed in 2018-19 to ensure Mildura Base Hospital is best placed to respond to changing community health demands.

## Strategic planning

Mildura Base Hospital Strategic Plan is currently being updated and when completed will be available online at <http://www.mildurabase.com.au/News/Publications>

## Strategic priorities

In 2018-19 Mildura Base Hospital will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p><b>Better Health</b></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><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Develop and embed the Primary Mental Health Clinical Care Coordination services in partnership with Murray Primary Health Network and Sunraysia Community Health Services.</p> <p>Implement an Aboriginal Community Advisory Group to ensure culturally safe practices are embedded in service delivery.</p>
<p><b>Better Access</b></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><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Redesign preadmission and theatre booking process to ensure a safe and streamlined patient journey.</p> <p>Complete Intensive Care / High Dependency Unit expansion (five additional beds) and mental health inpatient redevelopment capital works.</p> <p>Finalise plans for the development of an eight bed standalone paediatric unit and commence construction in 2019.</p>
<p><b>Better Care</b></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><b>Better Care</b></p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Offer increased Aboriginal employment and training opportunities in identified mental health positions.</p> <p>Deliver an action plan in response to results of the People Matter Survey.</p> <p>Partner with the Murray Primary Health Network Suicide Prevention Project to research and develop best practice after care for clients presenting to Emergency Department with thoughts of suicide in 2018-19</p> <p>Implement the Speaking Up for Patient Safety (Vanderbilt) program.</p>

Goals	Strategies	Health Service Deliverables
<p><b>Specific 2018-19 priorities (mandatory)</b></p>	<p><b>Disability Action Plans</b> Draft disability action plans are completed in 2018-19.</p>	<p>Submit a draft disability action plan to the department by 30 June 2019. The draft plan needs to outline the approach to full implementation within three years of publication.</p>
	<p><b>Volunteer engagement</b> Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Survey volunteers to evaluate satisfaction, including the volunteers' concierge role implemented in 2018 to improve integration and engagement.  Provide Executive support for an annual volunteer's reward and recognition lunch in conjunction with the Community Advisory Board.</p>
	<p><b>Bullying and harassment</b> Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p>	<p>Deliver on-going training and support to managers to enable effective and timely management of bullying and harassment behaviours.  Continue to ensure all bullying and harassment issues are reported regularly to the Executive Committee through a standing agenda item.</p>
	<p><b>Occupational violence</b> Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>	<p>Develop and implement a locally delivered core occupational violence training program to all patient facing staff.  Implement recommendations from independent security review.</p>

Goals	Strategies	Health Service Deliverables
	<p><b>Environmental Sustainability</b></p> <p>Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.</p>	<p>Assess suitability of implementing Vitro, a digital medical record solution, to reduce hard copy and printing resources.</p> <p>Reduce clinical waste through expansion of PVC recycling program.</p>
	<p><b>LGBTI</b></p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p>	<p>Develop an inclusive care policy that makes reference to people who are LGBTI.</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 2018-19 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 [www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

Key performance indicator	Target
<b>Accreditation</b>	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
<b>Patient experience</b>	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
<b>Healthcare associated infections (HAI's)</b>	
Number of patients with surgical site infection	No outliers
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
<b>Mental Health</b>	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to a child and adolescent acute mental health admission	≤ 15/1,000
Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000
Rate of seclusion events relating to an aged acute mental health admission	≤ 15/1,000

Key performance indicator	Target
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%
<b>Maternity and Newborn</b>	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%
<b>Continuing Care</b>	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645

## Timely access to care

Key performance indicator	Target
<b>Emergency care</b>	
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%
Number of patients with a length of stay in the emergency department greater than 24 hours	0
<b>Specialist clinics</b>	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

## Effective financial management

Key performance indicator	Target
<b>Finance</b>	
Operating result (\$m)	1.20
Average number of days to paying trade creditors	60 days
Average number of days to receiving patient fee debtors	60 days
Public and Private WIES <sup>1</sup> activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

<sup>1</sup> WIES is a Weighted Inlier Equivalent Separation

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

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)
<b>Acute Admitted</b>		
WIES Public	12,096	61,486
WIES Private	1,183	4,425
WIES DVA	252	1,283
WIES TAC	30	127
Other Admitted		5,728
<b>Acute Non-Admitted</b>		
Emergency Services		9,211
Home Enteral Nutrition	352	75
Specialist Clinics	14,950	4,181
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	299	3,160
Subacute WIES - GEM Public	24	259
Subacute WIES - Palliative Care Public	42	448
Subacute WIES - DVA	28	353
Transition Care - Bed days	2,551	395
Transition Care - Home days	3,295	187
<b>Subacute Non-Admitted</b>		
Health Independence Program - Public	14,410	2,741
Health Independence Program - DVA		24
<b>Mental Health and Drug Services</b>		
Mental Health Ambulatory	25,138	10,484
Mental Health Inpatient - Available bed days	5,113	3,641
Mental Health Service System Capacity	578	567

Mental Health Subacute	3,653	1,838
Mental Health Other		138
Drug Services		380
<b>Other</b>		
Health Workforce	60	3,199
Other specified funding		3,094
<b>Total Funding</b>		<b>117,422</b>

## 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 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 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 2018 – 30 June 2019**

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	3,738	97,743
	Admitted mental health services	55	
	Admitted subacute services	370	
	Emergency services	1,089	
	Non-admitted services	595	
Block Funding	Non-admitted mental health services	-	16,214
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	4,484
<b>Total</b>		<b>5,847</b>	<b>118,441</b>

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 2018;
- 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 2018-19 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.



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**Kym Peake**  
Secretary for the Department of  
Health and Human Services

Date: 24 / 8 /2018



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**Ms Julia Morgan**  
Chief Executive Officer  
Mildura Base Hospital

Date: 24 / 8 /2018