



CENTRAL  
GIPPSLAND  
HEALTH

# Draft Strategic Plan 2019

For Consultation

**OUR VISION:** Is of a safe and healthy community where everyone feels they are valued, supported and have the opportunity to participate.

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# Vision Statement

Our vision is of a safe and healthy community where everyone feels they are valued, supported and can participate.

# Mission Statement

Our mission is to provide the health and community services that will best meet the needs of our community.

In doing so we will:

- Support community identified need and promote genuine community participation
- Place people at the centre of our care
- Support our community to access services that maintain and improve their health and wellbeing and minimise the negative impact of injury
- Enable people to benefit from our integrated services
- Allocate and use our resources effectively and efficiently
- Achieve through collaboration and partnerships
- Be creative, innovative and open to discovery

# Value Statements

## Social Justice - Equity of Outcome

To do this we will:

- focus on achieving equity of outcome for individuals and groups
- understand the impact of poverty, culture, location and disadvantage on behavior and health status
- act to support the disadvantaged and marginalized amongst us
- ensure our fees policy considers our client's ability to pay
- support harm minimisation and targeted community support programs; and
- be compassionate and embrace diversity

## Honesty, Transparency and Integrity

To do this we will:

- set and model standards of behavior consistent with the Victorian public sector code of conduct
- embrace transparency and provide meaningful and clear information to our stakeholders; and
- support ethical and caring leadership development at all levels of the organisation

## Quality - Excellence with the Person at the Center

To do this we will:

- embed a quality culture of continuous improvement across the organisation such that our client's experience with CGHS is characterised by the following: seamless coordinated, integrated and timely provision of person centered care
- provide facilities and equipment that enable the provision of safe, efficient, effective and sustainable service delivery; and
- place a very high value on person centred care and excellent customer service

## Caring, Support, Compassion and Understanding

To do this we will:

- be welcoming, caring, supportive, share knowledge freely and support learning in every setting
- relate to our community with understanding and compassion
- assist our community to understand their rights and responsibilities and have access to genuine complaints resolution processes
- support our community to identify the need for, and make decisions relating to, the development, delivery and evaluation of services
- develop partnerships that benefit our community; and
- appreciate the benefits that come from diversity

## Value and Support our People

To do this we will strive to provide a healthy, caring and safe environment where we are supported to:

- pursue our personal goals and objectives
- behave consistent with CGHS values and enthusiastically support the achievement of our strategic and service delivery goals and objectives
- put forward ideas, participate in decision making, be creative and innovative
- develop our careers in a manner consistent with our strengths and interests; and
- make work a positive contributor to our happiness and wellbeing

## Four Strategic Pillars



# Strengthening Access to Core Services

## Objective

1. Provide access to a highly integrated, networked, technology enabled system that will give people access to services as close to home as is safe and appropriate.

## Strategies

- 1.1 Operationalise the integration of aged and ambulatory care services under one management structure.
- 1.2 Establish Central Gippsland Health Service (CGHS) as a compliant and preferred provider of National Disability Insurance Scheme (NDIS) services and provide a range of services that we can provide efficiently and effectively to meet community need.
- 1.3 Complete the Maffra District Hospital Master Plan and implement the preferred option for redevelopment.
- 1.4 Complete building a new orthopaedic theatre and provide major orthopaedic surgery at Sale Hospital.
- 1.5 Upgrade the wards at Sale Hospital to suit patients having major orthopaedic surgery and if feasible, redesign the wards to improve the efficiency of the layouts and bed configurations.
- 1.6 Upgrade the Neonatal Critical Care Unit at Sale Hospital.
- 1.7 Enable as many people as possible to benefit from access to specialist outpatient clinics, including access to antenatal care and gynaecology services.
- 1.8 Review and, where feasible, improve intrapartum options for women such as labouring in water.
- 1.9 Utilise telehealth to:
  - 1.9.1 support access to Sale Hospital from other Central Gippsland Health (CGH) campuses and between campuses, opening up opportunities to new models of care, including afterhours
  - 1.9.2 maintain and, where possible, increase clinical and service capability: for example critical care being supported by higher capability services
  - 1.9.3 provide efficient access to specialist services in the patient's local setting
  - 1.9.4 provide clinical supervision and support clinicians and service providers to extend their scope of practice

1.10 Continue to work on patient pathways through the Regional Partnership Program to improve access for people to higher acuity services.

1.11 Utilise smart technologies to support access to services and improve efficiency and effectiveness, such as:

1.11.1 online pre-assessment for anaesthetics and surgery

1.11.2 online client rostering, work scheduling and reporting

1.11.3 staff allocations and replacement

1.11.4 communication with staff and clients

1.11.5 training and development

1.11.6 staff and visiting medical officer (VMO) credentialing

1.11.7 access to policies and procedures

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# Taking a Partnership Approach

## Objective

2. Enhance our sustainability and clinical capability and, as a consequence, increase the number of treatments available closer to home.

## Strategies

- 2.1 Support area based health planning within our designated planning area to determine the optimum configuration of health, mental health and aged care services that best meet the needs of the community, and include improved preventions and more integrated and contemporary service delivery.
- 2.2 Develop a formal clinical integration plan with Latrobe Regional Hospital as part of area based planning processes.
- 2.3 Support the maintenance and extension of clinical capability and capacity through shared appointments and integrated clinical unit management with our partnering health services.
- 2.4 Continue to work on patient pathways through the Regional Partnership Program to improve access to higher acuity services.
- 2.5 Continue to work through the regional CEOs group to identify opportunities to benefit from collaborations, including shared corporate services.
- 2.6 Work with Gippsland Health Alliance and partnering health services to implement the regional electronic medical record if the business case is positive.
- 2.7 Improve regional service integration and coordination for people with cancer, including increased integration between supportive cancer care and palliative care.
- 2.8 Continue to support our CGH network partners, Heyfield Hospital and Stretton Park, to achieve their strategic objectives, including undertaking significant refurbishments and major redevelopments.
- 2.9 Undertake a value for money review of management and support services provided for our CGH network partners.



# Adjusting to an Older Population

## Objective

3. Provide more services in the community and home based setting with an overarching reablement agenda.

## Strategies

- 3.1 Review services and care settings with a view to providing more timely and coordinated services for people.
- 3.2 Seek to “cash out” activity based funding for inpatients to enable people with complex needs to be supported to maintain or improve their health and wellbeing and minimise the need for hospital based care.
- 3.3 Continue to seek access to short term restorative care funding through the Aged Care Funding Rounds in order to support the ongoing the recovery and independence of our patients after discharge from hospital.
- 3.4 Facilitate easy access to a range of services for the National Disability Insurance Scheme (NDIS) and aged care clients to meet community need.
- 3.5 Support access to General Practitioner services in Loch Sport.
- 3.6 Work to leverage cost reductions through improved integration and efficiency of support services, including referral, intake and assessment processes, in order to be more competitive in a consumer directed care environment.
- 3.7 Comprehensively review our care coordination program across all care settings, to determine if we are achieving our stated objectives and make improvements where opportunities are identified.
- 3.8 Improve linkages to General Practitioners and other primary care providers to support access to care and prevent avoidable presentations to the Emergency Department and admissions to hospital.
- 3.9 Review the pricing of our externally contracted ambulatory care services to ensure full cost recovery.
- 3.10 Establish a system of regular reporting of patients who frequently present to the Emergency Department and/or for admission to hospital, to ensure they are being supported by care coordination and a multi-disciplinary approach.
- 3.11 Seek to maintain external funding sources for home and community services.
- 3.12 Provide spaces for group activities, including therapies, in our residential facilities.
- 3.13 Develop a comprehensive CGH Framework for voluntary assisted dying.

# Investing in our People

## Objective

4. To develop a highly talented, skilled, supported and happy workforce.

## Strategies

- 4.1 Fully implement the CGH Strategic Leadership and Talent Development Framework and ensure that developing our people and growth is part of our core role.
- 4.2 Develop and implement comprehensive workforce plans that will:
  - 4.2.1 support the development of workforce “pipelines” for all health care disciplines
  - 4.2.2 describe how we will increase access to a pool of permanent nursing staff with wide-ranging capabilities to work across clinical units and care settings
  - 4.2.3 assist us to take advantage of opportunities such as refresher programs, supervised practice and the recruitment of talented overseas graduates
  - 4.2.4 link very closely to our Strategic Leadership and Talent Development Framework
  - 4.2.5 support the creation of a pool of talented staff, who are working to build their leadership and management capability, who can take on additional responsibilities and stretch assignments
  - 4.2.6 optimise scope of practice across all disciplines and care settings
  - 4.2.7 support shared appointments of key staff with neighbouring health services, where mutual benefit can be gained
- 4.3 Improve access to, and quality of, accommodation for visiting and rotational clinical staff by building a new multi-story, flexibly designed accommodation complex on the Palmerston Street block.
- 4.4 Provide the requisite infrastructure and equipment to enable people to do their jobs efficiently and effectively.
- 4.5 Collaborate with Latrobe Regional Hospital, tertiary centres and education providers to participate in relevant research to support innovation and contribute to the body of knowledge.

- 4.6 Support training and development with innovative technologies and equipment, including state of the art simulation equipment.
- 4.7 Provide multiple mechanisms for consumer participation in the development and delivery of training and development.
- 4.8 Support the *Working Well in Wellington Program* to support the mental health of shift workers.
- 4.9 Complete the development of, and provide, the CGH bespoke training for all staff in person centered care.
- 4.10 Foster an environment of awareness and responsiveness to family violence for staff and our community.

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