



MDHS

Inspiring Health

Strategic Plan

2016 - 2020

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1. Context

Maryborough District Health Service is a major public healthcare provider. In addition to providing services within the Central Goldfields Shire in the Loddon Mallee region it provides services into a proportion of the Pyrenees and Loddon Shires. Maryborough District Health Service was established in 1993 with the amalgamation of Maryborough and District Hospital, Maryborough and District Hospice Inc, Central Victorian Community Health Services Inc and the Dunolly District Hospital. Maryborough District Accommodation Group Inc and the Avoca Bush Nursing Hospital joined Maryborough District Health Service in 1995 and 1999 respectively. Together these organisations have provided quality services and health care for residents of the local Shires over many years. The name Maryborough District Health Service reflects the broader range of service provision that together these services are able to provide.

Maryborough District Health Service is an integrated health service providing a range of acute care including emergency and maternity care, sub-acute (transition care), ancillary medical, aged and ambulatory services. The main acute hospital located in Maryborough is equipped to offer a broad range of medical, surgical and obstetric services. Whilst the majority of the acute care occurs at the Maryborough Campus, there are four beds dedicated for acute services at Dunolly.

Aged residential services are provided in three facilities - Maryborough Nursing Home, providing 44 beds; Dunolly Nursing Home, providing 18 beds; and Avoca Nursing Home and Hostel, providing 29 beds. Maryborough District Health Services provides respite beds – one in each of the aged care facilities.

In addition there is a range of community health and welfare based services provided across Maryborough, Avoca, Dunolly and surrounding areas. Community Services offers a range of individual services and group programs to clients living in their local communities across our catchment; including Community Health Nursing, Health Promotion, Generalist Counselling, Chronic Conditions Management, HARP(Hospital Admission Risk Program) Care Coordination, District Nursing & Palliative Care Services, Alcohol and other drugs withdrawal and counselling, Housing, Dental Services, Planned Activity Groups and the Best Start Program. A range of Allied Health services including Physiotherapy, Occupational Therapy, Dietetics, Social Work & Counselling, Exercise Physiology and Speech Pathology are provided to the community, acute services and residential aged care facilities.

Maryborough District Health Service cannot operate in isolation as it works to implement initiatives and programs for their community but rather must form alliances and partnerships with other health services, the Shires, local General Practices and Government bodies. Maryborough District Health Service is

committed to working collaboratively with others to ensure the best service provision for the community.

1.1 Future challenges

Delivering the range and complexity of health services that meets the current and future demand from the Central Goldfields community will continue to be a challenge, and a balancing act.

At a national level we understand that the increase in health expenditure is occurring at a rate greater than the national economy is growing. The funding demands will only increase as the population ages and places further strains on the economy. The challenge will be to change the way health services are delivered. The increased use of technology and new models of care, different workforce configurations and changing community expectations will all be required if we are to come close to meeting future demand.

Closer to home, MDHS faces challenges relating to meeting the expectations of its community, including:

- Growing demand, mainly caused by an ageing population, and increasing levels of chronic disease and conditions that are largely preventable;
- A recognised need that addressing chronic disease and lifestyle choices means having the capacity to bring together holistic service provision, health care and community services;
- Collaborating with its local health services, particularly Castlemaine Health and Hepburn Health, and regional health services; Bendigo Health and Ballarat Health;
- Strong clinical governance systems that support appropriate and safe clinical practice;
- Ensure that MDHS is 'pulling its weight' and delivering a level of clinical service that is expected of a district health service;
- A clear and increasing role in workforce teaching and training; and
- Providing facilities that are fit-for-purpose.

The service plan, and operational plans, will identify specific five and ten year health improvement goals.

2 Vision, mission & values

This section outlines the vision, mission and values of MDHS as part of the Victorian public health care system.

2.1 Vision

Healthy Community

2.2 Mission

Our vision will be achieved by:

- 1. Promoting health*
- 2. Providing optimal services*
- 3. Developing our workforce*
- 4. Collaborating through partnerships*

2.3 Values

Genuine: Being consistently honest, trustworthy and accountable.

Respect: This is reflected in our behaviours, attitudes and words, always being fair honest and caring to those we work with and come in contact with.

Excellence: Only the best by us will do, by achieving the highest standards of service and care.

Accountability: We consistently do what we say we are going to do by supporting and holding each other to account.

Togetherness: Working together to support common values and vision for shared goals.

3 Strategic Priorities

To support the role and deliver on the strategic directions of this plan, MDHS will focus on four main areas: the four pillars; Empowering Your Health, Strengthening Services, Developing Staff, and Working with Partners.

A common theme embedded in each of the four pillars is that MDHS will play a prominent role in 'shifting the momentum' to improved health outcomes within Central Goldfields Shire communities. MDHS would seek to **lead** the effective integration of health and community services that **directly and holistically** addresses the needs of individual community members. Engaging with existing programs such as *GO Goldfields* will be important channels for making change.

As part of this role, MDHS would assume responsibility for more directly reporting to the community of health and community service outcomes.

3.1 Empowering Your Health

Empowering Your Health – is about improving the current general health status of the population and supporting individuals to better manage their health.

MDHS will achieve this by;

- Adopting, and then consolidating, a “social determinants of health” approach that is consistent with *GO Goldfields*.
- Encouraging and supporting patients to be informed and pro-active in managing their health and health care decisions;
- Increasing health literacy amongst patients, staff and the broader community;
- Ensuring that services focus on a continuum of care from prevention, assessment, early intervention and treatment of established conditions;
- Proactive strategies that can lead the 'community debate' on key health issues that strengthens community engagement;
- Delivering service commitments in relation to the Koolin Balit action plan for Aboriginal and Torres Strait Islanders, and emerging issues for refugee/migrant health care in collaboration with specialist service organisations;
- Partnering with others to deliver a range of integrated health promotion programs that are tailored to the health improvement priorities of the community;
- Continuing to adopt a “No wrong door model”, to ensure that MDHS services remain flexible and adaptive to meet the needs of the individual;
- Ensuring a multi-disciplinary approach to care, and care plans, for complex patients; and

- Planning for a Health and Well-Being precinct in partnership with the community to:
 - ▶ Provide a strong focus on healthy lifestyle initiatives;
 - ▶ Consider the health of the community as a measure of success; and
 - ▶ Look to develop precincts of health services on and around the Maryborough hospital site.

3.2 Strengthening Services

Strengthening Services – is at the core of MDHS' role. MDHS will continue to deliver and improve the range of primary and some secondary level health services expected of a rural health service.

In relation to services, MDHS will:

- Improve service access for communities by maintaining the overall level of self-sufficiency (market share);
- Strengthening the holistic approach to primary and community care for a population with significant disadvantage;
- Develop adaptive and affordable service models (models of care) suited to a rural settings to improve patient access, including:
 - ▶ Integrated service teams that potentially span different hospitals and health partners;
 - ▶ Information communication technology to support service models;
- Sustain high quality, safe and responsive services through a robust clinical governance framework. This will be achieved through:
 - ▶ Embedding a quality ethos within MDHS that ingrains a 'safety first' culture, where quality becomes an automatic part of day-to-day activity in both clinical and corporate services;
 - ▶ Being receptive to potential system failures and a culture that seeks to remedy practices where they can be improved;
 - ▶ Proactively support the (further) development of multi-disciplinary teams within and between craft groups, and clinical disciplines; and
 - ▶ Further developing clinical leadership that facilitates continuous clinical improvement within MDHS, and improving appropriate clinical referrals, secondary consultations, and best practice;
- Develop critical infrastructure that strengthens service delivery through:
 - ▶ Better integration of service planning with infrastructure improvement; and
 - ▶ Purpose built facilities that support contemporary clinical practice; and

- Place a high priority on developing the necessary ICT as a critical enabler to reduce barriers to access services, establish new services and service models, and improve clinical and management information for more timely and better quality decision-making. MDHS will develop an ethos where 'service can be accessed through any medium'.

3.3 Developing Staff

Developing Staff – recognises that an important part of the future is to invest in MDHS' people and foster a vibrant and positive work culture. It underpins a future capability to deliver on MDHS' role. The investment in staff has four inter-related facets:

- Replacing an ageing workforce as retirements occur, along with
- Developing MDHS as an employer of choice; along with
- Developing a vibrant organisational culture; and
- Investing in teaching and training, with a particular focus on 'growing our own local people'.

These broader objectives are likely to manifest in:

- Identifying the skill requirements in order to deliver on the services to be developed/ consolidated over the next decade as part of a workforce plan;
- Maximising capabilities through learning and retaining high performing staff by:
 - ▶ Fostering a learning and research culture;
 - ▶ Adapting health care delivery to incorporate consumer feedback and changes in best practice health care;
 - ▶ Strengthening relationships with external organisations, including universities and other educational organisations;
- Nurturing an 'achievement culture' throughout the organisation by:
 - ▶ Developing values-driven care and service provision;
 - ▶ Developing a staff accountability framework;
 - ▶ Effective communication and engagement with staff;
- Developing highly collaborative teams within MDHS; and
- Encouraging skills transfer by working with partner organisations.

MDHS values a positive corporate culture and will take active steps to develop/maintain a high level of internal cohesion, capability, and positive efforts to achieve organisational goals that are internally and externally set should be reviewed and modified over time as required.

3.4 Working with Partners

Working with Partners – recognises that no healthcare organisation is able to deliver on its role in isolation. MDHS will actively embrace – formal and informal - collaborative working relationships with health and other service providers to meet MDHS’ strategic objectives.

In relation to partners, MDHS will:

- Develop a broader local leadership role in health and community services by;
 - ▶ Engaging with the community with regard to the health of the community, and lead the local development of ‘healthier communities’; and
 - ▶ Auspicing the further development and focus of clinical and community service networks;
- Collaboratively develop new ‘connected care’ service models through:
 - ▶ Partnering with other public and private health care providers;
 - ▶ Expansion of the use of information technologies to enable more flexible service delivery in the most appropriate setting, improved information flow, and better integration of services between health providers;
- Empower and engage consumers and volunteers by actively:
 - ▶ Involving consumers and volunteers in governance frameworks; and
 - ▶ Seeking avenues for input into service provision and service satisfaction.

Partnerships are sustained through mutual benefit. MDHS will be active in pursuing alliances, partnerships and Agreements that are sustainable.