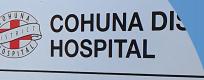


COHUNA DISTRICT HOSPITAL CHANGING TOGETHER STRATEGIC PLAN 2021-2024





Midwifery Antenatal Clinic
 Allied Health
 Audiology
 Main Hospital Entrance

Acknowledgement of Traditional Owners

Cohuna District Hospital acknowledges the Traditional Owners and Custodians of the land in which we work and live, and pays respect to their Elders past, present and emerging.

We acknowledge their significant cultural heritage, their fundamental spiritual connection to the country, and value their contributions to a diverse community.

We are proud to embrace the spirit of reconciliation, and learn more from the local Aboriginal and Torres Strait Islander communities, how best to improve their health, social and economic outcomes.



Welcome

Ross Dallimore (FAICD) Cohuna District Hospital Board President

I am pleased to present the Cohuna District Hospital; Changing Together, Strategic Plan 2021-2024. This plan provides the essential vision and direction to ensure our transition toward the leading rural health service we aim to be by 2024. The plan is also reflective of the Victorian Governments Health 2040 and is aligned with Targeting Zero and the Safer Care Victoria Strategic Plan 2020-2023.

Care was taken to ensure that the Strategic Plan complied with Government policy, and the most up-to date demographic information applicable to the Cohuna District Hospital catchment was used to inform the plan. Because of the impact of Covid-19 during the consultative period, the majority of community consultations were conducted electronically.

In May 2020 virtual consultations commenced with service users and community members. Three different surveys were developed to meet the target audiences (staff, key stakeholder agencies and community). In June and July 2020 phone interviews were conducted with staff and key stakeholders. In-person and virtual interviews were also arranged for service users and community members. In September and October 2020 three Board forums were held to firm up the Strategic Plan, drawing on the feedback received.

Over the course of the strategic planning engagement process there were 783 unique project portal views, 146 community surveys received, 49 community interviews, 103 staff surveys returned, 41 staff were interviewed and there were 13 surveys completed by key stakeholder agencies, each of these was then followed up by interview.

Cohuna District Hospital is committed to providing high quality healthcare to its communities by being a responsive, efficient and person-centred healthcare service.

We are not and cannot be satisfied with just continuing to do what we do in its current form. Innovation and improvement are our companions on the journey, underpinned by an expanding emphasis on meeting our communities needs and working to our full scope of practice as a leading rural health service.

We are determined to succeed in our objective to be a health service that puts people first and provides safe, high quality healthcare.

If we are expected to meet the challenges and the expectations rightly placed on us, we must work closely with our communities, our staff, as well as with our strategic partners across health and other sectors. Building on and strengthening these partnerships will be fundamental to our success.

Our workforce, infrastructure and resources, bring us great opportunity. We have the opportunity to build our clinical capability and capacity, expand our workforce and increase self-sufficiency in healthcare within the Gannawarra Shire and surrounds. Changing Together and smart investment are important elements in helping us achieve our purpose to deliver: Enhanced health outcomes through exceptional care.

On behalf of the Board and the Executive Leadership Team we commend this plan to you and commit to working with our colleagues throughout the organisation and with our partners to deliver on our objectives.



Our Board





Dianne Bowles Vice President



Jean Sutherland Director



Adam Dowell Director



Rick Henery Treasurer



Deanne Van der Drift Director



Anthea Toma Director



Nicole Bourke Director



Sam Manduskar Director



Nicholas Greer Director

Our purpose

Enhanced health outcomes through exceptional care

For our community this means:

- Focusing on your health needs
- Delivering better care for you
- · Maximising the healthcare resources we have available to meet your health needs
- Supporting our workforce to be their best for you
- Working with others in the interests of better health outcomes for you

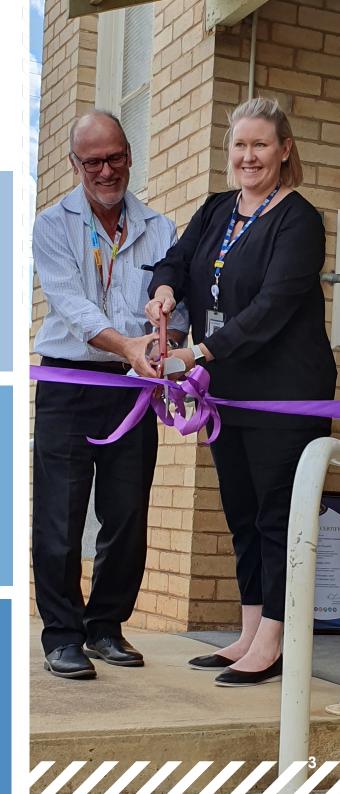
Our priorities and our future

We will pursue the following healthcare priorities over the next three-year period, 2021-2024:

- Enhance the experience and health outcomes of individuals accessing our services
- Enable the workforce capability and capacity so that they can work to their fullest scope of practice
- Design care environments that support safe, high quality healthcare
- Integrate smart technologies that make healthcare better

We commit to work together to build and achieve a healthier community supported by a growing, highly skilled and valued workforce and an innovative rural hospital and health service.

Whilst we will focus on these four strategic priority areas, performance will be maintained across all other areas of the health service. Our four strategic priorities will enable us to deliver Better Care, Better Health and Better Access for our community now and into the future.



Our values

To assist us achieve our purpose and strategic priorities there are four key behaviours that guide how we work, how we interact with each other, partners and our community.

Our values are:

Respect

Our team acts with empathy and humility to seek better outcomes for all

We foster partnerships because strong relationships deliver results and we can't do our job without each other

We recognise that our differences strengthen our team, the trust we have for each other infuses passion into everything we do

Integrity

Our team acts with integrity and honesty, and focuses on putting ourselves in the shoes of others

We communicate internally and externally with unwavering candour, honesty and respect

We make every decision and measure every outcome based on how well it serves our community

Teamwork

Our team has a culture of exceptional execution when delivering care

We provide an environment that fosters personal development and growth

We collaborate and work towards common goals across all health service functions

Ethical Behaviour

Our team is honest, transparent and committed to doing what's best for our community and the healthcare system

We measure ourselves against the highest standards of integrity, performance and fiscal responsibility

We hold ourselves accountable for outcomes, good and bad

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Who we are

Cohuna District Hospital is a small rural health service committed to providing the highest quality, safe and effective healthcare. We do this through the services we provide using the staff we employ to ensure we are best meeting our communities needs.

We were established as a public hospital in 1952. The hospital was originally operated as a private hospital and was purchased from the owner, Dr. Stewart, in that year. Between the 1950's and 1990's there have been many changes to health service delivery and buildings.

The hospital has 16 beds providing acute medical, surgical and obstetric for residents of Cohuna and surrounding catchment area. It continues to provide community and home based services such as District Nursing, Social Support Group and meals on wheels in conjunction with the Shire of Gannawarra.

In 1983, a community appeal raised funds for a nursing home. A 14-bed nursing home wing was built adjacent to the hospital and opened in 1985. A further two beds were added during 1994.

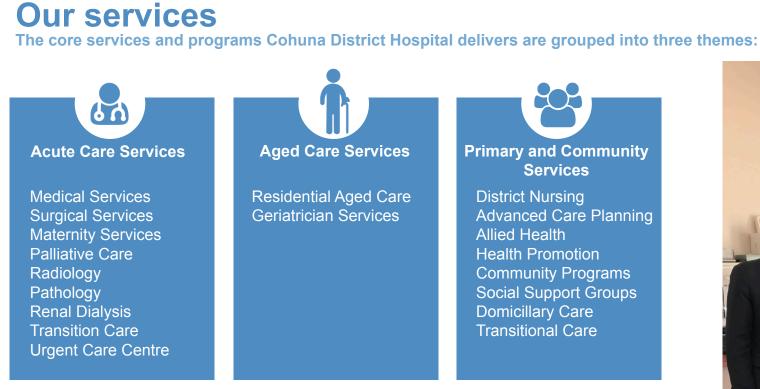
We provide an integrated range of acute, sub-acute, residential aged care and community services to a population of approximately 4,000 people from the Gannawarra Shire. The Cohuna Township is situated on the Murray Valley Highway, 68 km from Echuca (to the East) and 33 km from Kerang (to the West). Bendigo is the nearest "regional centre" located 120 km to the South.

The issue of increasing health service demand and rising cost of health service delivery, which is attributed to the ageing population, increasing chronic disease and advances in health technology, present challenges to health service delivery. We are committed to working collaboratively with our partner agencies and are grateful to our partners for their ongoing willingness to collaborate enabling better health and wellbeing outcomes for our local community.

We employ approximately 100 people from within the town and surrounding area. Together, staff work in a team environment to ensure the best possible care and services are delivered and the best possible outcomes are achieved for patients, residents and clients.



Our staff work within the hospital, residential aged care and in community settings. The skill mix of our multidisciplinary workforce supports ongoing competency based training, specialised clinical services, graduate programs, student placements and internal supervision and mentoring.



Who we care for

Whilst many of our services are universal and available to all community members, many are purposefully designed for those in the community who experience inequality in health outcomes and/or access to health services.

These include:

- · People who live in areas of locational disadvantage
- Aboriginal and Torres Strait Islanders
- People with a disability
- People isolated without a social support network
- Vulnerable children, young people and families
- People from linguistically diverse backgrounds
- People from the LGBTIQ community



Our community

Population

- 2,986 Cohuna population
- 10,472 Gannawarra Shire population
- 9,919 Primary catchment population for health service provision

Our aged community

- Higher than Victorian average of individuals aged over 65 years
- 29.3% Cohuna
- 15.6% Victoria
- Lower than Victorian average of individuals aged under 44 years

Cultural diversity

Most of Cohuna's residents were born in Australia, England or Ireland. The highest portion of culturally diverse individuals 3% came from Germany

In the next 10 years

- 10% reduction in total population
- 15% reduction in population aged between (18-65)
- 10% increase in those over 70 years
- 40% of the population will be over 70 years

Our Aboriginal and Torres Strait Islander community

- 1.2% Cohuna population identify as Aboriginal or Torres Strait Islanders
- Highest aged cohort 20-25 years in Cohuna
- Lowest aged cohort over 65 years in Cohuna
- 0.8% Victorian population identify as Aboriginal or Torres Strait Islanders

Area of disadvantage

The Gannawarra Shire Council is in the bottom 10% of the State when it comes to Relative Socio-demographic Disadvantage with a score of 957, indicating extreme levels of disadvantage.

Cardiovascular disease

29% Gannawarra Shire 20% Victorian average

Obesity

32% Gannawarra Shire 19% Victorian average

Anxiety and depression

32% Gannawarra Shire 27% Victorian average

Overweight

64% Gannawarra Shire 51% Victoria average

Two or more chronic diseases

33% Gannawarra Shire 31% Victorian average

Diabetes

7% Gannawarra Shire 4.8% Victorian average

Musculoskeletal system disease, arthritis, rheumatoid arthritis and osteoarthritis

30% Gannawarra Shire 21% Victorian average

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We are integral to the provision of comprehensive and responsive healthcare in the local community. We provide accessible acute, primary care, subacute and residential aged care services in hospital, residential and community based settings. Promotion of wellbeing, and individual responsibility and self-management are all encouraged and supported throughout service delivery in an attempt to enhance health outcomes through exceptional care. , L

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Our opportunities

Challenges

CDH, like other health services in Australia and internationally, operates in a complex and challenging environment balancing efficient services delivery with high quality health outcomes to meet Governments expectation of ensuring that healthcare expenditure achieves value for society.

The drivers of demand for CDH include:

- A rapidly ageing population
- Relatively low socio-economic indexes for socio-economic disadvantage associated with lower life expectancy, a greater burden of disease and higher levels of avoidable deaths and hospital separations
- Changing nature of disease and injury, in particular an increase in chronic disease across all ages, driving demand for new models of care to cost effectively address the issue
- Changing nature of service delivery, in particular innovative medical technologies will change length of hospital stays and demand trends, improving life expectancy, increasing day only procedures and expanding options for care in non-hospital settings
- Consumer, community and Government expectations regarding access to and performance of health services

Risks

The following strategic risks have been identified:

- Workforce capacity and capability of the workforce (right person, right job, right time) is insufficient to meet service and skills demands leading to delays in accessing services or the community travelling to access services
- Health technology ability to introduce new and advanced technologies to improve efficiency, effectiveness and quality of health service due to inadequate infrastructure, resources or skills
- Financial pressures ability to maintain budget integrity, increase revenue and deliver services within a nationally efficient price while continuing to meet community and workforce expectations for service scope and quality
- Change the transition to new models of care and services may have considerable impacts on staff and the community as a result of clinical service capability scope changes, infrastructure and resource capabilities and heightened service delivery expectations
- Patient safety and quality continuing to meet and exceed the already established and acknowledge high level of health care commensurate to regulatory or industry standards and community expectations
- Demand the health needs of the Cohuna community may exceed the resource capacity of current service delivery

Our responsibilities

At CDH it is the Board's responsibility to;

set the strategic direction of the health service, monitor its progress, and decide what change initiatives to invest in.

In the pursuit of continuous improvement and high performance the CDH Board has established a range of outcome measures, to better understand the health services impact over the next four years. The strategic outcomes measures documented in this Plan:

- Highlight the outcomes that matter to us, our stakeholders and our community
- Will be reported on meaningfully, honestly and openly
- Focus on process improvement as the underlying approach to strategy execution.

Our strategic outcome measures are ambitious but achievable and with the development of supporting specific, achievable, realistic and timely key performance indicators we will be able to understand if we are investing time, effort and resources in the right strategic actions. The outcome measures in this four-year strategic plan will be overseen by the Audit & Risk Sub-Committee of the Board, reported quarterly to the Board and annually to the community.



Our strategy Changing Together 2021-2024



Priority one: Enhance the experience and health outcomes of individuals accessing our services **Objective** Individuals experience safe, reliable care when accessing our services

Outcomes

CDH will know we have enhanced the experience and health outcomes of individuals accessing our services when:

- An individuals care expectations are met or exceeded
- An individual states that they are partners in their care
- Increased number of patients discharged from the subregional and regional service provider back to CDH
- Increase low complexity acute medical and surgical services available locally
- Increased partnership agreements, joint funding submissions and joint health programs
- Increased community involvement in service design and decision making throughout the health service
- Innovative service development initiatives using codesign to optimise an individuals experience are identified and promoted
- Best practice care guidelines and pathways are developed, implemented and evaluated across the care continuum
- CDH meets or exceeds regulatory and legislative standards
- Improved benchmark trends for all access, patient/ resident safety and quality care performance indicators
- Services are aligned to community needs
- Models of care will be contemporary, undertaken with best practice training and guidance and will be supported in effective delivery by the available workforce.
- Enhancements towards the CDH service plan
- Improved access to services for our vulnerable communities

Actions

- Undertake a service review of primary care
- Undertake a service review of aged care
- Undertake a service review of surgical and clinical services

Service Reviews involve looking at particular areas of service provision and deciding if and how the services should be delivered. A Service Review incorporates; understanding the demand for the service, the patient journey, the patient experience, the model of care, the workforce configuration, and the resource and infrastructure required to deliver the service. Changing Together 2021-2024



Priority two: Enable the workforce capability and capacity so that they can work to their fullest scope of practice Objective

The workforce are engaged, competent and valued

Outcomes

CDH will know it has enabled the workforce capability and capacity so that they can work to their fullest scope of practice when:

- Leaders are supported to make informed, evidence based decisions using workforce planning and metrics
- Workforce models implemented support workforce capacity right person, right job
- Achievement against the CDH workforce plan
- Employee sentiment and engagement is monitored and improves over time
- Core values are outlined in all plans, position descriptions and are embedded in practice
- Improvement in the combined recruitment score (vacancy, turnover and time to hire rates)
- Increased investment in staff education and training resulting in career pathway progression
- Staff report an understanding of the change approach used throughout the health service
- Staff report that they can confidently implement change within the health service
- Staff, community members and key stakeholders report increased level of participation in change activities within the health service (co-design)

Actions

- Develop and implement a staff health and well being plan
- Develop and implement a staff professional development program
- Develop and implement a workforce recruitment and retention plan, inclusive of clinical staff, support staff, volunteers and sub-contractors
- Select and implement a change management methodology, that supports change activity ranging from continuous quality improvement through to innovation

Changing Together 2021-2024



Priority three: Design care environments that support safe, high quality healthcare Objective The care environment enhances community outcomes and health service performance

Outcomes

CDH will know it has designed care environments that support safe, high quality healthcare when:

- Infrastructure is monitored and assessed through condition assessments and asset register is maintained and reflective of current state.
- There is a reduction in the number of workplace OH&S injuries as a result of failing infrastructure
- There is ongoing compliance with building standards and regulations
- Develop a Master Plan for the CDH to support flexible service delivery to meet community needs now and into the future
- Infrastructure projects are delivered on time and budget
- CDH new theatre operational
- Community reports physical environments feel culturally safe
- Staff report physical environments support care delivery
- Compliance with building standards and regulations
- Efficient staffing models are deployed across all service delivery areas

Actions

- Develop a Master Plan for the CDH to support flexible service delivery to meet community needs now and into the future
- Design and develop a theatre complex, that is consistent with the CDH Service Plan, meets community needs and integrates into CDH services
- Develop a business case for bed based service redevelopment, consistent with the CDH Service Plan and Master Plan



Changing



Priority four: Objective

Outcomes

CDH will know that it has integrated smart technologies that make healthcare better when there is:

- Increased telehealth consultation rates
- Increased access to specialised workforce via telehealth
- · Improved staff satisfaction levels with staff reporting that technology supports high quality, safe work practices
- Increased use of health service intranet
- Increased Information & Communication Technology connectivity with health services across the Loddon Mallee Region
- Evidence of enhanced business and analysis systems that support improvement in safety and quality measures

Actions

- Develop and implement a digital health maturation levels
- Design and trial digital care
- ICT strategy



Changing Together 2021-2024



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