



WWHS

MOVING AHEAD

A PROGRESS REPORT
ON THE IMPLEMENTATION
OF THE WWHS STRATEGIC PLAN
TO SEPTEMBER 30 2008

STRATEGIC PLAN
2006-2009
> 30-09-08

WEST WIMMERA HEALTH SERVICE

MOVING AHEAD

A PROGRESS REPORT

IN 2006 WEST WIMMERA HEALTH SERVICE INITIATED A 3 YEAR STRATEGIC PLAN. THIS PLAN WILL END ON JUNE 30 2009.

THIS DOCUMENT IS AN OVERVIEW OF THE ACTIONS THAT HAVE BEEN TAKEN IN ACCORDANCE WITH THE GOALS SET OUT IN THE STRATEGIC PLAN. IT COVERS THE PERIOD TO JUNE 30 2008.

DETAILS OF THE STRATEGIC PLAN 2006-07 – 2008-09 ARE CONTAINED IN THE WWHS DOCUMENT ENTITLED 'A NEW BEGINNING'. THE EIGHT KEY STRATEGIES OUTLINED IN THAT PUBLICATION ARE PRECISELY AS HIGHLIGHTED IN THIS PROGRESS REPORT.

STRATEGIC PLAN 2006-07 TO 2008-09

1.0 DELIVERING NEEDS-BASED HEALTH CARE

2.0 STRENGTHENING LEADERSHIP AND MANAGEMENT

3.0 OPTIMUM HUMAN RESOURCES MANAGEMENT

4.0 SAFE PRACTICES AND ENVIRONMENT

5.0 SOUND FINANCIAL MANAGEMENT

6.0 EFFECTIVE INFORMATION MANAGEMENT

7.0 ASSET MANAGEMENT

8.0 RELATIONSHIPS WITH THE COMMUNITY AND OTHER STAKEHOLDERS

1.0

**DELIVERING
NEEDS-BASED
HEALTH CARE**

1.1 Develop a *Needs Assessment and Service Plan* for the catchment in the light of changing demographics, funding models and the new facilities.

- The Request for Quotation Document was finalised by Board of Governance and advertisements were placed in national newspapers seeking submissions of interest.
- The President, Chief Executive Officer and Department of Human Services representatives short-listed three consultants who were interviewed in July 2008, with a Consultant appointed.
- Expression of interest letters for the Community Representative Position on the Project were sent to all current WWHS Advisory Committee Members.
- Three submissions of interest for the Community Representative position were received.
- Interviews were conducted in August 2008 with a Community Representative appointed.
- First Advisory Committee meeting held September 17, 2008.

1.0

DELIVERING NEEDS-BASED HEALTH CARE

1.2 Consider options to expand medical services.

- Application for funding under the National Rural & Remote Health Infrastructure Program (NRRHIP) for a Medical Clinic at Nhill, has been submitted.
- Applications for clinics at Natimuk and Rainbow are still to be finalised.
- Gynaecology Surgery commenced in July 2007.
- Preparations have commenced for the expansion of Dialysis from 2 patients to 4 patients in December 08.
- Orthopaedic surgery increased monthly in 2007 and maintained in 2008.
- Medical Practitioner obtained by Tristar Medical Group for Kaniva Medical Practice.
- Investigations underway to recruit a visiting General Practitioner Anaesthetist.

1.3 Respond appropriately to advances in medical technologies – Phase 1.

- Referred to the Medical Staff Association for advice through the Consultant Executive Director of Medical Services with respect to information about advances in medical science and technologies and WWHS responses.
- Keeping abreast of publications and research in this area through the learned colleges will be discussed with the Consulting Executive Director of Medical Services and the Medical Staff Association.
- Funding obtained from Department of Human Services for patient monitoring equipment and Phacoemulsifier eye equipment.
- Commencement of selective laser Trabeculoplasty for the treatment of Glaucoma at the Nhill Hospital.

1.0

DELIVERING NEEDS-BASED HEALTH CARE

1.4 Review care planning and evaluation processes in aged and acute care.

- Full review has been undertaken of all aged care documentation and best practice modifications to documentation applied where applicable.
 - Introduction of *iCare* – clinical management software system which results in evidence based forms and charts.
 - Review of pathways for major surgical procedures undertaken.
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1.5 Review and compare aged and acute care processes with EQulP 4 Criteria and identify priorities and processes for change.

- Clinical EQulP Meeting held every week with all Clinical Managers to review criteria and identified key improvements to be implemented in the 2008-09 year.
- EQulP Self Assessment being finalized for the Organisation Wide Australian Council of Healthcare Standards (ACHS) Survey to be conducted in November, 2008.

1.6 Assess the effectiveness of infection control in the new Nhill Hospital building.

- The November 2006 EQulP accreditation survey awarded WWHS Infection Control an Exceptional Achievement rating. This outcome was very satisfactory and now requires maintenance over time.
- Monitoring of Infection Control in the “New” Nhill Hospital is now standard practice.

1.7 Improve the quality of support services in selected direct care areas.

- Review of Laundry process in “Iona” Digby Harris Home resulted in laundry being outsourced, to bring it in line with other residential facilities.
- Menu Review Committee established to oversee the implementation of a new standard menu across all campuses.
- This Menu will ensure that all food provided to patients and residents is appropriate for Diabetic and Cardiac Risk patients.
- Trial of new Menu commenced in August 2008.

1.0

DELIVERING NEEDS-BASED
HEALTH CARE**1.8 Review and re-engineer WWHS support for viable service delivery by Cooinda.**

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- Following the consultant's recommendations a comprehensive action plan was devised for Cooinda.
 - A funding submission to the Business Services Assistance Package program through the Department of Families, Housing, Community Services & Indigenous Services was submitted resulting in funding of \$88,500 for the refurbishment of Oliver's, the set-up of the Nhill Hospital Kiosk and purchase of a catering van.
 - Oliver's has been refurbished in the dining section, with rebranding and recruitment of new staff vital in achieving increased sales.
 - The successful alliance with Luv-a-Duck for Cooinda to operate a Duck Breeding Shed has continued into its second year cycle.
 - Funding has also been obtained through the Department of Human Services for a Shade Sail and purchase of a Toyota Hiace Bus.

1.9 Review and implement DHS Care in Your Community: A Planning Framework for Integrated Ambulatory Health Care policy document and its Rural Procedural Services Planning Framework.

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- Contingent on the Needs Assessment and Service Planning process.

1.10 Improve meaningful communication and consultation with our community in the planning of our services; and with our consumers in the delivery of services to individuals.

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- Mr Tom Noble – Noble PR has been engaged as a marketing and media relations consultant.
 - This has resulted in a substantial increase in the media releases distributed to local and regional newspapers.
 - This increase in communication is evidenced in the Media Communications register.
 - Mr Noble also provided editing services for the Annual Report.
 - WWHS newsletter now produced by-weekly.

1.11 Seek and develop opportunities for more and stronger regional alliances.

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- The Chief Executive Officer participates in the regional and sub-regional forums for health service CEOs. Greater liaison across the western part of the region will be part of the service planning exercise as well as developments in benchmarking.
 - Executive Directors participate in regional and sub-regional forums.
 - Educational and training programs arranged with regional health services.
 - Agreement with Wimmera Health Care Group to jointly utilise a Dental Therapist from September 08.
 - Brokerage of Podiatry services to Allambi Hostel in Dimboola
 - DHS Quality Unit has established a relationship with WWHS for work placement of new recruits.
 - Brokerage of Dietitian Services to Rural Northwest Health.

2.0

STRENGTHENING LEADERSHIP AND MANAGEMENT

2.1 Develop a corporate culture which encourages exceptional professional skills and promotes collaborative working relationships that drive better outcomes for our consumers.

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- Improving WWHS cultural aspirations – discussions with La Trobe University have concluded.
 - WWHS has extended Human Resources Management to include a Consultant Industrial Relations Officer to work in conjunction with Executive Directors.
 - Retention rates are regarded as acceptable (relatively stable) but benchmarking needs to be conducted to support this assertion. Finance Committee now monitors this aspect.
 - All complaints about WWHS are managed effectively through the Complaints Officer. There are few complaints and they are dealt with in accordance with due process.

2.2 Review existing structures and processes to improve the capacity of the Board to govern the Health Service.

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- Comprehensive review of the reporting processes to the Finance and Audit Committees resulted in a significant increase of scope and level of analysis reporting.
 - Also refer Item 3.11.
 - A Board Member education seminar was conducted in March 2007 with the Board's self-assessment completed and recommendations dealt with.

2.0

STRENGTHENING LEADERSHIP
AND MANAGEMENT**2.3 Develop a co-ordinated strategy to present evidence of compliance with all regulatory and other requirements to the Board of Governance, accreditation surveyors, auditors and other eligible users.**

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- See 2.2.
 - Updates of the Board Assurance Compliance electronic System (BACeS) are provided half-yearly by Latrobe Regional Health Service.
 - Compliance reports are submitted to Board of Governance and approximate timeframe set on a monthly basis.
 - Compliance is audited monthly by the Executive Director Corporate & Quality Services.

2.4 Continue to improve WWHS Risk Management Strategy to ensure the development of a risk-aware culture, identification and management of clinical and corporate risks and the identification and elimination of workplace hazards.

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- Deloitte's. (Internal Auditors) conducted audits of WWHS's risk management process and register and their recommendations are being implemented and are risk rated in the risk register.
 - A Risk Management Framework was adopted by the Audit Committee in April 2008.
 - The framework outlining how the risk management strategy will be addressed throughout WWHS is now a requirement of the Department of Treasury & Finance and also the Victorian Managed Insurance Association (VMIA).

2.5 Create a succession plan for key management positions and roles.

- Succession Plan developed and approved by the Board of Governance June 2008 Meeting.
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2.6 Develop and implement a communication strategy interface with Board members, staff and other stakeholders.

- Commencing June 2008, a newsletter will be produced twice a month for internal staff communication.
- All sites produce a campus newsletter to inform their community of the activities, events and resources available at WWHS.
- Draft Policy developed for Communication between Board Members and Staff which is still to be adopted.
- Also see marketing and public relations initiative at point 1.10 of this publication.

2.0

STRENGTHENING LEADERSHIP AND MANAGEMENT

2.7 Review and evaluate the performance of the Board of Governance

- Board self-assessment process completed, guided by DLA Phillips Fox.
 - The full evaluation concluded that the Board of Governance effectively and responsibly govern WWHS.
 - As a result of opportunities for further development the Board adopted recommendations to strengthen their governance performance.
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2.8 Provide strategic leadership training for members of the Board of Governance.

- Board education seminar held in March 2007.
- Nous Group has been commissioned by DHS to conduct a Board education programme over the next three years and WWHS is eligible to participate.
- Standing Agenda item introduced to the Board of Governance Meeting Agenda titled 'Strategic Issue' enabling guest presenters to lead strategic presentations.

2.9 Review project management and evaluation processes to improve program delivery, effectiveness and timeliness.

- Leadership and management skills training options are being pursued. Options include courses conducted by the Australian Institute of Management, Australian Human Resources Institute, Australian Institute of Company Directors Williamson Leadership Foundation and the Victorian Hospitals Industrial Association. Other options include workshop-based sessions/course, e.g. workshops provided by the Nous Group (separate to the governance courses referred to).
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2.10 Expand and intensify benchmarking studies to generate performance improvement opportunities – Phase 1.

- All Residential Facilities have joined the Aged Care Quality Association (ACQA) to enable benchmarking of various clinical and process indicators with other like sized organisations.
- All Residential Facilities are benchmarked with financial indicators through the NOUS Business Performance Improvement Project in conjunction with DHS.
- WWHS participates in the VICNISS, Victorian Hospital Acquired Infection Surveillance which benchmarks infection control indicators with all Public Hospitals in Victoria.
- Reset Group Benchmarking study received and is being analysed.

3.0

OPTIMUM HUMAN RESOURCES MANAGEMENT

3.1 Undertake initiatives to develop a more responsive and committed organisation, utilising the support of La Trobe University. The initiatives will include a heightened focus on human resources management.

- Effectiveness of the La Trobe University Action Research Project has been reviewed (see above) and proved unsuitable for outcome desired.
 - The appointment of a Human Resources Manager is still being considered, meanwhile the Consultant Executive Director of Industrial Relations has taken on HR responsibilities.
 - A *People Matters* survey was conducted by the State Services Authority in 2008 which has resulted in vastly improved outcomes, which is very heartening.
 - A new (internal) survey is planned in conjunction with the marketing and public relations initiative described in 1.10.
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3.2 Formalise and enhance strategies for attraction, support and retention of visiting medical practitioners.

- Establishment of Tristar Medical Practice has moved prima facie responsibility for recruiting and retaining local General Practitioners to Tristar Medical Group.
- Specialist medical practitioners remain the responsibility of WWHS. An Obstetrics and Gynaecology specialist has been recruited to complement the existing list of specialists.
- Recruitment of a General Practitioner Anaesthetist is proceeding.
- No lasting vacancies for General Practitioners would appear to have arisen during the reporting period.

3.0

OPTIMUM HUMAN RESOURCES
MANAGEMENT**3.3 Develop a workforce strategy and plan for the planning period, supported by staff recruitment and retention strategies.**

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- Equivalent Full-Time (EFT) staff is set and not to be increased – the staff profile is static until further notice.
 - Due to efficiencies identified the EFT level slightly declined in the period.
 - The Human Resource Strategic Plan embraces workforce planning and defined requirement plan now for adoption.
 - Employment costs totaling \$19.3 million were \$167,000 above budget or less than 1% of total costs.
 - This increase was due to higher levels of Agency Nursing Staff and sick leave required because of difficulties in recruiting Division One Nurses. Agency nurses are only used as a last resort.

3.4 Establish a more meaningful annual staff performance appraisal process including self-appraisal, goal-setting, Key Performance Indicators and further education objectives.

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- A new Performance Appraisal form has been adopted by the Human Resource Committee and now introduced.
 - Executive staff appraisal is now linked directly to the divisional business plans with all appraisals completed.
 - Annual performance appraisals are now required for all staff and being undertaken by Executive Directors.
 - Performance trends will be monitored as consistent data becomes available following the introduction of the new form.

3.5 Review and evaluate WWHS's human resources management policies to optimise their contribution to the Service's role as a 'family-friendly' employer.

- To be reviewed in 2008-09.
- Discussion taking place with a Human Resource Development Consultant team around group dynamics possibilities:
- Initial discussions arranged for dialogue to take place in September 30, 2008.

3.6 Provide skills maintenance and development for clinical and other staff to ensure that all services identified in the new Service Plan can be provided so that a high standard and patient, resident, client and staff safety is assured.

- Involvement in the Grampians Clever Health Network E-learning for three initial models of Elder Abuse, Office Ergonomics and CPR enabling all staff to undertake this training at a computer.
- Professional development of individuals is based on needs assessed in parallel with performance appraisal and at other times as required.
- Service-based development of competencies for WWHS is contingent on the outcomes from service planning.
- Internal survey conducted annually to identify current skill and to identify future training needs inventory.
- A budget has been developed for training and development at 1% of basic employment costs.
- PAYGLOBAL software provides full details of all mandatory education and relevant skill sets for staff including renewal date reporting.
- Staff are individually advised when training is required to be undertaken to ensure ongoing compliance.

3.0

OPTIMUM HUMAN RESOURCES
MANAGEMENT**3.7 Introduce a structured management education program for senior and middle managers based on recommendations from past review reports.**

- See 2.8 and 2.9 for options with respect to leadership and management skills training.
 - Structured feedback ('sharing the knowledge') to relevant staff from all external training courses is to occur from July 1, 2008.
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3.8 Create a succession plan for key middle management and operational positions.

- Succession plan developed and adopted by the Board of Governance at the June 2008 meeting.
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3.9 Implement the 'Employee Self-Service' features of the PAYGLOBAL Payroll and HRM system.

- Human Resource Self-service system to be implemented in PAYGLOBAL by December 2008.
- Human Resource Employee Assistance is in place.

3.10 Apply specialised industrial relations expertise to support WWHS compliance with Awards and industrial agreements and to provide expert mediation, advocacy and representation services.

- An industrial part-time relations consultant has been employed who is proving invaluable in addressing disputes, complaints, award interpretations and the Australian Industrial Relations Commission processes.
 - There are no outstanding Industrial Disputes at this time.
 - The IR Consultant has conducted training on HR issues and will provide IR training.
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3.11 At the end of the planning period, review and evaluate the efficiency and effectiveness of the existing Organisation Structure.

- Scheduled for 2009.
- With the Departure of the Executive Director of Acute Care the following Interim Structure has been put in place:
 - **Executive Director of Clinical Services** – embracing Acute, Aged, Allied and Community Health supported by Manager Allied and Community Health Services
 - Appointment of **Senior Nursing** support to be considered.
 - **Executive Director Corporate & Quality Services**
 - **Executive Director Finance & Administration**
 - **Dental and Disability Services** to be responsibility of the Chief Executive Officer.
- Re-arrangement of Divisional Unit Managers and Departmental Management is being reviewed and assessed.

4.0

SAFE PRACTICES
AND ENVIRONMENT

SAFE PRACTICES AND ENVIRONMENT

4.1 Comply with the Occupational Health and Safety (OH&S) Legislation.

- The 5 day OH&S course has been completed by 3 Executive Directors and 26 staff.
- 14 staff completed the one day OH&S refresher course in June 2008, which is part of legislative training requirements.
- The Consulting Executive Director of Medical Services has conducted the required credentialing and privileging which has been approved by the Board. Issues of medical management are referred to the Director for advice. Day-to-day practices are monitored at ward level by the Executive Director of Clinical Services and Directors of Nursing.
- Manual handling training compliance rate of 95% as at June 30 2008.
- No-lift training compliance rate of 95% as at June 30 2008.
- 33 risk assessments completed in 2007/08. All risk assessments presented to Safety & Security Committee with evaluation of actions implemented also considered by that committee.
- Monthly and quarterly safety audits conducted by Health and Safety representatives at each site with results presented to Safety and Security Committee.
- No outstanding Workcover notices exist at the present time.

4.0

SAFE PRACTICES
AND ENVIRONMENT**4.2 Conduct annual fire protection and work safety practices audits and staff training.**

- Fire safety education compliance rate of 98% as at June 30 2008.
 - Fire evacuation exercises conducted at Rainbow, Jeparit, Goroke, Cooina, Nhill and Iona Digby Harris Home. Debriefs held at the conclusion of each drill. Action Plans formulated and recommendations from exercises included on Risk Register.
 - Information received from Department of Human Services notifying that External Fire Safety Audits only required to be undertaken every 5 years. Current Fire Safety Audits available for every site.
 - Action Plans addressing recommendations arising from external Fire Safety audits have been prepared and are now being actioned as appropriate.
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4.3 Arrange optimal waste disposal and recycling.

- Segregated waste disposal program established e.g. paper, cardboard, food waste.
- Recycling strategies introduced e.g. cans, glass, receptacles.
- Successfully accredited by Waste Wise Certification Program.
- Obtained Powercor Wimmera Business Award 2008 for Environmental Management.

4.4 Minimise the use of energy and water resources in the operation of WWHS facilities and the provision of services.

- Stage 2 of drought proofing of gardens has occurred with significant work undertaken in Kaniva & Jeparit.
- 2007-08 was a successful year for Nhill Hospital being self-sustaining in terms of water usage. Significant environmental and financial savings were achieved by not having to purchase water. The 'Tank Farm' was installed in 2006-07.
- Full year of five LPG powered cars in the fleet resulted in \$30,000 reduction in fuel costs.

5.0

SOUND FINANCIAL MANAGEMENT

5.1 Develop and implement a financial management strategy with a supporting activity-based model and an asset management, maintenance and replacement plan (see also Section 7).

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- Capital expenditure budget set for 2008-09 by priority which includes plant and equipment.
 - End of 'Close Watch' Financial Reporting to DHS at June 30, 2008.
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5.2 Conduct a successful fundraising program to raise \$2 million to fund WWHS future development and equipment needs.

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- The fundraising Capital Campaign continues with the amount raised from July 1, 2007 - June 30, 2008 totaling \$1.169 million, the highest annual result recorded by the Service.

5.0

SOUND FINANCIAL
MANAGEMENT**5.3 Improve WWHS financial position
to ensure continuing viability.**

- WWHS is financially viable with a Current Ratio at June 30, 2008 of 1.26.
- End of 'Close Watch' Financial Monitoring by the DHS with effect from July 1, 2008.
- An operating surplus for 2007-2008 of \$450k recorded (\$342k above budget).
- Bonds and accommodation charges administration has been assigned to Operations Manager resulting in an improved system for claiming and reconciling.
- Substantial analysis of aged care over past 2 years has resulted in a significant boost to profitability and recurrent revenue streams.

5.4 Deliver ongoing PowerBudget training to senior and middle management groups to empower them to manage devolved budgets.

- Budget variances – see 5.3.
- PowerBudget training is ongoing and provided in-house to managers and other staff on an as needed basis.
- Executive Director of Finance & Administration has created a self directed training manual for PowerBudget.
- Uptake by managers of outstanding leave entitlements is increasing with rostering in Nhill Acute Ward now being determined with reference to such entitlements in order for them to be managed at acceptable levels.

5.0

SOUND FINANCIAL MANAGEMENT

5.5 Improve budget monitoring, variance analysis and organisational processes for financial accountability and active financial management.

- Finance Committee formed by the Board of Governance meets on a monthly basis.
- Finance Committee receives detailed finance reports including comprehensive narrative commentary and graphics. The vital financial indicators including financial statements are circulated to the Board of Governance.

5.6 Maximise Aged Care service revenue by optimising bed occupancy, resident mix and Resident Classification Scale (RCS) Classifications.

- Introduction of the Aged Care Funding Instrument (ACFI) on 20 March 2008 to replace the RCS.
- Transition period undertaken successfully and evaluation of the ACFI's submitted to the Department of Health & Ageing to occur in 2008-09.
- Residential Aged Care now within reach of being able to operate on an overall break-even basis where previous years have seen net deficits in this area exceeding \$1m.

5.7 Maximise the opportunities for flexibility provided by the Small Rural Health Services Funding Model and pursue revenue maximisation strategies.

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- Acute Care – favourable budget variance of \$412k or 9.6%.
 - Private Inpatient Fee Revenue raised in 2007-08 was \$1.184m (27% above budget).
 - All other Divisions / Programs achieving results for 2007-08 which were acceptably close to budgeted outcomes.
 - Alternative service delivery pathways will be examined as part of the Needs Assessment and Service Plan.

6.0

EFFECTIVE INFORMATION MANAGEMENT

6.1 Develop and implement an Information and Communications Technology (ICT) Strategy to keep abreast of technological system advances.

- WWHS Information Technology Strategic Plan has been completed and approved by the Board of Governance for the period from 1 January 2007 to 31 December 2009.
- A review of progress and evaluation of the Information Technology Plan will occur early in 2008-09.
- Implementation of electronic clinical record for aged care (*iCare*)
- Wireless technology enacted in Mira Primary Care Centre.

6.2 Develop information technology links to improve access, efficiency and effectiveness of preparation, storage and retrieval of patients', residents' and clients' records.

- Proposed mandated installation of the Oracle Finance Management and Information System remains in planning stage. Installations occurring at other regional health services in the meantime will be closely scrutinized by the Service to ensure any mistakes are not replicated.
- New desktop PCs continue to be rolled out in accordance with the IT Strategic Plan.
- New terminal server is installed and working.

6.0

EFFECTIVE INFORMATION
MANAGEMENT**6.3 Examine ways to achieve data integration based on users' needs to reduce duplicated data and effort in recording, retrieval and report preparation.**

- A review of the needs of WWHS web site and Intranet has been conducted with installation of a new web page system now proceeding.
 - The new web page which will function both as the Service's external web page and also its internal intranet will be commissioned in November 2008.
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6.4 Improve the efficiency and effectiveness of statistical data collection and validation.

- All Allied Health Practitioners have determined statistical budgets which are monitored monthly through the Finance Committee and Board of Governance.
- The DHS has acknowledged the exceptional quality of reporting HACC data by WWHS, who have been held as a regional benchmark, with 0% error rate.

6.5 Consider feasible options to apply leading technologies to underpin WWHS knowledge management systems .

- A basic knowledge management system is in place with use of a centralised in and out correspondence register including hyperlinks to relevant electronically stored documentation.
- A Capital Budget for the year ending 30 June 2009 has been adopted by the Board of Governance and work towards executing the budget's projects within their specified timeframes is now underway.

7.0

ASSET MANAGEMENT

7.1 Develop an asset management policy, strategy and plan to guide WWHS capital expenditure priorities and budgeting for all buildings, plant and clinical and administrative equipment.

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- An asset management plan has been proposed including recommendations and timelines for replacement of WWHS personal computers, server, finance system and printers. See Appendix D to the Information Technology Strategic Plan.
 - Refer Item 6.5 re Capital Budget.

7.2 Conduct a biennial condition assessment and gap analysis across all infrastructure asset categories according to need to support the asset management plan with respect to both asset replacement and maintenance needs.

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- An organisational wide Capital 'Wishlist' has been collated from which the Capital Budget for the 2008-2009 year was set and approved by the Finance Committee and Board of Governance.
 - Items of a general maintenance nature including routine replacement of equipment are dealt with within the operating budget.
 - A Financial Management Improvement Plan for the 2008-2009 financial year has been adopted by the Finance Committee.
 - Initial work to have the Service's land and buildings revalued by 30 June 2009, as required by the Department of Treasury and Finance, has commenced.
 - The Service will again participate in the DHS annual Targeted Equipment Program funding submission process in 2008-2009 as well as any other relevant equipment grants on offer throughout the year.

7.0

ASSET
MANAGEMENT**7.3 Complete Stages 3 and 4 of the new Nhill Hospital facilities.**

- Further funding submissions will be made to DHS in the 2008-09 year for the redevelopment through routine grants and philanthropic trusts.
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7.4 Review and reassess future needs for investment in low level aged care facilities and services in Kaniva.

- Review the need for relocating the Kaniva Hostel to adjoin the Kaniva Hospital, to provide increased service access. This will be addressed by the Community Needs Analysis & Service Profile Project.
- As a result of a Public Meeting the Kaniva Community has established a group to further explore the need and possible options with WWHS.

7.5 Review and reassess the need for four low care beds at Iona Digby Harris Home.

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- Review undertaken and need determined for the four low care licenses to become operational at Iona Digby Harris Home.
 - Board of Governance has adopted the proposal to convert the existing Geriatric Evaluation Management (GEM) Wing to accommodate the four low care beds.
 - Department of Health & Ageing have granted an extension to December 2008 for residents to be admitted to the beds.

7.6 Negotiate funding with Department of Human Services and complete the redevelopment of the Nhill Hospital Dental Clinic.

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- Nhill Hospital Dental Clinic refurbishment completed with funding support from the DHS of \$250,000.
 - This project was undertaken in consultation with DHSV resulting in a state of the art Dental Clinic for the Nhill and District Community.

7.7 Assess the need for bed based services in Goroke and subsequently seek funding if justified by the assessment

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- This will be included in of the Community Needs Analysis and Service Profile Project.

8.0

RELATIONSHIPS WITH THE COMMUNITY AND OTHER STAKEHOLDERS

8.1 Maintain constructive relationships with our community and other stakeholders.

- See the marketing and public relations initiative referred to in 1.10.
- Pro-active responses to complaints are achieved through the Complaints Officer, Executive Directors and the Chief Executive Officer.
- Annual and Quality of Care Reports are important community communications.
- Quality of Care Report distributed widely by use of the “Weekly Advertiser” which has a large distribution.
- “Compliments/Feedback” forms available.
- “Complaints/Feedback” forms available.
- “Opportunity for Improvement” forms available.
- Marketing and Media Relations Consultant has also enhanced this aspect.
- Electronic and print media has been used for this purpose e.g. 3WM promoting and participating in the Nhill Hospital 1st birthday celebration in September 2007.
- Goroke public meeting.
- Community consultation meetings to be conducted as part of the Community Needs Analysis Project process.

SERVICES

AGED CARE

Residential Hostels
and Nursing Homes
Home-Based Care

ACUTE CARE

General and Specialist
Medical Care
General and
Laparoscopic Surgery
Ambulatory or Non-
Admitted Patient Care
(Outpatient, Emergency
and Primary Care)
Discharge Planning
Ear, Nose and Throat
(ENT) Surgery
Obstetrics (low risk)
and Gynaecology
Ophthalmic Surgery
Oral Surgery
Orthopaedic Surgery
Palliative Care
Hospital in the Home
Hospital to the Home
Medical Imaging
(Radiology and
Ultrasound)
Pathology
Post-acute Care
Psychiatry

ALLIED HEALTH SERVICES

Diabetes Education
Dietetics
Exercise Physiology
General and Specialist
Dental Services
Massage Therapy
Myotherapy
Occupational Therapy
Optometry
Pharmacy
Physiotherapy
Podiatry
Social Work
Speech Pathology

COMMUNITY CARE

Community Health
Nursing
District Nursing
Health Promotion
and Education

DISABILITY SERVICES

Duck Breeding Shed
Oliver's Cafe
Snappy Seconds
Retail Store
Supported Employment
Recycling Services

SERVICE SUPPORT

Engineering and
Maintenance
Executive Services
and Fundraising
Finance and
Administration
General and Hotel
Services
Health Information
Management
Library and
Resource Centre
Volunteers

SERVICE LOCATIONS

West Wimmera Health Service operates across a wide catchment area in rural north western Victoria

NHILL

Acute, specialist medical and surgical services aged, community and mental health, primary care, welfare and disability services.

KANIVA

Acute, aged, community health, primary care and welfare services.

JEPARIT

Acute, aged, community health, primary care and welfare services.

RAINBOW

Acute, aged, community health, primary care and welfare services.

NATIMUK

Aged, community health, primary care and welfare services.

GOROKE

Community health and welfare services.

NHILL

43-51 Nelson Street
Nhill Victoria 3418
T (03) 5391 4222
F (03) 5391 4228

KANIVA

7 Farmers Street
Kaniva Victoria 3419
T (03) 5392 7000
F (03) 5392 2203

JEPARIT

2 Charles Street
Jeparit Victoria 3423
T (03) 5396 5500
F (03) 5397 2392

RAINBOW

2 Swinbourne Avenue
Rainbow Victoria 3424
T (03) 5396 3300
F (03) 5395 1411

NATIMUK

6 Schurmann Street
Natimuk Victoria 3409
T (03) 5363 4400
F (03) 5387 1303

GOROKE

Natimuk Road
Goroke Victoria 3412
T (03) 5363 2200
F (03) 5386 1268

COOINDA

Queen Street
Nhill Victoria 3418
T (03) 5391 1095
F (03) 5391 1229

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