



# Strategic Directions

2020 – 2024



*The Board of Directors and staff of Alexandra District Health wish to acknowledge the Taungurung people, the traditional owners and custodians of the land on which our Health Service is located.*

*We pay our respects to Elders past, present and emerging. We commit to continuing to working together with Aboriginal and Torres Strait Islander people to ensure access to health services which are culturally safe and responsive to their needs.*

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## Our History

### 149 YEARS

In late 1866, the mining boom hit Redgate, (as Alexandra was then known) and with the consequential population explosion, the need for medical and hospital care became an issue.

In 1870, the Local Council purchased two buildings for two pounds. They went on to spend a further 50 pounds, converting part of an old hotel into a courthouse and the other section into a hospital. From these humble beginnings sprang the Alexandra District Hospital.

The grand opening ball of the Hospital on the old site was Friday 20th September 1871. Its official incorporation and registration as a public hospital was on the 11th of December 1871, the official opening date.

The then new Hospital had a bed capacity of five and the first matron was Mrs Margaret Milroy. In 1888, the size of the Hospital was doubled to ten beds with the reconstruction from wood to brick and the addition of the Jubilee Wing.

A disastrous fire in 1957, destroying not only the major part of the Hospital but also all the archive records prior to that point, makes the development of this institution very difficult to recount. Suffice to say, a total reconstruction was undertaken.

Between 1969 and 1977, further development increased the services to a total of 30 beds including the only nursing home beds in the area.

In the mid-1980s to the present day saw the most rapid expansion in services and development of the new Hospital. The Health Service now provides specialist medical services in eleven clinical disciplines, as well as a number of general practitioners, radiology, allied health, district nursing and many other services. The equipment and facilities are state of the art and every effort will be made continue to ensure that this is the case.

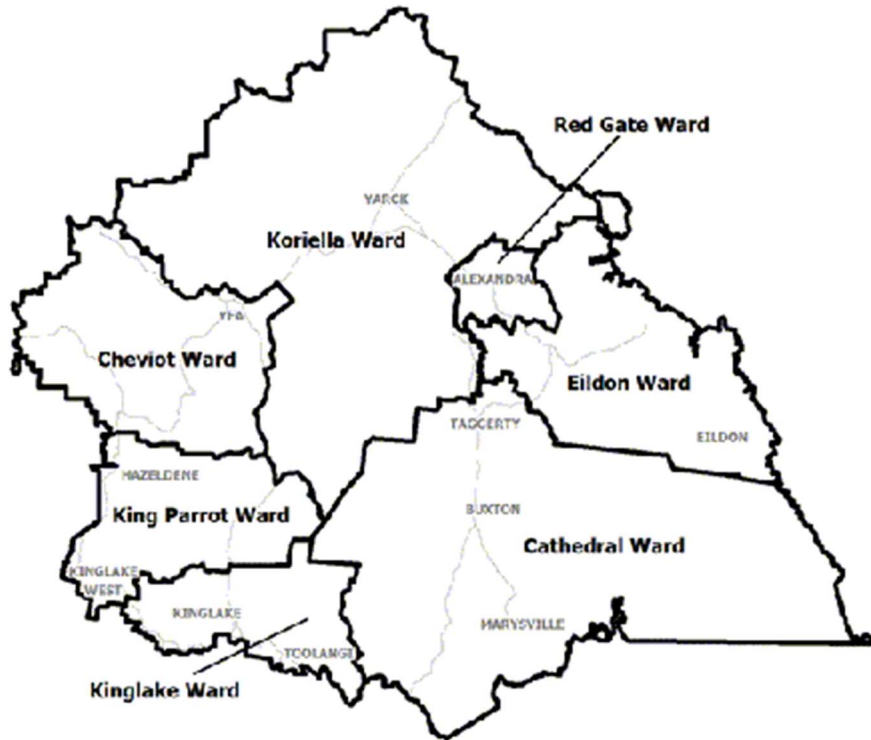
It is however, more than worthy of repeating an excerpt from the local newspaper at the turn of the century-

*"During the first two decades of this century, the Hospital was greatly supported by the people of the surrounding area. Donations of goods were greatly appreciated and acknowledged in monthly Hospital reports which were published in the local paper."*

The unstinting and perpetual support from this community is what will always ensure the vitality and perpetuity of this Hospital.

In 2014 the name was changed to Alexandra District Health as a representation of our broadened health service provision.

## Our Catchment



The Shire of Murrindindi is located in the hills just north of outer metropolitan Melbourne within the Goulburn region, adjacent to the Ovens Murray region. The Australian Bureau of Statistics (ABS) classifies the Alexandra area as Murrindindi East, and the Yea-Kinglake area as Murrindindi West.

The most populous community is Alexandra, with the majority of the rest of the population in Yea, Kinglake and Eildon.

## Our Demographics

The 2016 population of Murrindindi East was 6,383 and is projected to increase to 7,235 by 2031<sup>1</sup>. In 2016, there were 2,935 households in Murrindindi East, 599 of which were families with children representing 20% of all households in Murrindindi East.

Compared to the rest of Victoria where 49% of people are either born overseas or have at least one parent born overseas, only 11% of the population in Murrindindi was born overseas.<sup>2</sup> In the 2016 census, 0.8% (n=37,990) of the Victorian population identified as Aboriginal or Torres Strait Islander, in the 2011 census 0.7% (n=98) of the population in Murrindindi identified as Aboriginal or Torres Strait Islander.<sup>3</sup>

In Murrindindi East, 29% of people were aged 65 or older in 2016, and 56% of the population was of working age (15-64 years).<sup>4</sup> The population of working age people (15-64) is set to increase (3,548 in 2016 to 3,735 in 2031), however the proportion of working age people decreases overall from 56% to 52% of the population in Murrindindi East. The population of people 65+ will increase (1,848 in 2016 to 2,355 in 2031). Compared to the rest of Victoria, Murrindindi is ageing faster, with lower growth rates in the working age population. Across Murrindindi, there are high rates of behaviours linked to chronic disease such as smoking and poor nutrition, particularly among males over 18.<sup>5</sup>

Individual and household incomes in Murrindindi are lower than the Victorian average, and mortgage stress is higher than average in Victoria. In 2016, 59% of people in Murrindindi earned less than \$1,000 per week<sup>6</sup>, though this may be attributable to the higher proportion of older persons living off of superannuation or pensions.

Compared to the Victorian average, the proportion of persons with asthma is higher in Murrindindi (Murrindindi is ranked number 1 in Victoria for asthma), as is the proportion of overweight or obese persons. The rate of Home and Community Care (HACC) clients is higher than average, as is the rate of mental health clients, while the rate of drug and alcohol clients is lower than average.

Few Murrindindi residents are close to public transport, compared to the wider Hume and Goulburn Valley regions. Murrindindi is ranked 75 out of 79 LGAs in Victoria for public transport access<sup>7</sup> - amongst the worst serviced Shire in Victoria.

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<sup>1</sup> Victoria in the Future Tables, LGAs Expected Resident Populations 2011-2031

<sup>2</sup> ABS Regional Statistics by LGA 2016, Murrindindi

<sup>3</sup> State of Murrindindi's Children Report, A Snapshot Report 2016, Murrindindi Shire Council, Murrindindi Children's Network, Berry Street, Local Learning and Employment Network – Central Ranges

<sup>4</sup> Victoria in the Futures Tables, LGAs Expected Resident Populations 2011-2031

<sup>5</sup> Victorian State Government, data.vic.gov.au, Murrindindi 2012 Local Government Area Profiles

<sup>6</sup> ABS Regional Statistics by LGA 2016, Murrindindi

<sup>7</sup> Victorian State Government, data.vic.gov.au, Murrindindi 2012 Local Government Area Profiles

## Our Services

Alexandra District Health employs a team of approximately 110 staff who work across our clinical and corporate services.

We provide a range of inpatient (medical and surgical) and primary health services in Alexandra. Primary Health services are also provided at our campuses in Marysville and Eildon.

Acute services:

- Medical – inpatient care is supported by local General Practitioners and visiting specialists in cardiology, paediatrics, respiratory and nephrology provide private consulting appointments.
- Surgical (general surgery, gynaecology, orthopaedics, ophthalmology, urology, ear, nose and throat and gastroenterology) – supported by visiting specialist surgeons and specialist anaesthetists.
- Urgent Care – is staffed by nurses and supported by local General Practitioners.
- Diagnostic Services – radiology, ultrasound and pathology (collection point only) are provided on-site by private providers.

Primary Health Services:

- Allied health services include physiotherapy and Allied Health Assistants, occupational therapy, dietetics, speech pathology, and counselling services.
- District nurses based at Alexandra cover the eastern side of the Murrindindi Shire.
- Chronic disease management is delivered via a diabetes educator, pulmonary rehabilitation program, cardiac rehabilitation program, continence management and a variety of activity programs.
- A dedicated Health promotion officer oversees and coordinates a wide range of health promotion activities.

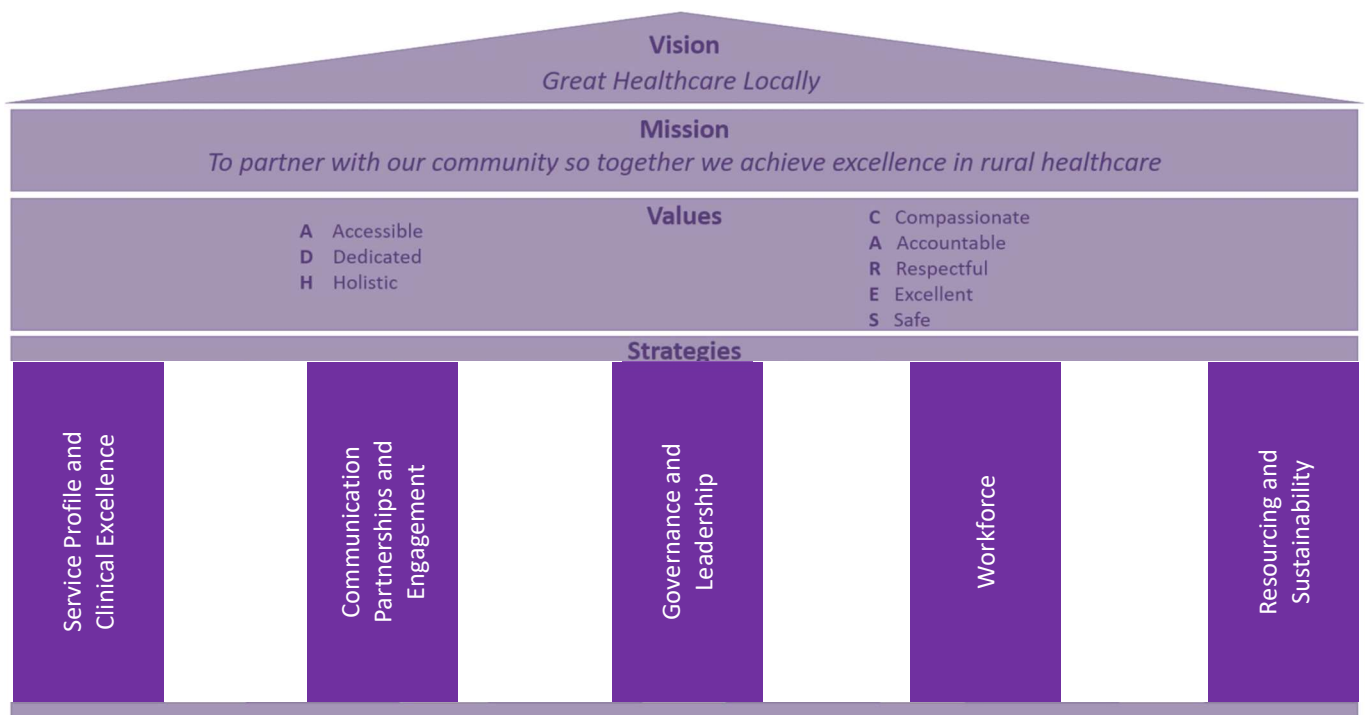
## Introduction

Alexandra District Health (ADH) is a small rural health service that delivers a broad range of health care and community services for individuals and families in its local community and the broader Murrindindi Shire. The inpatient services include both medical and surgical care with a colocated urgent care centre. A comprehensive suite of primary health services is also provided.

The Board of ADH are responsible for setting the strategic direction for the organisation and navigating the complex and changing environment of health priorities, health policy, partnerships and funding whilst keeping the needs of its community at the forefront.

This Strategic Plan determines the fundamental directions and actions that will guide the next five years for ADH.

**It is based on our shared vision, delivering our core mission and collective values and underpinned by our strategies and goals:**



**Figure 1**

## How was the Strategic Plan developed?

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The Strategic Plan was developed by the Board and Executive team through consultation with service users, staff, and key community stakeholders.<sup>8</sup>

A Board and Executive planning day was held in June 2019. The Board analysed the data presented, and considered:

- the current situation for ADH, including services delivered, and change in service demand
- progress and reflection on the previous Strategic Plan (2016-2019)
- changes in policies, funding and the external environment that will impact on ADH, its services and its clients over the coming three to five years

Additionally, these key documents were considered in developing the strategic directions:

- Health 2040: advancing health, access and care, State of Victoria, Department of Health and Human Services, November 2016
- Statewide design, service and infrastructure plan for Victoria's health system (2017-2037), DHHS Victoria, October 2017
- The Alexandra District Health Clinical Services Plan 2018-2023 developed after consultation with our community by Cube Consultants and approved by the Board of Directors
- The broader Murrindindi Clinical Services Plan 2018-2023 after consultation with our community by Cube Consultants and approved by the Board of Directors

The Alexandra District Health Clinical Services Plan (2018-2023) was based on extensive community and stakeholder engagement. It identifies the path to ensure that ADH is equipped with modern contemporary infrastructure and the capacity to meet future growth in demand for its services.

The Murrindindi Clinical Services Plan was developed in conjunction with Yea and District Memorial Hospital. This document outlines the strong need for collaboration between service providers to provide more flexible and higher quality services, using shared expertise and good practice to bring beneficial outcomes for each service and the communities of Murrindindi. ADH has led the establishment of the Better Health Murrindindi working group to advance the aims and objectives of this Plan.

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<sup>8</sup> Consultation was conducted internally with staff, with the Board's Consumer Engagement Committee, with key stakeholders (including Better Health Murrindindi) and community members

## Our Values

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The following values underpin all interactions between ADH and patients, staff, other service providers, supporters and the communities in which ADH operates. The values were developed and are owned by our staff and enthusiastically supported by the Board.

We will:

<b>A</b>	Accessible	create a welcoming environment for all
<b>D</b>	Dedicated	strive to do our best each and every time
<b>H</b>	Holistic	consider the treatment of the whole person, considering mental and social factors, rather than just symptoms of a disease
<b>C</b>	Compassionate	be sympathetic and show care and kindness to patients, visitors and each other
<b>A</b>	Accountable	take responsibility for our actions
<b>R</b>	Respect	maintain the privacy and confidentiality of others
<b>E</b>	Excellent	continuously strive to do better, learning from our mistakes
<b>S</b>	Safe	ensure a safe Health Service for all patients, staff and visitors

## Strategic Directions 2020-2024

### Vision

*Great Healthcare, locally*

### Mission

*To partner with our community so together we achieve excellence in rural healthcare*

## Strategy Areas and Goals

#### Service Profile and Clinical Excellence

- Services adapt to the changing needs of our community and are appropriate for the future needs of our community
- Care that is safe, evidence based, proactive and contemporary

#### Communication, Partnerships and Engagement

- Excellence in rural health care through mutually beneficial partnerships with our community, our staff and our service partners

#### Governance and Leadership

- Board and executive providing strong leadership and direction
- A resilient Health Service

#### Workforce

- Engaged, outstanding people providing great healthcare locally within a safe and healthy work environment

#### Resourcing and Sustainability

- A sustainable financial base to deliver present and future services
- Our buildings and equipment are well planned, well maintained and fit for purpose
- Our outreach services are delivered in fit for purpose facilities

For each Strategy Area, the following pages describe:

- Goals
- Enablers
- What needs to be addressed
- Strategies

It should be noted that this Strategic Directions document is based on financial years (i.e. July to June).

A separate Implementation Plan will be developed each year, with the forward year's priorities clearly defined. The Implementation Plan is action oriented, with clear timelines, responsibilities, and key performance measures.

The timeframe definitions used in the Implementation Plan are:

Short term:	within Year 1 (2020)
Medium term:	Years 2-3 (2021-2022)
Long term	Years 4-5 (2023-2024)
Ongoing	Embed into ongoing practice

## **Strategy Area 1: Service Profile and Clinical Excellence**

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### **Goals**

- Services adapt to the changing needs of our community and are appropriate for the future needs of our community
- Care that is safe, evidence based, proactive and contemporary

### **Enablers**

To enable the appropriate service profile and achieve and maintain clinical excellence, we will need to:

- Prioritise and enact the Alexandra District Health Clinical Services Plan (2018-2023) and the Murrindindi Clinical Services Plan (2018-2023)
- Ensure the staff profile fits the clinical service profile
- Become a leader in teaching and training staff and ensuring excellence in high quality care by delivering high quality curriculums
- Harness technology to improve health and well-being
- Develop a culture of innovation, positivity, engagement, proactivity, and agility
- Identify and plan for future needs (research and forward planning)

### **What needs to be addressed?**

To meet our goals, we will need to address:

- Partnership negotiations with other service providers to ensure appropriate and efficient use of resources by engagement through Better Health Murrindindi, Primary Care partnership and DHHS
- Engagement with our community to ensure that our services are aligned with current and future needs through our Board's Community Engagement Committee
- Engagement of Board Directors with Department Health and Human Services (DHHS), other government agencies and local members of Parliament.
- Engagement with relevant professional bodies for clinicians to gain their support and advice to ensure substantive collaboration
- Engagement of Board Directors and Executive Management with medical practitioners to ensure their input and ongoing support

### **Strategies**

- 1.1 Meet with Better Health Murrindindi partnership (BHM), to determine and enact a clear set of agreed priorities to implement the Murrindindi Clinical Services Plan 2018 - 2023
- 1.2 Prioritise Alexandra District Health Clinical Services Plan 2018 – 2023 actions, including assessment of gaps
- 1.3 Undertake a strategic review of Primary Care to align with community needs and opportunities
- 1.4 Develop and implement a reporting framework including actions, progress, current issues and outcomes

## Strategy Area 2: Communication, Partnerships and Engagement

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### Goal

- Excellence in rural health care through mutually beneficial partnerships with our community, our staff and our service partners

### Enablers

To build a positive and mutually beneficial relationship with our patients, clients, community, key partners and other stakeholders we will need:

- To acknowledge that our community and other stakeholders value open and transparent communication that is timely, regular, and utilises several mediums of communication and consultation
- A Consumer Engagement Committee that is engaged and providing community-led feedback to the Board on initiatives, policy development, and issues and opportunities
- Proactive engagement with the community through face to face meetings, community forums, media, and social media
- Sound engagement with our staff, medical practitioners and clinicians, as well as professional bodies
- Engagement with DHHS, Government and regional/metro partner services such as Eastern Health, Goulburn Partnership, Better Health Murrindindi and the Lower Hume Primary Care Partnership

We will:

- Use person centred approaches
- Empower people and partner with them to make informed choices
- Co-design and make ongoing improvements with consumers
- Provide culturally safe health care ensuring marginalised and disadvantaged groups are identified and cared for
- Provide health information that is underpinned by health literacy principles

### What needs to be addressed?

To meet our goals, we will need to address:

- Our engagement and communications approach – including how **our** consumers, community and other stakeholders communicate with us
- Role of the Consumer Engagement Committee
- Communication to stakeholders about the Clinical Services Plans and the Strategic Directions for ADH

### Strategies

- 2.1 Work with Consumer Engagement Committee to refine role and expectations, and ensure membership is diverse and representative of the community we serve
- 2.2 Develop and implement an Engagement Strategy with key principles for sound community and stakeholder engagement
- 2.3 Review communications strategy, prioritise and enact media and communications plan (for each target audience)
- 2.4 Conduct regular and ongoing community engagement
- 2.5 Continue regular and ongoing staff engagement (internal communication plan)
- 2.6 Work closely with our partners, especially GV Mental Health and Eastern Health to ensure our community has access to services.
- 2.7 Facilitate seamless referral pathways with our partners to ensure our community receives the right care in the right place.

## Strategy Area 3: Governance and Leadership

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### Goals

- Board and Executive providing strong leadership and direction
- A resilient Health Service

### Enablers

To enable the Board and Executive to provide sound leadership and direction, we will need to ensure:

- We have a strong and cohesive Board
- Robust relationships with our CEO and a strong and cohesive Executive Team
- Good succession planning in place for both Board and Executive, and Consumer Engagement Committee
- Clearly agreed strategy and direction that is progressed, measured and monitored
- Sound clinical governance
- Appropriately educated and trained Board Directors, Executive and staff
- Policy and planning that anticipates and responds to the changing sector and community needs
- Well-informed decision making

### What needs to be addressed?

To meet our goals, we will need to address or establish:

- Evidence based contemporary policies and procedures
- Trust and confidence of the community and our staff and partners
- Robust risk management framework which includes clinical, finance and governance domains
- Board and Executive training and education program

### Strategies

- 3.1 Implement, monitor and review Clinical Services Plans, and Strategic Directions.
- 3.2 Use evidence and research to monitor and modify ADH Clinical Services Plan, and Murrindindi Clinical Services Plan (2023)
- 3.3 Invest in leadership development for Board and Executive by assessing skills, strengths and opportunities
- 3.4 Encourage annual Board training and education
- 3.5 Review the Business Continuity Plan and the Communications Plan to ensure these plans are contemporary and realistic.
- 3.6 Clearly define ADH risk appetite, and monitor and address risks
- 3.7 Monitor and implement recommendations arising from Royal Commissions currently underway
- 3.8 Develop succession planning for the Board, Executive, key staff and the Consumer Engagement Committee
- 3.9 Ensure strong Board Governance by annual audits of key plans e.g. ADH Clinical Services Plan, Murrindindi Clinical Services Plan (2023) and regular monitoring and review of ADH's financial position and budget
- 3.10 Implementation of audit results and recommendations ensuring review by the Board monthly

## Strategy Area 4: Workforce

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### Goal

- Engaged, outstanding people providing great healthcare locally within a safe and healthy work environment

### Enablers

To enable ADH to have excellent people, who are engaged with, and aligned to the ADH values we will need to:

- Commit to an inclusive, flexible, safe and healthy workplace
- Become an employer of choice
- Develop skilled personnel at all levels (resulting in a highly skilled, credentialled workforce)
- Be positive, proactive and engaged – Board, staff and volunteers
- Encourage forward thinking, curious leaders
- Foster a culture of continual learning and development
- Consider the valuable role of volunteers for our service

### What needs to be addressed?

To meet our goals, we will need to address:

- Developing a workforce fit for the future, including a fit with our clinical service profile
- A sound and effective performance management framework
- Dynamic volunteer program
- Attraction, retention and development of our workforce
- Learning and development program for evidence based contemporary practice
- Establishing career paths and addressing future workforce needs through 'growing our own'
- Improve workforce culture and avoid silos forming within the organisation by the implementation of training programs e.g. Working with Others, Respect in the Workplace and DHHS Occupational Violence and Aggression Program
- Implementation of strategies to address the issues of an ageing workforce

### Strategies

- 4.1 Implement a Workforce Strategy underpinned by our Mission, Vision and organisational values (See Figure 1)
- 4.2 Maintain and evaluate the Alexandra District Health Clinical Services Plan (2018-2023) and the Murrindindi Clinical Services Plan (2018-2023)

The Workforce Strategy will need to consider:

- ADH and Murrindindi Clinical Services Plans
- Current staff profile
- Recruitment
- Orientation and induction
- Professional development and education framework
- Strengths based performance management framework
- Succession planning
- Inclusion of Board and volunteers in training and personal development to improve workplace harmony and culture and to ensure our goals and objectives are aligned.

## **Strategy Area 5: Resourcing and Sustainability**

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### **Goal**

- A sustainable financial base to deliver present and future services
- Our buildings and equipment are well planned, well maintained and fit for purpose
- Our outreach services are delivered in fit for purpose facilities

### **Enablers**

To enable ADH to remain sustainable, we will need to:

- Maintain existing funding streams and pursue as appropriate additional funding streams and one-off funding as appropriate from governments, philanthropy, fundraising and donors
- Maintain control of costs and expenditure
- Diversify services
- Grow revenue streams
- Clearly identify services to be delivered, and ensure fit for purpose facilities and infrastructure to meet those needs efficiently and effectively

### **What needs to be addressed?**

To meet our goals, we will need to address:

- Clear identification of future funding needs – to match our desired service profile and community needs
- Understanding of the costs and financial aspects of service delivery, as well as implications of shared service delivery with partners
- Continued focus on financial understanding of staff and Board
- Identification of core assets (existing, future and surplus) based on identified service profile
- Equipment and asset life cycles
- Capital Equipment Management Plan
- Decisions regarding old hospital site, Myrtle Street Medical Clinic and facilities at Eildon

### **Strategies**

- 5.1 Enhanced financial planning based on agreed suite of services (including targets and Key Performance Indicators (KPIs))
- 5.2 Continue to identify, prioritise and implement financial improvement strategies
- 5.3 Develop scenario plans, financial risk strategies
- 5.4 Actively advocate for funding revenue to meet community needs
- 5.5 Regularly review and monitor financial situation
- 5.6 Determine infrastructure needs based on identified service profile
- 5.7 Develop Building and Equipment Strategy (with clear determination of existing, future and surplus needs) – fit for purpose, life cycle costing
- 5.8 Implementation of an ongoing process for assessing and building a plan for future information technology (IT) requirements

## Priorities – Year One (2020)

- Develop Engagement Strategy to build trust and confidence in future directions with community and stakeholders
- Prioritise actions from the Clinical Services Plans, and the partnerships required to enact them, as well as funding and resource requirements (including infrastructure)
- Establish clear role and relationship with Consumer Engagement Committee
- Review Communication Plan, prioritise and enact
- Implementation of the Workforce Strategy (including Board, staff, volunteers) including a Succession Plan

## Review and Monitoring Process

ADH will undertake regular reviews and monitoring of implementation in order to continually update and refresh this Strategic Plan. Annually priorities for the next calendar year will be determined.

Monitoring will involve tracking the progress of actions, and reporting updates quarterly to Board meetings.



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