STRATEGIC PLAN
2020-2025
Healthier rural people, thriving communities
Western NSW Local Health District acknowledges the traditional owners of the Country throughout Western NSW, and their continuing connection to land and community.

We pay our respect to traditional owners, to Elders both past and present and acknowledge the privilege we have to live and work on Aboriginal lands.

We share and celebrate the rich history of Aboriginal culture, and recognise the diverse and proud Aboriginal nations across our District.

We are committed to improving Aboriginal health and the health outcomes and experiences for all people and all communities across our District. We all contribute to making a difference in health outcomes and have a responsibility to make a real and lasting difference in the lives of all people living in Western NSW.

In our 2020 Strategic Plan, we recognise our dedicated staff, who play crucial roles in our communities and services across the region – including our Aboriginal workforce. We want to continue to build and support our Aboriginal workforce, who, together with all of our staff, make our services safe and respectful for Aboriginal people.

As Aboriginal people continue to experience some of the poorest health in the Western NSW region, we continue our priority over the next five years to Make Meaningful Gains in Aboriginal Health.

The photos in this Plan, taken by staff across the District, showcase the diversity and beauty of the region in which we are fortunate to live and work.

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Content within this publication was accurate at the time of publication September 2020
Western NSW is a vibrant and diverse region, rich in community and culture. Our rural communities have many unique features - a strong sense of community, high levels of engagement, cohesiveness and resilience. However, our communities also face many challenges, with health outcomes recognised as generally poorer than those of their urban counterparts.

The Western NSW Local Health District (the District) Board and Executive are committed to the vision we set out four years ago - healthier rural people and thriving communities. We recognise the challenge of delivering health care across the scale and diversity of the Western NSW region. These challenges also create opportunities for innovation, and we must continue to be bold in how we deliver services, and achieve the best value for our communities.

In our 2020 Strategic Plan, we highlight the importance of our committed and dedicated workforce. Whether they work in frontline clinical care, in diagnostic and technical areas, in hotel services that help make our facilities safe and comfortable, or in administration, staff across our region work hard to support the provision of exceptional health care to patients and communities throughout our District. We recognise that a strong and sustainable workforce is the backbone of our organisation, and the key enabler to achieving our strategic vision.

We are committed to delivering on our Strategic Plan as we evolve our health services to meet the needs of our communities into the future. We will continue to strive to deliver high-quality, safe and efficient healthcare as close to home as possible.

We have learnt through the challenge of the COVID-19 pandemic that we are innovative, resilient and collaborative. We will continue to embrace new technology and ways of providing care, and to learn from and drive innovation and research. Our District is already a pioneer in the successful delivery of virtual models of care in rural NSW, and will continue to build on this strong foundation and support further digital transformation.

We will also continue to look beyond the walls of our hospitals and health centres to provide care in the community, working with our partners to deliver integrated, accessible care that responds to all of a person’s health and wellbeing needs. We will continue to make Western NSW Local Health District a great place to work, and together, make a real difference in the health outcomes for people in our region.

Scott McLachlan
Chief Executive Western NSW LHD

Scott Griffiths
Chair Western NSW LHD Board
1. Keep people healthy across their lifespan through health promotion, disease prevention and supportive technologies
2. Support a healthy start to life
3. Improve mental health and wellbeing
4. Improve disaster response, and acknowledge and address environmental impacts on the community
5. Plan for, and respond to, the health needs of older people in Western NSW
6. Tailor and improve responses to the specific health needs of local communities and vulnerable population groups.

**IMPROVED HEALTH AND WELLBEING OF OUR PEOPLE**

Preventative and population health and strong primary health care are critical to improving the physical and mental health outcomes and wellbeing of our community

- Young people grow up socially, physically, emotionally, psychologically and spiritually healthier
- The burden of disease within the community is reduced
- People are physically, mentally and socially well and understand what will help keep them well
- Dignity in health continues into dignity in disease and in death.

**MEANINGFUL GAINS IN ABORIGINAL HEALTH**

Focus our efforts to improve the health status and decrease health inequalities experienced by Aboriginal people

- Health outcomes for Aboriginal people are significantly improved
- More Aboriginal people access healthcare when they need it
- Aboriginal people have positive, safe and respectful interactions with our services
- We have a strong and skilled Aboriginal workforce.

**GOALS**

1. Enhance population health and clinical services to reduce the burden of disease in Aboriginal people and improve social and emotional wellbeing
2. Significantly improve the health of Aboriginal mothers and babies
3. Deliver culturally safe and accessible services
4. Build and empower our workforce with the tools they need to create meaningful change in the health of the Aboriginal community
5. Work with our service partners including Aboriginal community leaders in a regional approach to improving Aboriginal health.

**OUTCOMES**

- Young people grow up socially, physically, emotionally, psychologically and spiritually healthier
- The burden of disease within the community is reduced
- People are physically, mentally and socially well and understand what will help keep them well
- Dignity in health continues into dignity in disease and in death.

**STRATEGIES**

- Preventative and population health and strong primary health care are critical to improving the physical and mental health outcomes and wellbeing of our community
- Young people grow up socially, physically, emotionally, psychologically and spiritually healthier
- The burden of disease within the community is reduced
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- Dignity in health continues into dignity in disease and in death.

**ENABLERS crucial to the successful implementation of our Strategic Plan**

- Health outcomes for Aboriginal people are significantly improved
- More Aboriginal people access healthcare when they need it
- Aboriginal people have positive, safe and respectful interactions with our services
- We have a strong and skilled Aboriginal workforce.

**OUR VISION**

Healthier rural people, thriving communities

**OUR VALUES**

Collaboration, Openness, Respect, Empowerment

**A strong and sustainable workforce and a great place to work**

We will support our staff, build workforce and leadership capability, and encourage excellence and job satisfaction.

We will undertake workforce analysis and planning to support future service delivery.

We will inspire a workplace where staff, volunteers and partners thrive and know they are valued.

**Well managed resources**

We will make the most effective use of the finite resources available, operate in a financially viable way, ensure a sustainable health system and deliver value-based healthcare to our patients and community.

We will ensure rigorous organisational governance within an enterprise risk framework.

**Data and analytics**

We will make the most effective use of the finite resources available, operate in a financially viable way, ensure a sustainable health system and deliver value-based healthcare to our patients and community.

We will ensure rigorous organisational governance within an enterprise risk framework.
1. Deliver safe, high quality, value-based, effective and appropriate health care
2. Improve the experience of care in all settings
3. Strengthen health literacy, community engagement and co-design
4. Provide strong clinical and workforce governance
5. Foster a culture of improvement and continue to leverage research and innovation opportunities.

WORLD-CLASS RURAL HEALTH CARE
Continuously improve outcomes, safety, quality and experiences of care through innovation, improvement and translational research

- Person and family centred care
- Better experience, journey and outcomes for patients, residents, families and clinicians
- Safer, more reliable high-quality care and a reduction in harm
- A safer and just workplace culture
- Timely and equitable service delivery
- Innovation and research inform our practice.

ONE SERVICE ACROSS MANY PLACES
A focus on coordinated care and a networked approach to service delivery will support our people to access timely care at the right place

- Services operate in a network across the region, and are sustainable into the future
- More services are provided as close to home as possible and are enhanced by virtual health
- More care is provided in community settings
- Better coordinated care and a seamless care experience.

1. Review and redesign current models of care and service delivery to increase system capacity, efficiency, patient flow and to predict demand
2. Enhance non-hospital alternatives for care
3. Strengthen care in the community
4. Support coordination and continuity of services across primary, community and hospital care
5. Develop a District wide approach to enhancing care through the provision of virtual health services.

OUR PURPOSE
To provide exceptional healthcare to the people of Western NSW

Infrastructure, technology and systems
We will improve our asset base of built infrastructure as well as information, digital and telecommunications technologies and systems.
We will work towards environmental sustainability of our services and facilities.
We will maximise health, education and research precinct opportunities.

Productive partnerships and effective communication
We will build our communication, engagement and partnership approach with consumers, families, carers, primary health clinicians and service providers.
Our community

The Western NSW population is geographically dispersed across a large region, from regional centres to small rural communities. We have one of the most rural and most vulnerable populations in NSW.

That vulnerability is seen in part in the poorer health and social outcomes experienced by our communities when compared to their urban counterparts, including:

Our population is older than the rest of NSW, but we also have a higher proportion of children aged 5-9 years. Our population is also ageing faster than the rest of the State.

Our people generally have a shorter life expectancy, a higher mortality rate and poorer health than people in the rest of NSW.

People living in Western NSW are more likely to have at least one of the risk factors that contribute to poorer health and chronic disease conditions, including smoking, harmful use of alcohol, obesity and low levels of physical activity.

Cardiovascular disease, diabetes mellitus, chronic obstructive pulmonary disease (COPD), and cancer contribute significantly to the burden of disease in Western NSW people.

Western NSW Local Health District | Strategic Plan 2020-2025

Our people and their health

All statistics are from the Health Needs Assessment


Projected population in 2036

Up by 7% (2016-36)

Projected 58% increase in 70+ population

Projected 6% decrease in 0-14 population

WNSWLHD is home to:

- 278,759 people (4% of NSW population)
- 35,863 Aboriginal people (13% of total population, 2.1% of NSW population)
- 12% of the population is aged 70 and over
- 21% of the population are children aged 0-14 years
- 39 Average age (ranging from 26 in Brewarrina LGA to 54 in Weddin LGA)
- 32 NSW average age

Projected population in 2036

297,559

Up by 7% (2016-36)

Projected 58% increase in 70+ population

Projected 6% decrease in 0-14 population

All statistics are from the Health Needs Assessment
HEALTH DETERMINANTS & BURDEN OF DISEASE

Life expectancy at birth (2017)

- Males 78.8 yrs
- NSW: 81.5 yrs
- Females 83.1 yrs
- NSW: 85.7 yrs

Mortality rate

- 20% higher than NSW (2014-18 data)
- Circulatory diseases and cancer are the leading causes of death

Avoidable deaths

- Around 147 deaths per 100,000 could be avoided each year for people under 75 years (2017/18)
- 48% higher than NSW

Preventable hospitalisation

- WNSWLHD Aboriginal people are more than two times likely than non-Aboriginal people to have a potential preventable hospitalisation

Chronic Obstructive Pulmonary Disease

- Mortality rate 78% (2017/18) higher than NSW rate
- Aboriginal people are 7 times more likely to require a hospital stay for their dialysis

Developmentally vulnerable

- 13% of children commencing school are developmentally vulnerable on 2 or more domains (2018)

Cancer

- Men are 38% more likely to be diagnosed with cancer than females and 65% more likely to die of it (2012-16 period)
- Male cancer death rates are 13% higher than NSW (Females are 5% higher) (2012-16 period)

Cardiovascular disease

- 23% higher mortality rate than NSW

Diabetes

- 10.5% of adults report that they have diabetes (2019 only)
- Men are more likely to die of diabetes
- 12% higher rate of diabetes-related deaths than NSW (2017/18)

HEALTH RELATED BEHAVIOURS

- 12% of adults smoke cigarettes daily (2019) NSW: 11%
- 20% smoke while pregnant (2018) NSW: 9%
- 36% of adults drink alcohol at risky levels (2019) NSW: 33%
- 43% of adults are insufficiently active (2019) NSW: 39%
- 35% of adults eat the recommended amount of fruit
- 6% of adults eat enough vegetables (2019)

Fully immunised children at 5 yrs

- 95% Aboriginal
- 99% Non-Aboriginal (2019)

78% of pregnant women have their first antenatal visit by 14 weeks gestation (2018) NSW: 78%

7% of babies have low birth weight (2018) NSW: 6%

BIO-METRIC RISK FACTORS

- 69% of adults are overweight or obese (2019) NSW: 55%
- 31% of adults have high blood pressure (2018) NSW: 25%
- 33% of adults have high cholesterol (2018) NSW: 28%
- 14% of adults have high or very high psychological distress (2019) NSW: 18%
Who we are

Western NSW Local Health District provides health and wellbeing services to approximately 278,800 people living across a large geographical area of 246,676 square kilometres (31% of NSW). The communities we serve are diverse - people live in large regional centres and rural and remote towns and villages, and are diverse in cultural background, age and socioeconomic factors.

We provide high-quality health care, education and research services. Specialised health care is provided at three major rural referral hospitals at Bathurst, Dubbo and Orange, and at procedural hospitals, community hospitals and Multipurpose Services (MPS). Community and primary health care services are also widely available across the region. The District hosts the largest rural mental health service in Australia. We have well-formed links to metropolitan facilities for highly specialised (tertiary-level) healthcare services.

We are a leader in the provision of virtual-based health services, and will continue our focus on integrated care, value based health care and alternatives to hospital inpatient models of care. Working with our partners helps us to deliver great care.

Our staff

We have a highly skilled and dedicated workforce, committed to improving the health of our communities. We currently have a workforce of 7,716 staff (including employees and visiting medical and dental officers), with 404 (5.2%) who identify as Aboriginal.

We recognise and value the role our volunteers play in supporting us to provide quality health care and improve the health outcomes for our communities. Volunteers are involved in many aspects of our hospitals and community health services, providing key support functions.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration, Management, Research/Academic &amp; Miscellaneous staff</td>
<td>15%</td>
</tr>
<tr>
<td>Allied Health Staff</td>
<td>12%</td>
</tr>
<tr>
<td>Clinical Support Staff</td>
<td>1%</td>
</tr>
<tr>
<td>Corporate Service &amp; Hospital Support Staff, Hotel Services + Maintenance and Trades</td>
<td>15%</td>
</tr>
<tr>
<td>Medical Staff</td>
<td>4%</td>
</tr>
<tr>
<td>Nursing and midwifery staff</td>
<td>46%</td>
</tr>
<tr>
<td>Oral Health Staff</td>
<td>1%</td>
</tr>
<tr>
<td>Visiting Medical/Dental Officers</td>
<td>6%</td>
</tr>
</tbody>
</table>
During 2019/20

- **89,718** patients were seen in outpatient settings including clinics and in their homes
- **194,435** emergency department presentations
- **82,279** people were admitted for acute/subacute hospital care (46,053 stayed overnight)
- **17,635** patients had elective surgery
- **102,668** telehealth clinical consultations
- **10 million** kilometres were travelled by our staff
- **3,249** births in our hospitals
- **27,047** clients were seen in our Dental Services
- **66,700** calls were answered by the Western NSW Dental Contact Centre
- **6,408** dental vouchers were issued for dental care in a private clinic
- **423,556** occupied bed days (210,380 occupied beds days for acute care)
- **1,690** mental health separations (1,346 patients)
- **384** people had a home in multipurpose services (residential aged care)
- **101** people received outpatient dialysis (14,421 occasions of service)
- **1,523** people received chemotherapy or related treatments
- **746** patients undertook a course of radiotherapy.

**ACROSS OUR DISTRICT**

<table>
<thead>
<tr>
<th>Inpatient Facilities</th>
<th>Community Health Centres</th>
<th>Community Mental Health Services</th>
<th>Additional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>50</td>
<td>23</td>
<td>Inpatient mental health drug &amp; alcohol units (including supra district &amp; state wide units)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>Rural referral hospitals</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>Procedural hospitals</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>Community Hospitals</td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td>Multipurpose Services</td>
</tr>
</tbody>
</table>

**Health Councilors**

- **35** Health Councils
- **15** Health Councillors are carers
- **21** Health Councillors identify as Aboriginal
- **7** Health Councillors have a lived mental health experience
- **290** Health Councillors
- **31** MHDA consumer representatives
- **62** Mental Health Drug and Alcohol consumer & carer representatives
- **31** MHDA carer representatives
- **3** MHDA consumer/carer reps identify as Aboriginal
- **4** MHDA consumer/carer reps identify as LGBTIQ
A day in the life of Western NSW people

Every day, people living in Western NSW use health services provided by our organisation and our partners.

**DAILY SERVICES USED**

- 245 people are treated by community and outpatients services
- 6 people are admitted into the Hospital in The Home program for acute care
- 994 people living in Western NSW consult a General Practitioner
- 110 people receive dental care in our Dental Clinics

**DAILY HOSPITALISATIONS**

People living in Western NSW are admitted to a hospital:
- 308 people (including for day only chemotherapy and renal dialysis)
- 214 people (69%) are admitted to a Western NSW LHD hospital
- 70 people (23%) are admitted to a private hospital
- 24 people (8%) are admitted to a public hospital elsewhere in NSW

- 15 people (5%) are aged 0-4 years old
- 129 people (42%) are 65 years & older
- 18 people (6%) are aged 85 years & older
- 43 people (14%) identify as being Aboriginal

**DAILY EMERGENCY DEPARTMENT**

- 487 people (95%) present to Emergency Departments within the District
- 25 (5%) present to Emergency Departments outside the District
- 55 people (11%) have serious conditions (Triage 1 & 2)
- 139 people (27%) are categorised as Triage 3
- 317 people (62%) have conditions that are not urgent (Triage 4 & 5)
- 146 people (47%) complete their hospital stay on the same day as they were admitted
- 104 people (34%) are admitted for planned surgery / procedure
- 25 admissions (10%) are potentially preventable

**DAILY BIRTHS**

- 9 babies are born in District facilities

(this may include a small proportion of mothers who are not residents of Western NSW). Of these:
- 2 are Aboriginal
- 1 has a low birth weight
- 2 have a young mother aged under 24 years

**DAILY DEATHS**

- 7 people die
  - 1 death is tobacco related
  - 1-2 are from potentially preventable conditions in a person aged less than 75 years
Our challenges

- The burden of potentially avoidable deaths and hospitalisations caused by chronic diseases such as cardiovascular disease, diabetes, chronic obstructive pulmonary disease and cancer
- High rates of developmental vulnerability among children (see definitions)
- Financial and workforce limitations to respond to the service demands of the community
- A population spread across a vast geographic area with uneven population growth
- Vulnerable communities who may sometimes need to travel to access health care but may not have the infrastructure or social or financial resources to easily do so
- Ageing population with complex health needs
- Projected future demand for health services
- Aboriginal life expectancy gap and high rate of chronic conditions
- A changing environment and environmental disasters such as drought and bushfire

Our opportunities

- Using virtual health care and technology to improve access to services, and deliver better patient outcomes
- Renew our focus on and commitment to improving the health of Aboriginal people
- Providing more out-of-hospital care and integrated care
- Using innovation in service delivery and adapting new models of care to meet the needs of our communities
- Developing a regional approach to health and wellbeing, and supporting high performing primary care by building stronger partnerships with the community, GPs, the Primary Health Network, Aboriginal Community Controlled Health Services and other service providers
Our improvement journey

The District has been very successful in using technology, embracing contemporary models of care, and working with our partners to improve both access to services and quality of care for our rural and remote communities.

Guided by the District’s 2016-2020 Strategic Plan and supported by the Living Well Together strategy, the District has made some significant improvement gains over the last four years. We are proud of our key achievements which include:

**IMPROVED HEALTH AND WELLBEING OF RURAL PEOPLE**
- Development of a series of plans to target health promotion activity in key areas including smoking prevention and cessation and first 2000 days of life
- More than 95% of children in our District are now fully immunised at 1 year old
- Adult smoking rates have decreased by 18.7%
- Preventable hospitalisations have decreased
- A more equitable spread of mental health services across the District

**MEANINGFUL GAINS IN ABORIGINAL HEALTH**
- Our first District Aboriginal Reconciliation Action Plan
- Aboriginal signage is in place in facilities across the District
- Implemented cultural and spiritual wellbeing initiatives
- Strengthened partnerships with Aboriginal stakeholders under the District Aboriginal Health Partnership Framework
- A significant increase in the number of staff completing Respecting the Difference training
- 14.3% reduction in Aboriginal women smoking during pregnancy

**WORLD CLASS RURAL HEALTH CARE**
- More than 4,250 staff have been trained in Speaking up for Safety
- Safety huddles are being undertaken by 98% of our facilities
- All facilities have achieved accreditation under the National Safety and Quality Health Service Standards
- Living Well Together tools, such as clinical bedside handover and patient rounding, are being used across the District
- eMeds has been rolled out across the District
- A number of strategies have been developed to target key quality and safety areas including clinical documentation, medication management and blood management

**ONE HEALTH SERVICE ACROSS MANY PLACES**
- Evolution of the Patient Flow Unit into the vCare service
- Launch of the District Medical Imaging Plan
- Continued growth in Hospital in The Home (HiTH) services with 5.7% of hospital separations HiTH, exceeding the 2.7% target
- 8.9% reduction in the average length of stay in hospital
- 23.3% reduction in extended stays in emergency departments
- The District was one of three demonstrator sites for the NSW Health Integrated Care Strategy
- Under the Leading Better Value Care Program, a range of new or improved models of care were introduced to improve the care provided to complex patients

**ENABLERS**
- District Organisational Development Unit was established
- Roll out of a Carer Support Strategy
- A range of achievements under the eHealth and Technology Enablement Strategies including patient Wi-Fi and staff remote access
- Launch of the District Research Strategy and establishment of the inaugural PITCHit event in 2019
- Increase in the submissions for the District’s research awards (up 20% in 2019)
- Infrastructure redevelopments at Rylstone, Coolah, Dubbo, Mudgee, Cobar, Lightning Ridge, Dubbo Cancer Services and Molong.
- Launch of the District Partnerships Framework in 2018
- The financial capabilities framework has improved financial literacy planning, analysis and reporting capability of staff with financial responsibilities.
The 2016-2020 Strategic Plan was written with a ten-year forecast. The Board and Executive remain committed to the vision set in 2016 – healthier rural people and thriving communities. The goals identified for the District then are just as relevant today, and a continued focus is important to build on and enhance the gains made in clinical service delivery and financial sustainability, guide excellence in healthcare, and improve health outcomes for the people of Western NSW.

Looking towards 2025

**OUR VISION**

*...what we want to achieve*

Healthier rural people, thriving communities

**OUR VALUES**

*...guide how we work*

Collaboration, Openness, Respect, Empowerment

**OUR PURPOSE**

*...why we are here*

To provide exceptional healthcare to the people of Western NSW
Our Strategic Plan outlines how we will achieve our vision over the next five years, under our four goals:

1. **Improved health and wellbeing of our people**
2. **Meaningful gains in Aboriginal health**
3. **World-class rural health care**
4. **One service across many places**

Our Strategic Plan aligns with the *NSW State Health Plan Towards 2021*, and builds on the previous Strategic Plan 2016-2020. It outlines the way forward and how we seek to deliver exceptional care to the people of Western NSW.

Our Strategic Plan seeks to meet the growing and changing health needs of our communities by connecting, partnering, growing and transforming our services while providing safe, reliable care that is as close to home as possible.
GOAL 1

**Improved health and wellbeing of our people**

Preventative and population health and strong primary health care are critical to improving the physical and mental health outcomes and wellbeing of our community.

**OUTCOMES**

- Young people grow up socially, physically, emotionally, psychologically and spiritually healthier
- The burden of disease within the community is reduced
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- Dignity in health continues into dignity in disease and in death

**STRATEGIES**

1. Keep people healthy across their lifespan through health promotion, disease prevention and supportive technologies
2. Support a healthy start to life
3. Improve mental health and wellbeing
4. Improve disaster response, and acknowledge and address environmental impacts on the community
5. Plan for, and respond to, the health needs of older people in Western NSW
6. Tailor and improve responses to the specific health needs of local communities and vulnerable population groups
GOAL 2

Meaningful gains in Aboriginal health

Focus our efforts to improve the health status and decrease health inequalities experienced by Aboriginal people

OUTCOMES

- Health outcomes for Aboriginal people are significantly improved
- More Aboriginal people access healthcare when they need it
- Aboriginal people have positive, safe and respectful interactions with our services
- We have a strong and skilled Aboriginal workforce

STRATEGIES

1. Enhance population health and clinical services to reduce the burden of disease in Aboriginal people and improve social and emotional wellbeing
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4. Build and empower our workforce with the tools they need to create meaningful change in the health of the Aboriginal community
5. Work with our service partners including Aboriginal community leaders in a regional approach to improving Aboriginal health
GOAL 3

World-class rural health care
Continuously improve outcomes, safety, quality and experiences of care through innovation, improvement and translational research

OUTCOMES

Person and family centred care
Better experience, journey and outcomes for patients, residents, families and clinicians
Safer, more reliable high-quality care and a reduction in harm
A safer and just workplace culture
Timely and equitable service delivery
Innovation and research inform our practice

STRATEGIES

1. Deliver safe, high quality, value-based, effective and appropriate health care

2. Improve the experience of care in all settings

3. Strengthen health literacy, community engagement and co-design

4. Provide strong clinical and workforce governance

5. Foster a culture of improvement and continue to leverage research and innovation opportunities
GOAL 4

**One service across many places**

A focus on coordinated care and a networked approach to service delivery will support our people to access timely care at the right place

### OUTCOMES

- Services operate in a network across the region, and are sustainable into the future
- More services are provided as close to home as possible and are enhanced by virtual health
- More care is provided in community settings
- Better coordinated care and a seamless care experience

### STRATEGIES

1. Review and redesign current models of care and service delivery to increase system capacity, efficiency, patient flow and to predict demand
2. Enhance non-hospital alternatives for care
3. Strengthen care in the community
4. Support coordination and continuity of services across primary, community and hospital care
5. Develop a District wide approach to enhancing care through the provision of virtual health services
ENABLERS

There are five enablers that are crucial to the successful implementation of our Strategic Plan.

<table>
<thead>
<tr>
<th>ENBLER</th>
<th>WHAT WILL WE DO?</th>
</tr>
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<tbody>
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<td><strong>Well managed resources</strong></td>
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</tr>
<tr>
<td><strong>Data and Analytics</strong></td>
<td>We will provide access to high quality information to support decision making and health service delivery and we will build the capability of our teams to use health informatics.</td>
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<td><strong>Infrastructure, technology and systems</strong></td>
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<tr>
<td><strong>Productive partnerships and effective communication</strong></td>
<td>We will build our communication, engagement and partnership approach with consumers, families, carers, primary health clinicians and service providers.</td>
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**How will we implement the Plan**

Delivery of our Strategic Plan will be monitored by our Board, led by the Executive and requires the commitment of all staff. Leaders across our organisation will help teams and staff focus their work and deliverables to achieve our District vision and goals.

Detailed implementation planning will support how the high level strategies in the Strategic Plan will be achieved. The four goals and strategies will be reflected in annual operational plans, with regular monitoring and reporting on progress.

Each key enabler will be supported by a plan and/or detailed program of work.

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**Goal 1 - Improved health and wellbeing of our people**

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>MEASURES AND INDICATORS (HIGH LEVEL SUMMARY)</th>
</tr>
</thead>
</table>
| 1. Keep people healthy across their lifespan through health promotion, disease prevention and supportive technologies | Increase in number/type of health promotion programs for each sub-population  
Increase in life expectancy  
Reduction in rates of adults and children who are overweight and obese  
Reduction in smoking rates  
Increase referrals to Get Healthy services |
| 2. Support a healthy start to life | Increase in number/type of perinatal support programs  
Reduction in maternal smoking rates  
Increase the percentage receiving early antenatal care  
Reduce the percentage of low birth weight babies  
Maintain screening rates (universal home visits, hearing, eyesight)  
Increased height and weight screening and decrease childhood obesity rates  
Maintain immunisation rates  
Reduce the percentage of children classified as developmental vulnerable |
| 3. Improve mental health and wellbeing | Reduction in self-reported rates of psychological distress  
Reduction in rate of mental health Emergency Department presentations and hospital admissions  
Increase number of mental health services  
Reduction in rates of self-harm and suicide |
| 4. Improve disaster response, and acknowledge and address environmental impacts on the community | Plans in place to respond to disasters |
| 5. Plan for, and respond to, the health needs of older people in Western NSW | Clinical services plans, programs and models of care reflect the needs of older people, in acute, community and residential care settings |
| 6. Tailor and improve responses to the specific health needs of local communities and vulnerable populations | Reduction in the prevalence rate for diseases such as diabetes, chronic obstructive pulmonary disease and cardiovascular disease, and reduce the hospitalisation rate |

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**How we measure success**

Progress in implementing the strategies within the Strategic Plan and their outcomes and impact will be measured by a suite of indicators and qualitative information. Progress will be considered annually as part of operational planning, and as part of a formal evaluation at the conclusion of the Plan.

A high level summary of key outcome and impact measures is included below. These will be monitored throughout the life of the Plan and will also be considered as part of the formal evaluation.
<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>MEASURES AND INDICATORS (HIGH LEVEL SUMMARY)</th>
</tr>
</thead>
</table>
| 1. Enhance population health and clinical services to reduce the burden of disease in Aboriginal people and improve social and emotional wellbeing | Reduction in smoking rates  
Reduction in Aboriginal cardiovascular disease, chronic obstructive pulmonary disease, diabetes, chronic kidney disease death rates and hospitalisation rates  
Lowered mortality rate  
Decrease in potentially preventable hospital services  
Reduce unplanned acute mental health readmission for Aboriginal patients within 28 days |
| 2. Significantly improve the health of Aboriginal mothers and babies | Reduction in smoking rates during pregnancy  
Reduce the percentage of low birth weight babies  
Reduction in perinatal mortality  
Reduction in gestational diabetes  
Increased attendance for antenatal care  
Increased full breast-fed babies  
Maintain immunisation rates at 1 and 5 years |
| 3. Deliver culturally safe and accessible services | Reduction in ED waiting times for Aboriginal people  
Reduction in number of ED triage 4 & 5  
Improvement in patient experience  
Decrease in unplanned ED representations and hospital readmission  
Decrease in hospital acquired complications  
Decrease in Did Not Waits and Discharge Against Medical Advice  
Increase in number of 48hr follow-ups post hospital discharge |
| 4. Build and empower our workforce with the tools they need to create meaningful change in the health of the Aboriginal community | Increase Aboriginal workforce as a proportion of the workforce  
Increase Aboriginal people in leadership roles  
Increase the percentage of workforce completed cultural awareness training (face-to-face and online)  
Increase rounding with Aboriginal patients and families and use of the Yarning Tool  
Increase mentorship opportunities for Aboriginal staff |
| 5. Work with our service partners including Aboriginal community leaders in a regional approach to improving Aboriginal health | Increase joint planning and service initiatives |
### Goal 3 - World-class rural health care

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>MEASURES AND INDICATORS (HIGH LEVEL SUMMARY)</th>
</tr>
</thead>
</table>
| 1. Deliver safe, high quality, value-based, effective and appropriate health care | Reduction in harm  
Reduced cost per separation  
Improved elective surgery access  
Improved emergency treatment performance and time metrics  
Reduced use of seclusion and restraint |
| 2. Improve the experience of care in all settings | Improvement in patient reported outcomes and experience  
Improved complaint resolution  
Increase in number of compliments |
| 3. Strengthen health literacy, community engagement and co-design | Improved use of tools to promote health literacy  
Improved rates of health literacy  
Increased community and consumer representation and co-design  
Increased engagement with representative community organisations |
| 4. Provide strong clinical and workforce governance | Improvement in the staff engagement and culture index  
Meet and exceed our requirements for incident investigation and implementation of recommendations |
| 5. Foster a culture of improvement and continue to leverage research and innovation opportunities | Increase in research projects  
Annual increase in entries to the Living Quality and Safety Awards and Western NSW Health Research Awards  
Increase number of submissions to PITCHit and number projects funded  
Increase number and type of clinical trials across the District  
Increase applications for clinical leadership and research capacity building programs  
Increase number of journal articles published  
Increase number of grant applications and successful applications  
Increase in abstracts to the Western NSW Health Research Network symposium |
### How we measure success (cont’d)

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>MEASURES AND INDICATORS (HIGH LEVEL SUMMARY)</th>
</tr>
</thead>
</table>
| 1. Review and redesign current models of care and service delivery to increase system capacity, efficiency, patient flow and to predict demand | Average length of stay as per benchmark
Reduce unwarranted inter-hospital transfers
Reduce unplanned readmissions
Reduction in delivery of known low-value care / procedure |
| 2. Enhance non-hospital alternatives for care | Increase in Hospital in the Home, ambulatory care and non-admitted activity |
| 3. Strengthen care in the community | Increase in non-admitted activity
Increase number of 7 day follow-ups post-discharge from acute mental health unit |
| 4. Support coordination and continuity of services across primary, community and hospital care | Increase provision of timely discharge summaries
Decrease in hospital presentations associated with collaborative commissioning activity and integrated care measures |
| 5. Develop a District wide approach to enhancing care through the provision of virtual health services | Increase in virtual health care delivery activity and outcomes |
### Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>Ambulatory care refers to care that takes place as a day attendance at a health care facility, at a person's home or at another setting (for example, school or workplace). Ambulatory care services range from preventative and primary care through to specialist and tertiary level services and are collectively referred to as 'non-inpatient' care.</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>Antenatal care is health care provided to pregnant women and their developing bab(ies).</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>This is the total number of days patients spent in hospital divided by the number of stays. The average length of stay is often used as an indicator of hospital efficiency.</td>
</tr>
<tr>
<td>Bed days</td>
<td>A bed day is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital.</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>A chronic disease persists for a long time. Chronic diseases include cancer, heart disease, diabetes, asthma, kidney disease and chronic obstructive pulmonary disease.</td>
</tr>
<tr>
<td>Collaborative commissioning</td>
<td>Collaborative commissioning involves key health service partners working together to identify and prioritise local health needs, develop care pathways and support integrated care across all services and providers, with the aim of improving patient and community outcomes.2</td>
</tr>
<tr>
<td>Developmentally vulnerable</td>
<td>A term used in the Australian Early Developmental Census. Children who score below the 10th percentile (in the lowest 10 percent), determined using the cut-off points established in 2009, are classified as ‘developmentally vulnerable’. These children demonstrate a much lower that average ability in the developmental competencies in that domain.3</td>
</tr>
<tr>
<td>Did not wait</td>
<td>Did not wait refers to a patient who left an Emergency Department before being seen by a doctor.</td>
</tr>
<tr>
<td>District</td>
<td>Refers to the Western NSW Local Health District.</td>
</tr>
<tr>
<td>eMeds</td>
<td>Electronic Medical Management system.</td>
</tr>
<tr>
<td>Enabler</td>
<td>Strategies that are crucial to successful achievements of our goals.</td>
</tr>
<tr>
<td>Gestational diabetes</td>
<td>A type of diabetes that occurs during pregnancy.</td>
</tr>
<tr>
<td>Goal</td>
<td>What we need to accomplish if we are to achieve our vision.</td>
</tr>
<tr>
<td>Harm</td>
<td>An unintended outcome of care that may be prevented with evidence-informed practices and is identified and treated in the same hospital stay.13 Harm can be caused by a range of adverse events including healthcare-associated infections and pressure injuries, falls in hospital resulting in fracture or injury and medication errors.</td>
</tr>
<tr>
<td>Hospital acquired complications</td>
<td>A hospital acquired complication refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. They include healthcare-associated infections and pressure injuries, falls in hospital resulting in fracture or injury and medication complications.4</td>
</tr>
<tr>
<td>Hospital in The Home</td>
<td>Hospital in The Home services provide acute, sub-acute and post-acute care to children and adults residing outside hospital, as a substitution or prevention of in-hospital care. A person may receive their care at home including residential aged care facilities or in an ambulatory setting that may include a hospital outpatient or community clinic setting.</td>
</tr>
<tr>
<td>Integrated care</td>
<td>Integrated Care is a way of working that enables care to be provided in a way that reflects the whole of a person’s health needs: from prevention through to end of life, across both physical and mental health, and in partnership with the individual, their carers and family.5 This is reliant on better communication and connectivity between healthcare providers in primary care, community and hospital settings.</td>
</tr>
<tr>
<td>Indicator</td>
<td>Measures that tell us if we are on or off track in delivering our goals and achieving change.</td>
</tr>
<tr>
<td>LGBTIQ</td>
<td>Lesbian, Gay, Bisexual, Transsexual, Intersex and/or Queer</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>Life expectancy at birth estimates the average number of years that a newborn baby could expect to live, assuming current age-specific death rates are experienced through his/her lifetime.6 Life expectancy at birth is influenced by many factors including socioeconomic status, genetics, health behaviours and access to health care.</td>
</tr>
<tr>
<td><strong>Living Well Together</strong></td>
<td>The Living Well Together strategy guides how we provide care to our community. Living Well Together is based on the work of the Studer Group and is designed to improve the experience of our patients and out staff and to improve patient outcomes. It aims to provide staff with the tools and techniques to deliver a planned, consistent and disciplined approach to conducting business and caring for patients. Living Well Together tools and techniques include patient care and resident care boards, patient bedside rounding, Aboriginal Yarning Tool, safety huddles and patient communication tools.</td>
</tr>
<tr>
<td><strong>Mortality rate</strong></td>
<td>The number of deaths divided by the population of interest and expressed per 100,000 people.</td>
</tr>
<tr>
<td><strong>Multipurpose Service</strong></td>
<td>Multipurpose Services are integrated health and aged care services that provide flexible and sustainable services for small regional and remote communities.</td>
</tr>
<tr>
<td><strong>Non-hospital alternatives for care</strong></td>
<td>Health care provided in community settings including homes and residential aged care facilities aimed at reducing unplanned Emergency Department presentations and hospital admissions or readmissions.</td>
</tr>
<tr>
<td><strong>Out-of-hospital care</strong></td>
<td>Another term for ‘Ambulatory Care’. This refers to care that takes place as a day attendance at a health care facility, at a person’s home or at another setting (for example, school or workplace). Ambulatory care services range from preventative and primary care through to specialist and tertiary level services and are collectively referred to as ‘non-inpatient care’.</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>What we will see if our goal is achieved.</td>
</tr>
<tr>
<td><strong>Perinatal</strong></td>
<td>Refers to the period immediately before and after birth.</td>
</tr>
<tr>
<td><strong>Potentially preventable hospital services</strong></td>
<td>Emergency Department attendances and hospital admissions that potentially could have been avoided by better supporting patients in the community using integrated approaches to care and a focus on preventative healthcare.</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Why we (Western NSW Local Health District) are here.</td>
</tr>
<tr>
<td><strong>Safety huddles</strong></td>
<td>Safety huddles are a brief (less than 10 minutes), structured and focused exchange of information about potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment. They are multidisciplinary and occur at the beginning of every shift.</td>
</tr>
<tr>
<td><strong>Separation</strong></td>
<td>The process where an inpatient leaves a hospital or ‘type of care’ at the end of an episode of care (e.g. discharge to home, discharge to another hospital or residential aged care facility, transfer to another type of care such as from acute care to rehabilitation, or death). This is frequently used as a measure of the utilisation of health services.</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td>Broad actions we will take to achieve our goals.</td>
</tr>
<tr>
<td><strong>Triage</strong></td>
<td>Patients presenting to an Emergency Department are allocated a triage category based on the time they need medical attention. There are five triage categories. People who need to have treatment immediately or within 2 minutes because of an immediately life-threatening condition are categorised as Triage 1. People who need to have treatment within two hours for a less urgent condition are categories as Triage 5.</td>
</tr>
<tr>
<td><strong>Unplanned readmissions</strong></td>
<td>A hospital readmission occurs when a patient has been discharged from hospital and is admitted again within a certain time interval. An unplanned readmission is potentially avoidable.</td>
</tr>
<tr>
<td><strong>Values</strong></td>
<td>Principles of behaviour that guide how we work.</td>
</tr>
<tr>
<td><strong>Value based health care</strong></td>
<td>Value based health care means continually striving to deliver care that improves: (1) health outcomes that matter to patients, (2) experiences of receiving care, (3) experiences of providing care and (4) effectiveness and efficiency of care.</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>What we want to achieve.</td>
</tr>
<tr>
<td><strong>Virtual health care</strong></td>
<td>The term virtual health is often used interchangeably with telehealth, teledermicine, eHealth technologies, artificial intelligence and digital health. The District defines Virtual Health Care as an umbrella term that encompasses all of these terms.</td>
</tr>
</tbody>
</table>
References

1 **Health of the Population Report. Western NSW Health Needs Assessment.** Health Intelligence Unit, Western NSW Local Health District, June 2020.


7 **Definitions / Glossary.** 2020-2021 KPI and Improvement Measure Data Supplement Part 1 of 2 (KPIs) Version 1.0 June 2020. NSW Health.


13 **Hospital Harm Improvement Resource.** Canadian Patient Safety Institute, Accessed August 2020 at https://www.patientsafetyinstitute.ca/en/toolsResources/Hospital-Harm-Measure/Improvement-Resources/Pages/default.aspx