



STRATEGIC PLAN 2020-2025

Healthier rural people,
thriving communities



Health
Western NSW
Local Health District



Artwork by Jasmine Sarin

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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Message from our Chief Executive and Board Chair

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 that 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



OUR VISION

Healthier rural people, thriving communities

OUR VALUES

Collaboration, Openness, Respect, Empowerment

OUR PURPOSE

To provide exceptional healthcare to the people of Western NSW

GOALS
OUTCOMES
STRATEGIES

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.

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.

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.

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.

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.

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.

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.

ENABLERS crucial to the successful implementation of our Strategic Plan

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 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.

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 people and their health

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:

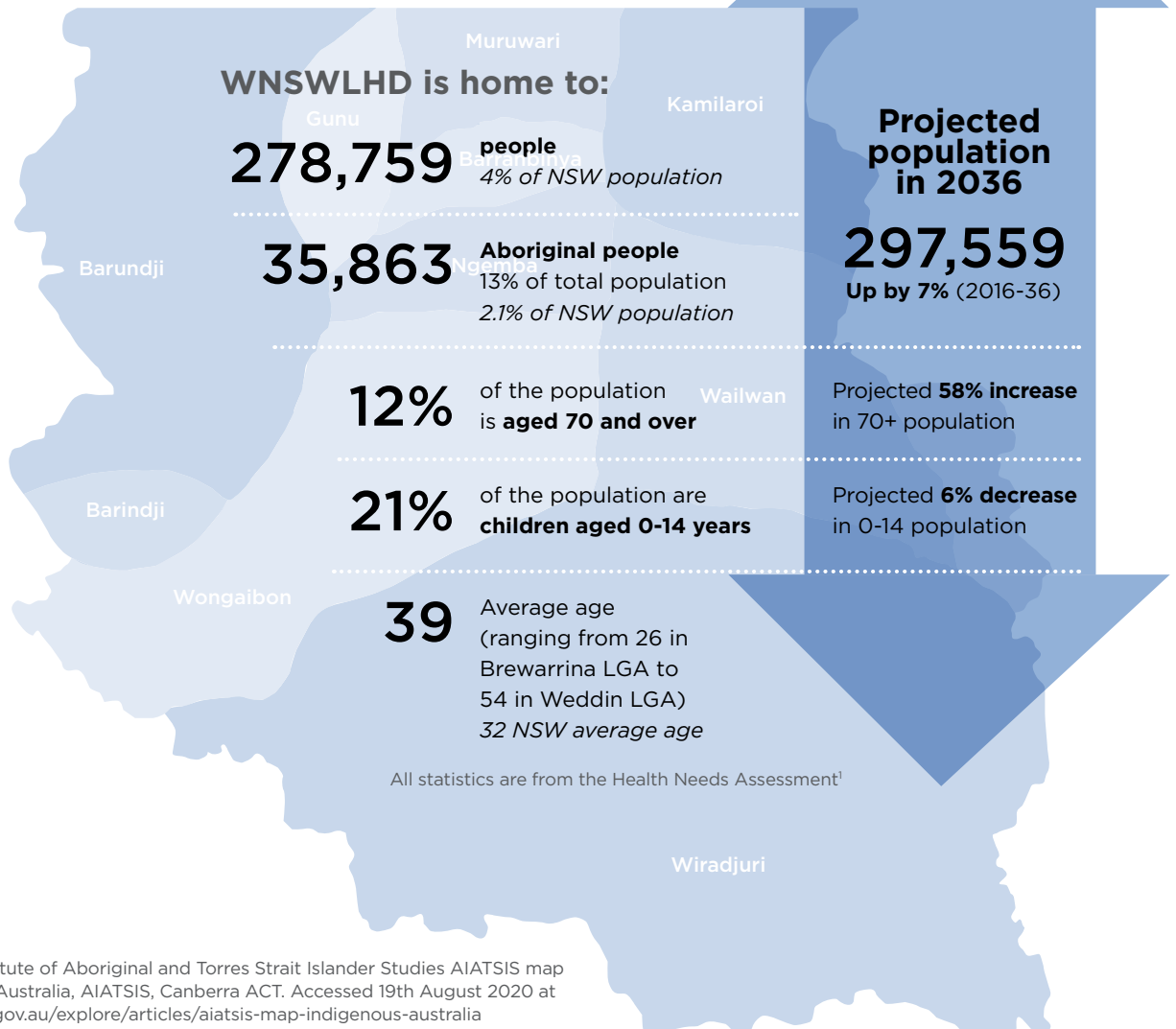
Our population is older than the rest of NSW, but we also have a higher proportion of children aged 5-9 years. Our population is also ageing faster than the rest of the State.¹

Our people generally have a shorter life expectancy, a higher mortality rate and poorer health than people in the rest of NSW.¹

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.

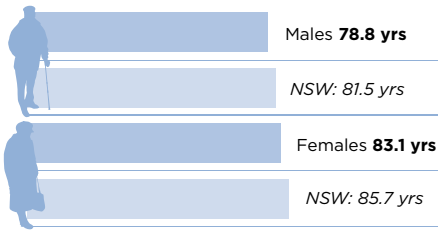
OUR COMMUNITY



Australian Institute of Aboriginal and Torres Strait Islander Studies AIATSIS map of indigenous Australia, AIATSIS, Canberra ACT. Accessed 19th August 2020 at <https://aiatsis.gov.au/explore/articles/aiatsis-map-indigenous-australia>

HEALTH DETERMINANTS & BURDEN OF DISEASE

Life expectancy at birth (2017)



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



Around **2,458** hospitalisations per 100,000 could be prevented (2018/19)
15% 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

Hospitalisation rate

43% (2018/19)
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)

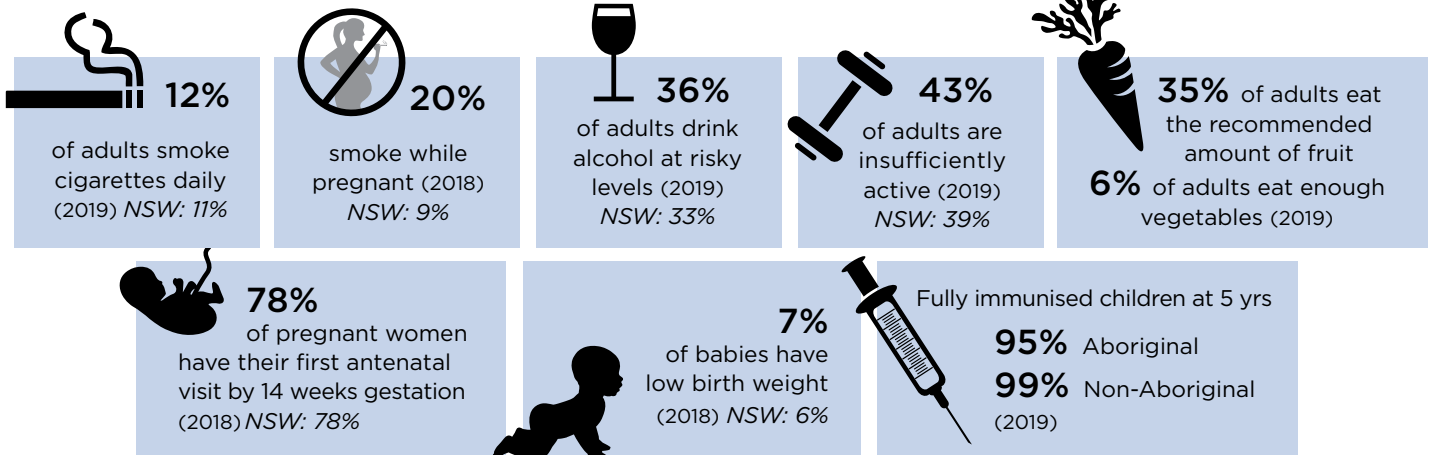
Cardiovascular disease

23%
higher mortality rate than NSW

Diabetes

10.5%
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



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%



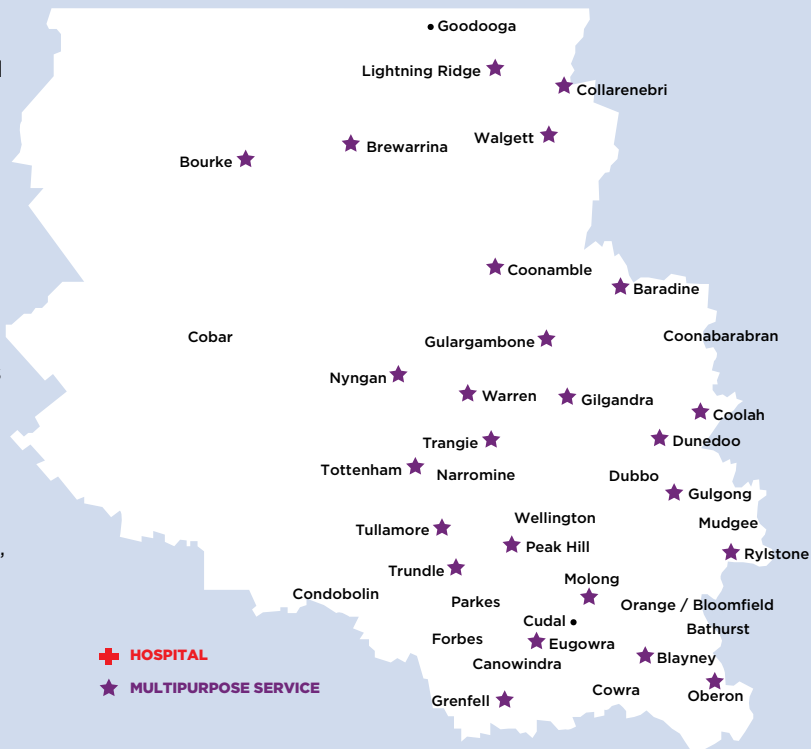
14%
of adults have **high or very high psychological distress** (2019)
NSW: 18%

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.

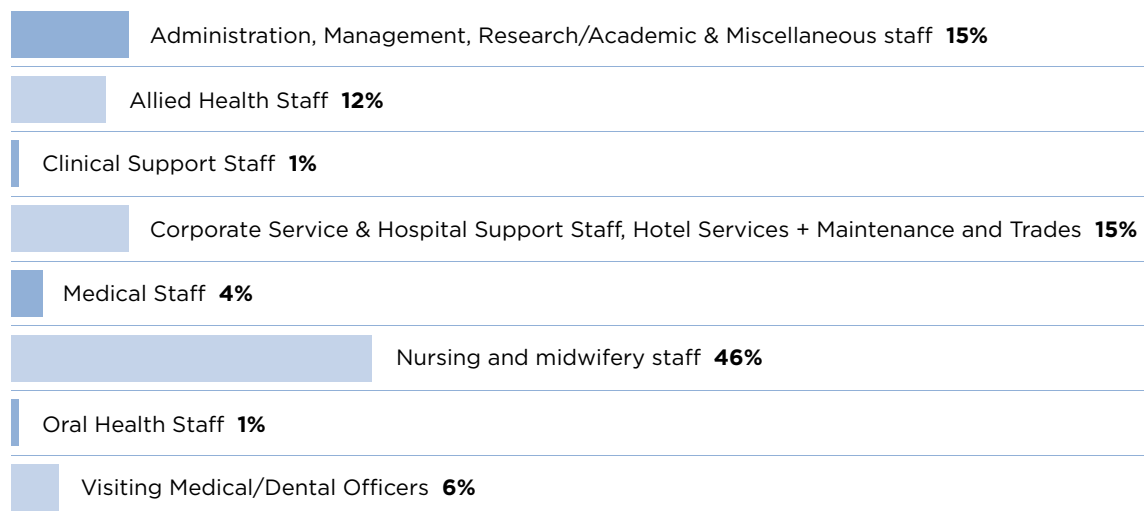
We are a leader in the provision of virtual-based health services, and will continue our focus on integrated care, value based health care and alternatives to hospital inpatient models of care. Working with our partners helps us to deliver great care.



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.



ACROSS OUR DISTRICT



38 inpatient facilities including:

- 3 rural referral hospitals
- 4 procedural hospitals
- 6 community hospitals
- 25 multipurpose services

50 community health centres

23 community mental health services

14 inpatient mental health drug & alcohol units (including supra district & state wide units)

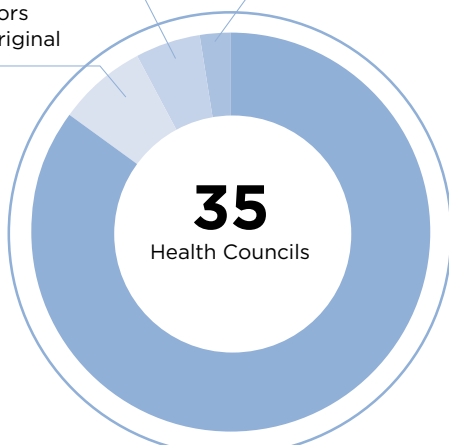
During 2019/20

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.

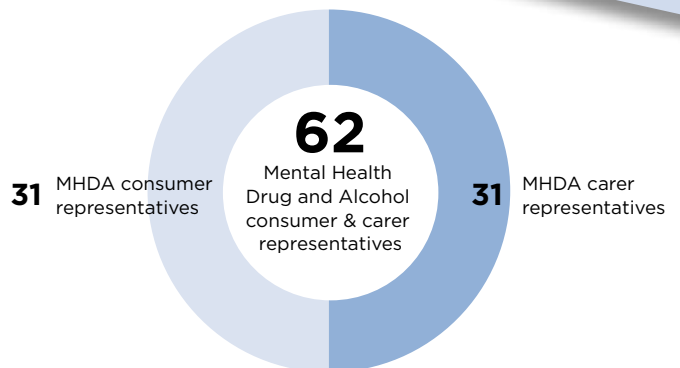
15 Health Councillors are carers

7 Health Councillors have a lived mental health experience

21 Health Councillors identify as Aboriginal



290 Health Councillors



31 MHDA consumer representatives

31 MHDA carer representatives

3 MHDA consumer/carers reps identify as Aboriginal
4 MHDA consumer/carers 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

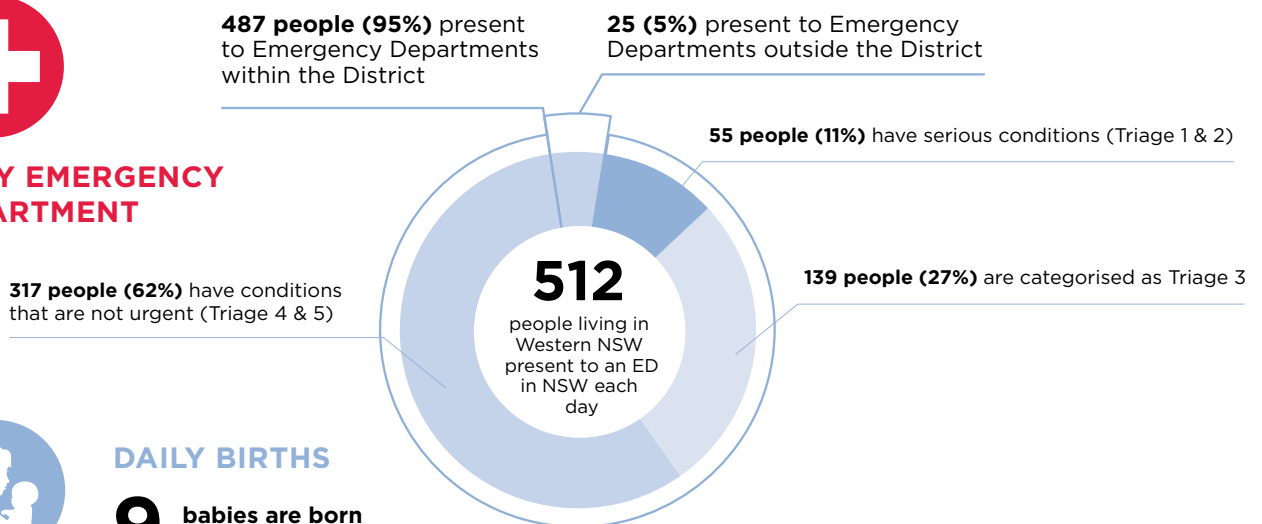
- 308** people living in Western NSW are admitted to a hospital (including for day only chemotherapy and renal dialysis)
- 214** people (69%) are admitted to a Western NSW LHD hospital
- 70** people (23%) are admitted to a private hospital
- 24** people (8%) are admitted to a public hospital elsewhere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

- 287** people (93%) are admitted for acute care
- 7** people (2%) are admitted for psychiatric care
- 13** (4%) are admitted for sub and non-acute care
- 1** person (0.4%) is admitted for other types of care
- 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 EMERGENCY DEPARTMENT



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

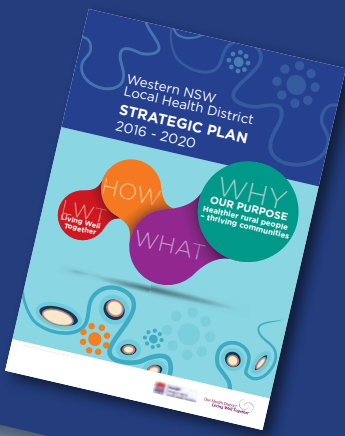
- More than 4,250 staff have been trained in *Speaking up for Safety*
- *Safety huddles* are being undertaken by 98% of our facilities
- All facilities have achieved accreditation under the National Safety and Quality Health Service Standards
- *Living Well Together* tools, such as clinical bedside handover 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

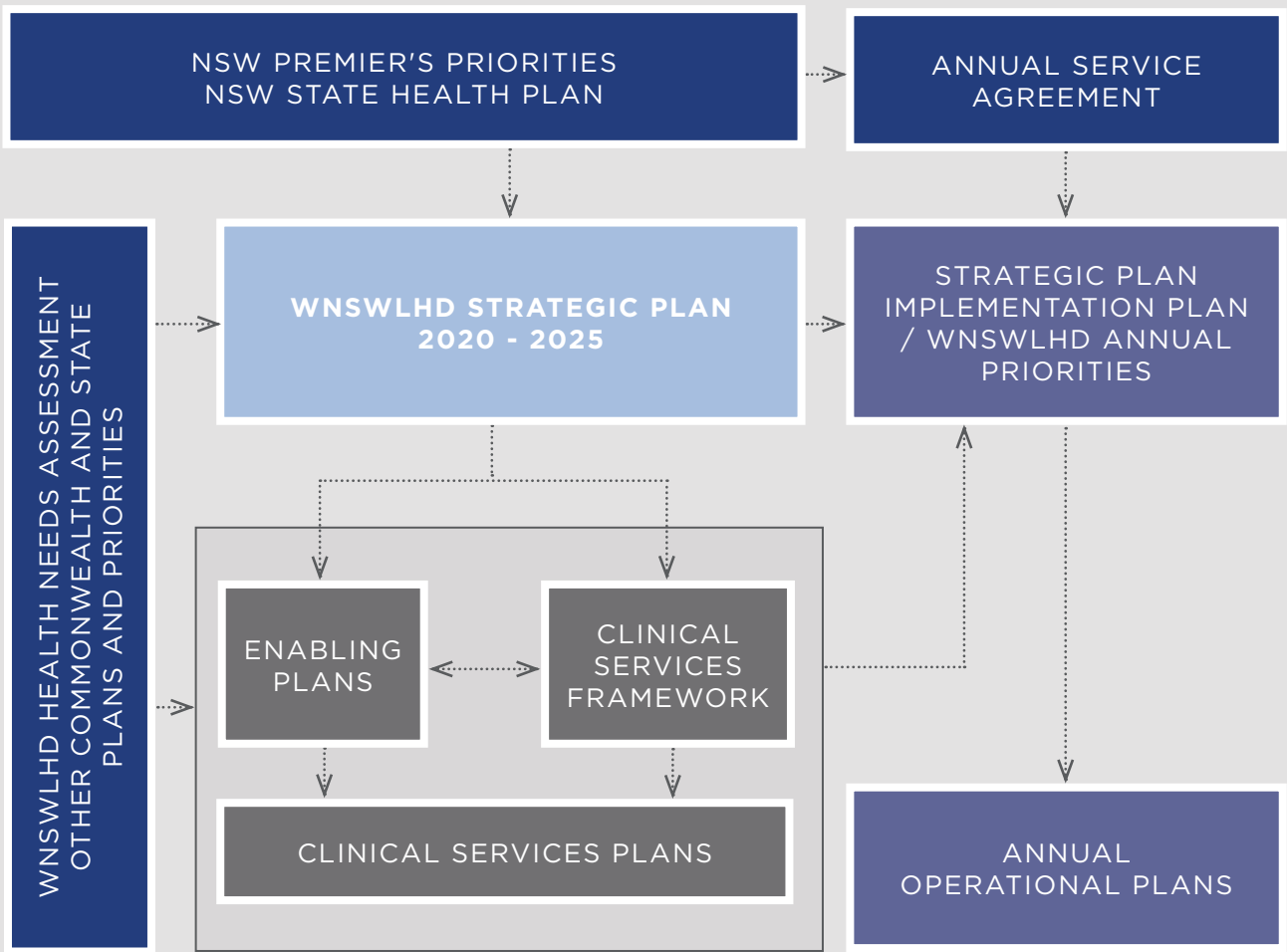
Collaboration, Openness, Respect, Empowerment

OUR PURPOSE

...why we are here

To provide exceptional healthcare to the people of Western NSW

WNSWLHD Planning Framework



Our plan for 2020 - 2025

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

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

1. Keep people healthy across their lifespan through health promotion, disease prevention and supportive technologies

2. Support a healthy start to life

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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

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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

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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
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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

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ENABLERS

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

A strong and sustainable workforce and a great place to work

WHAT WILL WE DO?

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

WHAT WILL WE DO?

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

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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.

Infrastructure, technology and systems

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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

WHAT WILL WE DO?

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

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.

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.

Goal 1 - Improved health and wellbeing of our people

STRATEGIES	MEASURES AND INDICATORS (HIGH LEVEL SUMMARY)
1. Keep people healthy across their lifespan through health promotion, disease prevention and supportive technologies	<ul style="list-style-type: none"> 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 <i>Get Healthy</i> services
2. Support a healthy start to life	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Plans in place to respond to disasters
5. Plan for, and respond to, the health needs of older people in Western NSW	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Reduction in the prevalence rate for diseases such as diabetes, chronic obstructive pulmonary disease and cardiovascular disease, and reduce the hospitalisation rate



Goal 2 - Meaningful gains in Aboriginal health

STRATEGIES	MEASURES AND INDICATORS (HIGH LEVEL SUMMARY)
<p>1. Enhance population health and clinical services to reduce the burden of disease in Aboriginal people and improve social and emotional wellbeing</p>	<p>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</p>
<p>2. Significantly improve the health of Aboriginal mothers and babies</p>	<p>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</p>
<p>3. Deliver culturally safe and accessible services</p>	<p>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</p>
<p>4. Build and empower our workforce with the tools they need to create meaningful change in the health of the Aboriginal community</p>	<p>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</p>
<p>5. Work with our service partners including Aboriginal community leaders in a regional approach to improving Aboriginal health</p>	<p>Increase joint planning and service initiatives</p>



Goal 3 - World-class rural health care

STRATEGIES	MEASURES AND INDICATORS (HIGH LEVEL SUMMARY)
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)

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

Goal 4 - One service across many places



Definitions

Ambulatory Care	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.
Antenatal care	Antenatal care is health care provided to pregnant women and their developing bab(ies).
Average length of stay	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.
Bed days	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.
Chronic disease	A chronic disease persists for a long time. Chronic diseases include cancer, heart disease, diabetes, asthma, kidney disease and chronic obstructive pulmonary disease.
Collaborative commissioning	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
Developmentally vulnerable	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 than average ability in the developmental competencies in that domain. ³
Did not wait	<i>Did not wait</i> refers to a patient who left an Emergency Department before being seen by a doctor.
District	Refers to the Western NSW Local Health District.
eMeds	Electronic Medical Management system.
Enabler	Strategies that are crucial to successful achievements of our goals.
Gestational diabetes	A type of diabetes that occurs during pregnancy.
Goal	What we need to accomplish if we are to achieve our vision.
Harm	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 and medication errors.
Hospital acquired complications	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
Hospital in The Home	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.
Integrated care	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.
Indicator	Measures that tell us if we are on or off track in delivering our goals and achieving change
LGBTIQ	Lesbian, Gay, Bisexual, Transsexual, Intersex and/or Queer
Life expectancy at birth	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.

Living Well Together	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.
Mortality rate	The number of deaths divided by the population of interest and expressed per 100,000 people.
Multipurpose Service	Multipurpose Services are integrated health and aged care services that provide flexible and sustainable services for small regional and remote communities.
Non-hospital alternatives for care	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.
Out-of-hospital care	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.
Outcome	What we will see if our goal is achieved.
Perinatal	Refers to the period immediately before and after birth.
Potentially preventable hospital services	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. ⁷
Purpose	Why we (Western NSW Local Health District) are here.
Safety huddles	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. ⁸
Separation	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). ⁹ This is frequently used as a measure of the utilisation of health services.
Strategy	Broad actions we will take to achieve our goals.
Triage	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. ¹⁰
Unplanned readmissions	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. ¹¹
Values	Principles of behaviour that guide how we work.
Value based health care	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. ¹²
Vision	What we want to achieve.
Virtual health care	The term virtual health is often used interchangeably with telehealth, telemedicine, eHealth technologies, artificial intelligence and digital health. The District defines Virtual Health Care as an umbrella term that encompasses all of these terms.

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