Albany Community Hospice

Strategic Plan 2015 - 2018

Albany Community Hospice (ACH) vision - Providing and promoting quality care for individuals, families, friends and carers to enhance the quality of life for those living with life limiting illness.

Our Mission is to provide warm and expert palliative care in a home-like environment to all in the Great Southern with serious, incurable illnesses. We will do this by supporting patients, their families and friends including assistance in the care of those needing palliative care who chose to remain at home.

We will be a responsive organisation that exceeds the needs and expectations of referring doctors and funders.

We will utilise the skills and expertise of our community through engaging with our community and the use of volunteers.

Albany Community Hospice Inc. values

- Patients receive high quality care that is determined in partnership with them, their families and carers, hospice staff and General Practitioner.
- Respect for dignity at all times for each patient and their family and carers.
- Openness, integrity, honesty and justice are undertaken in all aspects of the ACH operations.

Priority Area 1 - Governance

1. Goal
ACH continues to be a robust and sustainable community owned organisation delivering high quality care.

1.1 Financial viability - ACH will seek opportunities to diversify funding and income streams whilst managing resources efficiently

Strategies

1.1.1. Develop a business model that has reduced dependency on fundraising
1.1.2. Complete business case for WACHS and negotiate appropriate numbers of bed days per annum to support the ACH which includes critical time lines, and points to negotiate
1.1.3. Identify sponsorship opportunities from local sponsors
1.1.4. Develop prospectus for private health insurers and sponsors
1.1.5. Review agreements with BUPA/Medibank/HBF
1.1.6. Identify any opportunities associated with Department of Veterans Affairs to increase eligible patients
1.1.7. Clarify what philanthropic activities may be undertaken and what the implementation and review strategy would be like.

1.2 Skilled staff - ACH will maintain a highly skilled and motivated staff base

Strategies

1.2.1 Ensure on going training opportunities for staff and commenced asap
1.2.2 Support for post graduate studies is programmed and coordinated
1.2.3 Develop a prospectus for donations/fundraising to cover off on costs for staff/volunteer training including the concept of a bursary
1.2.4 Opportunities for staff to be involved in integrated service delivery model are developed
1.2.5 Training (ongoing for key staff) to ensure there is a move to an integrated service model – links to service model as well
1.2.6 Staff recognition for years of performance, attaining a qualification or going above and beyond the call of duty
1.2.7 Develop two tier nurses structure ie level 1 and level 2
1.2.8 Develop specific portfolios with a brief for implementation
1.2.9 Increase hospice awareness in RN's, GP and other health care professionals in Albany area by giving palliative care training and education (over next 3 years)
1.2.10 Involvement with Nurses day/palliative care week
1.2.11 Consider separating EO and clinical roles ie 2 leadership positions

1.3 Board of Management - ACH will be governed by a skills based Board of Management with a committee based structure that meets all statutory requirements to a high standard.

Strategies

1.3.1 Review Constitution annually – this could go in Board Calendar
1.3.2 Identified succession plan in place that identifies suitably skilled Board members
1.3.3 Annual Skills audit undertaken prior to AGM to assess skills required for incoming members or for co-opted members – this could go in Board Calendar
1.3.4 Outgoing members invited to sit on an ACH Committee for a term following the conclusion of their time
1.3.5 Identify new Chair and process to appoint
1.3.6 Succession planning ie Deputy Chair is appointed with intent to take on Chairman's role
1.3.7 Targeted recruitment of Board members based on current or future need ie clinical, strategic, finance, planning – not just take anyone
1.3.8 Schedule regular strategic sessions that involve provision of information relating to best practice in governance and Hospice related issues and this is incorporated into Board calendar
1.3.9 Board induction with key documentation developed and provided to each new Board member
1.3.10 Subcommittees have terms of reference which are reviewed regularly
1.3.11 Subcommittees and TOR (once approved) added to website
1.3.12 Identify opportunities to increase volunteer support to committees where needed
1.3.13 Utilise community partnerships to develop and maintain committee structure
1.3.14 Increase administration to support fundraising
1.3.15 Process to bring community members onto committees – committee structure ie people to do the work in a voluntary capacity and the mechanism to map this
1.3.16 Communications and stakeholder engagement plan developed and implemented

1.4 Volunteers - ACH is supported by a strong and vibrant volunteer base

Strategies

1.4.1 Volunteer recruitment and retention strategies are in place to ensure correct mix of skills for all aspects of the ACH

1.4.2 Policies and procedures in place to ensure that volunteers are supported and recognized in a safe and recognized role

1.4.3 Change management is undertaken to support current volunteers as the move to the new hospice is undertaken

1.4.4 Ongoing training is provided to volunteers and incorporated into a training calendar

1.4.5 Recognition of volunteers is undertaken at regular intervals during the year

1.4.6 Identification of skill sets to ensure that volunteers are matched to preferred role

1.4.7 Monitoring of activity and amount of hours recorded and used for reporting

1.4.8 Role or position descriptions of all aspects of volunteering developed and reviewed regularly

1.4.9 Involve in all aspects of the organisation including the committee structure ie fundraising

1.4.10 Xmas party annually to recognize contribution

1.5 Strategic Directions - The ACH remains cognizant of future long term planning

Strategies

1.5.1 Annual review of business outlook and financial position

1.5.2 Long term planning to project 5 and 10 year outlooks

1.5.3 Undertake annual business plan that incorporates an operational plan

Priority Area 2 - Facility

2. Goal

That the ACH completes the building and commissioning of a purpose built Hospice by July 1 2016.

2.1 Staff – Staff and volunteers are fully engaged in the commissioning of the new hospice

Strategies

2.1.1 Develop and implement a Change Management Strategy that engages those affected including regular updates to staff and ongoing inclusion in process for staff and volunteers for the move to the new facility

2.1.2 Specific portfolios for staff to engage with to assist with transition to new facility and model of operation

2.1.3 Change Management Plan and implementation strategy (1 year) for staff and volunteers undertaken to manage the transition to the new model of care

2.1.4 Establish a Consultative Committee or communication mechanism for staff and volunteers to assist with communication of issues impacting on staff and volunteers during the transition period

2.1.5 Develop staffing models/work capacity and associated position descriptions for consultation with staff

2.1.6 Define job descriptions and/or work capacity required for move to 8 bed hospice – 1 year

2.2 The Human Room - ACH will lead the development of a care facility that incorporates unique features.

Strategies

2.2.1 Determine a new name for the Human Room
2.2.2 Engage with local media to highlight our Human Room as a good news report
2.2.3 Develop project Plan for engagement of designer (Effie) including costs and activities
2.2.4 Undertake assessment that IT is appropriate for Human Room and will work
2.2.5 Reengage Steve Burbeck
2.2.6 Local artists media to get video/sound content to ensure local content
2.2.7 Use Human Room as a sneak peak of technology for marketing opportunities
2.2.8 Look at uses outside of inpatients ie out patients, disability sector
2.2.9 Selling point for grants, private health insurers include in communications and PR
2.2.10 Wide ranging sensory Human Room completed within the new building
2.2.11 Ready to use with a lead clinician trained within 1 year and all staff able to operate the facility
2.2.12 Review success of Human Room and plan to make all rooms Human Rooms

2.3 Centre of Excellence – The ACH will be recognized as a state of the art facility

Strategies

2.3.1 Use Human room as a demonstration of future orientated services
2.3.2 Use new facility as a version of best practice
2.3.3 Identify opportunities with Rural Clinical School WA and other organisations to research and market the Human Room as best practice

2.4 Commissioning New Facility - A purpose built Hospice is fully operational by July 1 2016

Strategies

2.4.1 Commissioning plan developed and procurement put in place for major equipment
2.4.2 Grants for fit out identify key person for management of grants and how are these managed, governance, responsibility
2.4.3 Decommissioning plan developed that includes what does WACHS expect, what are we planning and timeframes
2.4.4 Ensure garden is well planned and a maintenance schedule developed
2.4.5 Ensure preparations including security are in place when corridor is reinstated
2.4.6 Engage GP's and promote the stand alone nature of the GP's re perception ACH is just part of hospital and no one will want to go there any more
2.4.7 Ensure that change management and communication strategy is developed for GP's including an orientation (how they access building, any other changes ie software)
2.4.8 Ensure orientation for external providers ie GP's, hospital staff
2.4.9 Need dedicated parking for GP's ie 2 spots
2.4.10 Catherine Moore to check in with each surgery to see if Dr's have any specific ideas about clinical fit out equipment
2.4.11 Get a portable ultrasound machine

Priority Area 3 - Service Models

3. Goal

ACH identifies key emerging issues and trends associated with end of life care and in partnership with other agencies provides an innovative service

3.1 Service Models – ACH will investigate and in partnership will develop innovative models of palliative care for the Great Southern

Strategies

- 3.1.1 Develop regional model to demonstrate Hospice role in patient management
- 3.1.2 Review admittance processes and opportunities
- 3.1.3 Pilot project with partners involving WACHS and Silverchain
- 3.1.4 Put in place Senior Nurse hospice phone; information can be texted between service providers with Patients consent to promote information sharing
- 3.1.5 Sharing of resources across Regional Palliative Care Service (RPCS), Silverchain as there are more resources in RPCS, i.e. opportunity for them to use Hospice to work across community case mix
- 3.1.6 Partnering with WACHS and Silverchain towards providing support of practical issues for carers/families once someone has died not just emotional issues
- 3.1.7 Contracts with WACHS that fully support hospice – 1 year
- 3.1.8 Develop a model and then implement in a timely manner
- 3.1.9 Incorporate and secure allied health services and psychology/counseling services
- 3.1.10 E Hospice incorporating electronic discharge summaries
- 3.1.11 Improve discharge letters to Silverchain/GP's/RPCS
- 3.1.12 Attract funding to provide tailored guest/environment service ie laundry, meal service

3.2 Outpatient/Community based services - Through a pilot project identify opportunities to initiate outpatient/community based services including videoconferencing support/advice

Strategies

- 3.2.1 Scope current options for initiating outpatient options
- 3.2.2 If deemed feasible then develop a business case
- 3.2.3 Identify videoconferencing opportunities for regional patients and palliative care staff

3.3 Diversity Policy – The ACH will be respectful of cultural diversity and differences

Strategies

- 3.3.1 Talk to Great Southern Aboriginal Corporation and promote ACH as a safe cultural place
- 3.3.2 Seek assistance from GSAC re staff/volunteer cultural training
- 3.3.3 Identify cultural aspects from different religious bodies
- 3.3.4 Incorporate cultural diversity into care planning

Priority Area 4 - Community and Stakeholder Engagement

4. Goal

ACH informs the local community and stakeholders of the Hospice activity and ways to contribute through an effective strategy

4.1 Engagement – ACH has well developed networks with key stakeholders and this is how regular communication undertaken

Strategies

4.1.1 Develop Engagement and communication plan

4.1.2 Link and reference fundraising and volunteer activities to ensure robust process are in place to protect reputation about the use of funds

4.1.3 Identify key stakeholders that are met with regularly to maintain relationship

4.1.4 Develop education and promotion resources and plan with other community groups 2 years

4.2 Partnerships – ACH develops and maintains strong partnerships with key stakeholders and organisations

Strategies

4.2.1 Identify key partnerships

4.2.2 Run the regional palliative care study day in partnership with RPCS

4.2.3 Liaise with the palliative care team to identify areas to work in conjunction with them and establish regional model

4.2.4 Identify other areas of resources/education sharing with other organisations ie Silverchain, funeral directors, volunteers

4.2.5 Identify special key events such as palliative care week, ie Dying to know, open day at hospice

4.2.6 Networking with existing stakeholders, aged care providers, Palliative Care WA

4.2.7 Schools as engaging children engages parents

4.3 Communication – ACH provides current information to relevant stakeholders and media outlets that promote the ACH and encourage a support base

Strategies

4.3.1 Have a clear communication strategy

4.3.2 Adverts in local media to raise awareness

4.3.3 Annual Community/Stakeholder information session ie invite GP's

4.3.4 More community outreach ie service clubs/open days/trade fairs/expos/free media

4.3.5 Website overhaul make it less static, more interactive

4.3.6 Allow for members area and one click donations

4.3.7 Facebook – keep trying to build an audience and use to promote events and fundraising activities

4.4 Friends of Hospice – The ACH will have a strong "Friends of Hospice"

Strategies

4.4.1 Develop a proposal regarding the Friends of Hospice and what this means and includes

4.4.2 Ensure membership listing is current

4.4.3 Ensure members are listed as per the Constitution

4.4.4 Develop Friends of Hospice model including recognition and celebration of effort

4.5 GP's And Practice Managers – The ACH ensures that GP's, Medical Specialists, Practice Managers and health practitioners are well informed regarding the ACH including any proposed initiatives

Strategies

4.5.1 Use practices to display material

4.5.2 Develop a strategy to engage GP's in more hospice activities ie events

4.5.3 Visiting schedule to contact all admitting GP's

4.5.4 Training and Development opportunities for GP's specifically aimed at GP's including service provision/support/palliative care symptom control

4.5.5 Identify other visiting health professionals and ensure that they are well informed regarding the ACH operations

Priority Area 5 - Innovation and Technology

5. Goal

The ACH is recognized as a leader in innovation and the use of technology in the management of patients

5.1 Centre of Excellence – The ACH is recognized as a leader in innovation partnerships and technology

Strategies

5.1.1 A centre of excellence is established in conjunction with partners to demonstrate the clinical, technological and social development of a community Hospice

5.1.2 Identify E Hospice opportunities

5.1.3 Contemporary use of technology in hospice setting

5.1.4 All rooms human rooms

5.2 IT system – The ACH will have efficient and reliable IT systems to support operations

Strategies

5.2.1 Ensure requirements are well established prior to procurement for a stand alone IT system

5.2.2 Identify what can provide efficiencies in hospice setting and that all IT is fit for purpose

5.2.3 IT is fully funded in 12 months and then ongoing maintenance only is required

5.2.4 Use of iPads in patient care

5.2.5 Secure messaging, electronic discharge, eHealth

5.2.6 Analysis and plan for IT
5.2.7 Electronic data bases identified and developed

Priority Area 6 - Partnerships

6. Goal

ACH develops and maximizes partnerships to support and maintain service delivery

6.1 Students – ACH recognizes the importance of providing high quality development opportunities for student placements in the palliative care setting.

Strategies

6.1.1 Identify types and roles for students
6.1.2 Incorporate student (volunteer) effort into the HR/workforce capacity with clearly defined roles for students
6.1.3 Establish programs of clinical placement for allied health EN/RN and medical students by end of 2016 (Timing ie not after August/September – use them early in year)

6.2 Health Industry Partners - ACH works with partners to support and promote Practice improvement

Strategies

6.2.1 Regular meeting with Palliative Care Nurses to be scheduled to network and provide support by end of December 2015
6.2.2 Have in place practice liaison/partnership with Silverchain in 2 years
6.2.3 Invite Silverchain into meetings and planning conferences
6.2.4 Build on existing relationship with RCMS and UWA
6.2.5 Improve relationship with WACHS ie Chair/RD, Hospice Manager and Site Manager, Senior staff
6.2.6 Investigate Busselton model and what worked, didn't work and identify areas for partnership with WACHS
6.2.7 Joint planning/education and training
6.2.8 Undertake engagement with Tertiary institutions ie grants
6.2.9 Establish Centre of Excellence in conjunction with RCS

6.3 Community Partner's – The ACH works in collaboration with community partners to promote the community ownership of the ACH.

Strategies

6.3.1 Strategic Planning partnerships with major partners ie joint approach
6.3.2 Use Board/staff and volunteers to promote partnerships including fundraising activities
6.3.3 Identify key partners and approach to them, ie information sessions/resources
6.3.4 Invite to Board meetings