



2011 – 2013

STRATEGIC PLAN

SERVICE AREA

Covering the local government areas of Banyule, Whittlesea and Nillumbik.



STRATEGIC DIRECTION

Banksia Palliative Care Service Inc. (BPCS) Strategic Plan for 2011-2013 provides strategic direction to ensure alignment with recommended best practice and Government Policy, over the next 3 years. Palliative care providers face a challenging future, with governments requiring increased accountability and reporting: escalating compliance costs: changing patterns of demand of services: and workforce shortages". (Palliative Care Victoria 2007-2010 Strategic Plan, Leadership Statement)

BPCS expects significant changes in the way the service delivers care in the next 2-5 years, which will enable the increasing demand for services to be met, as well as providing a cost effective, sustainable model of service. BPCS has an internal goal to become a "Level 2 Service".. Partnerships are an important component of the future. .

"Health Promotion", "Creating Awareness" and "Advance Care Planning", are integral components of the overall model of care, BPCS provides. Recent research shows that most Australians have a low to moderate understanding of palliative care and what it offers people who are terminally ill:

- Only 25% of Australians have an understanding of palliative care
- 20% of Australians have never heard of palliative care
- Less than 20% of Australians understand that palliative care involves support for the families and carers as well as the patient

(Palliative Care Australia)

All Victorians living in the BPCS catchment area, should have access to quality community based palliative care in a way that meets their individual needs. There is an increased recognition that palliative care should not only be provided exclusively to clients with a diagnosis of cancer, but that many clients with chronic illnesses would benefit from specialist palliative care services. With our ageing population, we know the demand for BPCS services will increase dramatically in the client's homes and in Residential Aged Care facilities. Evidence suggests up to 40- 60% of Australians would prefer a home death. Preference for place of death from carer and patient's perspective sets a clear direction for clients' care planning. The Victorian Integrated Non-Admitted Health Minimum Dataset "VINAH" sets the minimum data BPCS needs to collect for Victoria Department of Health purposes.

The BPCS 2011-2013 Strategic Plan sets the direction to achieving improved and sustainable services, whilst addressing the key challenges faced in the next three year period. The success measures for the strategic plan will be:

- A community well serviced with home based palliative care
- High levels of user satisfaction
- Broad, diverse and sustainable partnerships adding value to palliative care
- More skilled practitioners and increased capacity
- Increased awareness about palliative care
- Quality needs based service delivery
- More people have access to a preferred place of care.

VISION, MISSION, VALUES

The Strategic Plan is to be read in conjunction with the BPCS Vision, Mission and Value Statements. These documents provide the overall vision to enhance the Strategic Plan. The Staff Values are an attempt to assist the team in providing a desired and realistic environment that will achieve BPCS's goals.

Vision

Provide and promote specialist home based palliative care, which is accessible, responsive and in partnership with the community.

Mission

As people experience progressive terminal illness, death and bereavement, Banksia Palliative Care Service will:

- provide specialised health care and practical support to clients and their carers in their place of residence
- enable clients to access a range of services to address physical, social, emotional, spiritual and cultural needs
- achieve best practice through a commitment to excellence in client care, research and education
- foster partnerships within the community to optimise client care
- embrace internal and external review for the benefit of our client centered practice

Values

RESPECT	upholding the unique personality, dignity, situation and choice of all
COMPASSION	to empathise with all as they travel the journey of a progressive terminal illness and bereavement
PARTNERSHIP	build and maintain effective relationships
EXCELLENCE	continually strive toward best practice
INNOVATION	to actively seek, develop and implement creative new ideas
INTEGRITY	exercise honesty, transparency and ethical practice

CORE BUSINESS

Creating Awareness of Palliative Care
Creating supporting environment
Strengthening community action
Promoting Advanced Care Planning

**HEALTH
PROMOTION**

**CLIENT
CARE**

**LEARNING
CENTRE**

**BEREAVEMENT
CARE
& SUPPORT**

Home based care including
clients home, residential aged
care facilities and other
community homes

International &
Australian Participants

Carers & Families

STAFF VALUES

Communication

Banksia staff strive for constructive and responsible communication. We value open, mindful communication as a means of enhancing our work environment

Respect

Banksia staff acknowledge and value the individuality and contribution of each person; recognising that difference and diversity are crucial to a dynamic and successful work environment

Professionalism

Banksia staff are committed to ethical practice, accountability and the pursuit of excellence

Wellbeing

Banksia staff work together to create an enjoyable, healthy and safe work environment and celebrate achievements by recognition and affirmation.

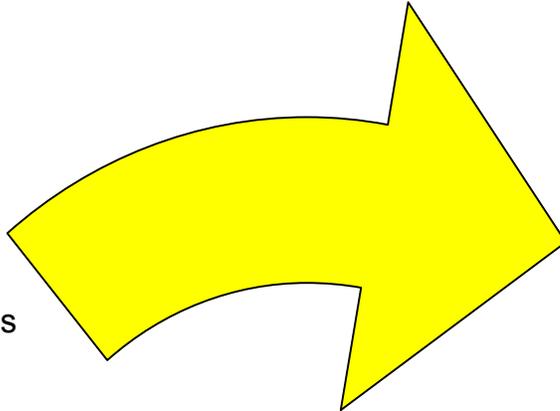
Collaboration

Banksia staff recognize that effective team work requires a shared vision, flexibility and collegial teamwork

CLINICAL MODEL PRINCIPLES

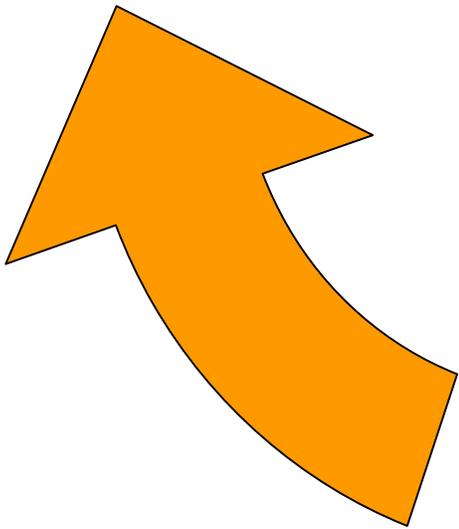
- ❑ The uniqueness of each client is central to care provision and guides care planning to ensure it is timely, person-centred and respects individual wishes and needs.
- ❑ Care is provided according to health promotion principles optimising and enhancing community relationships such as family, friends and significant others.
- ❑ Care is based on collaborative partnerships with primary care providers strengthening relationships and minimising duplication.
- ❑ People will be admitted/re-admitted and discharged as appropriate to their individual need.
- ❑ Care Coordinators are accountable for continuity and coordination of the care plan.
- ❑ Although not all people will require the services of all team members interdisciplinary communication ensures the changing care needs be met by the most appropriate team members.
- ❑ The process of care includes: prioritising of referrals, timely ongoing assessment, coordination of the interdisciplinary team and appropriate discharge and referral to other health or community service providers.
- ❑ The physical, psychological, social, spiritual and emotional needs of the clients are central to the assessment and care planning process
- ❑ Advance Care Plan discussions are encouraged in order to allow client to articulate their values preferences and choices to facilitate a good death.
- ❑ An innovative loss and grief programme is available to all clients and their carers.
- ❑ The safety of clients, staff and volunteers in the community setting is facilitated by clear communication and compliance with Occupational Health & Safety policies.
- ❑ Mandatory clinical supervision for all clinical staff and volunteers facilitates professional practice, nurtures professional development and promotes self care.

KEY PARTNERS

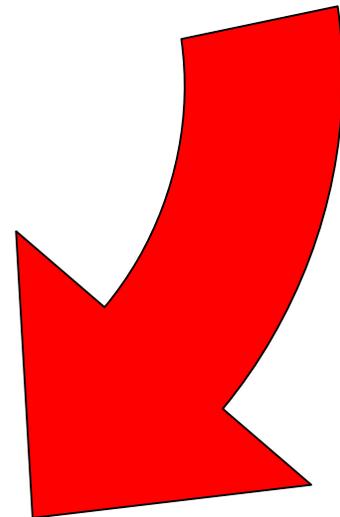


- Acute Care Services
- Inpatient Palliative Care Services
- General Practitioners / North and North East Divisions of Practice
- Main referral sources
- Consumers of BPCS Services

- Victorian Government, Department of Health
- Federal Government
- Commonwealth Respite and Carelink Centres
- International Partners
- Universities
- Learning Centre - Students and



- Residential Aged Care Facilities
- Disability Services
- North and West Metropolitan Palliative Care Consortium
- Royal District Nursing Service
- Culturally and Linguistically Diverse



STRATEGIC PLAN 2011-2013

Strategic Focus 1:	Operations
Strategic Objective:	<i>Continue to improve client services and meet demand.</i>
Actions	Outcomes
1.1 Examine demographic data, estimate demand and refine programs and strategies to meet the demand.	Strategies and plans in place to manage increasing demand.
1.2 Review service strategies, including service standards and responsiveness targets.	Meet service standards and responsiveness targets set by the Department of Health (Vic), Palliative Care Australia and PCOC .
1.3 Work with health and community service providers to identify criteria for referral to a specialist palliative care service.	Increase earlier referrals for clients with a chronic illness.
1.4 Improve carer-support strategies to facilitate home deaths where desired.	Increase number of home deaths for clients with a preference to die at home.

Strategic Focus 2:	Marketing
Strategic Objective:	<i>Increase community awareness of palliative care.</i>
Actions	Outcomes
2.1 Establish a marketing strategy adopting a health promotion approach to promote palliative care in our community.	Marketing strategy approved by the Board. Increase number of Health Promotion activities undertaken. Increase staff engagement in community activities. Increase the number of self referrals to BPCS.

Strategic Focus 3:	Clinical partnerships
Strategic Objective:	<i>Improve continuity of care.</i>
Actions	Outcomes
3.1 Develop a comprehensive range of community partnerships.	Cooperative service arrangements agreed with a range of services including disability, CALD, indigenous, drug and alcohol and mental health service providers.

STRATEGIC PLAN 2011-2013

Strategic Focus 4:	Education
Strategic Objective:	<i>Strengthen the Learning Centre.</i>
Actions	Outcomes
4.1 Develop a strategic plan for the Learning Centre.	A well articulated vision, annual operating plan, and measurable outcomes for 2012- 2013.
4.2 Develop reciprocal partnerships with education providers and other care providers.	Formalise partnerships with other service providers (both education and health services).

Strategic Focus 5:	Long-term organisational viability
Strategic Objective:	<i>Maintain an innovative and sustainable workforce .</i>
Actions	Outcomes
5.1 Review and refine human resource management processes.	Human resource processes that are well articulated, communicated and comply with legislation. Clear succession pathways and improved career advancement opportunities within the service. Annual work plans for departments and staff are linked to the strategic plan. Annual organisational surveys and staff values workshop/s..
5.2 Refine internal consultation and communication protocols.	Develop an internal communication plan to meet the needs of a part time community based workforce.
5.3 Improve support for management.	Restructure administrative services to support management and clinical staff. Develop a leadership program that supports and mentors the managers.
5.4 Support the growth of innovation and professionalism to meet changing needs.	Identify a process and opportunities to expand scope of practice for clinical staff. Develop a professional code of conduct for all staff, with a focus on accountability. Formally recognise staff and volunteer achievements. Increase volunteer numbers and competencies.
5.5 Improve client outcomes based on evidence-based research.	Establish clear links between practice and best available evidence. Collaborate with Universities to undertake clinical research.
5.6 Maintain the Board's focus on long-term organisational capability.	Review outcomes of the 2010 Strengthening Organisational Culture project.



Contact

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