WA HEALTH OPERATIONAL PLAN 2006-07

28 April 06

Our Purpose: Our purpose is to ensure healthier, longer and better lives for all Western Australians

Our Vision: Our vision is to improve and protect the health of Western Australians by providing a safe, high quality, accountable and sustainable health care system. We recognise that this care is achieved through an integrated approach to all the components of our health system. We also recognise that WA Health must work with a vast number of groups if it is to achieve the vision of a world-class health system.

We will be successful in ***Delivering a Healthy WA*** through our six strategic directions:

- Healthy Workforce
- Healthy Hospitals (and health services and infrastructure)
- Healthy Partnerships
- Healthy Communities
- Healthy Resources and
- Healthy Leadership

The WA Health 2006-2007 Operational Plan has been developed within the context of the WA Health Strategic Intentions 2005 – 2010, the Health Reform agenda and the Key Performance Objectives for State Executive Team Performance Agreement targets with the Director General.

The WA Health 2006-2007 Operational Plan builds on the substantial strengths of the WA Health system and the third year of the Health Reform agenda. The purpose of this operational plan is to:

- provide WA Health major system-wide strategies and priority performance areas to our community and employees
- provide direction for our employees on how their work contributes to achieving our objectives
- provide direction for our management on the system-wide priorities, the allocation of resources and the development of budgets
- provide system-wide consistency in priorities, targets, plans and reporting

All WA Health Divisions will be preparing area/division specific operational plans within the context of this broader system-wide Operational Plan to ensure alignment of priorities and activities throughout WA Health.

Our Priorities for 2006-07

Healthy Workforce	• Attracting, recruiting and retaining adequate employee numbers • Improving workforce participation and employee satisfaction • Implementing workforce training, development and innovation frameworks • Completion of the industrial agreements renegotiation
Healthy Hospitals, Health Services and Major Infrastructure	• Commence major infrastructure program • Focusing on chronic and long-term conditions • Reduction of waiting times for elective surgery • Improving mental health services • Significant improvements in safety, quality and clinical governance of care
Healthy Partnerships	• Maturing of Clinical Networks • Improving Health and Medical Research focus and investment
Healthy Communities	• Increasing the real spend on health prevention and promotion • Improve communication and information sharing • Implement consumer engagement strategy • Improving life expectancy and infant mortality with a focus on communities at risk
Healthy Resources	• Achieving all budgets, and managing recurrent expenditure within 5.5% • Continued efficiency and productivity gains
Healthy Leadership	• Promote leadership at every level • Developing the leadership team of 600 • Increasing clinician involvement in clinical planning and service development

Strategic Intention One: Healthy Workforce

Our health system workforce is the foundation of the delivery of health care. WA Health is committed to providing and promoting a healthy working environment, which inspires staff and enables their participation in the ***Delivering a Healthy WA*** agenda.

The WA Health Workforce Framework was developed in 2005-06 to provide the basis for all health workforce planning and strategy.

We will ensure our workforce continues to be vibrant and that our workforce planning is responsive to local, national and international workforce pressures. To do this it is essential that we have appropriate workforce planning tools to prepare and respond to future workforce demands.

A strategic workforce plan to be implemented over the next five years will address health workforce issues.

We need to think 'outside the square' on this issue. The challenge of ensuring an adequate and skilled workforce provides some hugely exciting opportunities.

We commit to:

- Deploying a statewide strategic workforce framework
- Establishing a vibrant and positive workplace and system culture
- Attracting and retaining people through:
  - Reducing/eliminating competition between health services
  - Improving rewards, benefits, recognition, incentives and working conditions
  - Providing a family friendly working environment
- Promoting workforce innovation through:
  - Workforce redesign – doing health care differently
  - Job redesign – new types of health care workers
  - Deploying new technology in new workforce design
  - Investing in workforce development and training
  - Developing integrated clinical networks across the health system.

Key Result Area	2006-07 Objectives and Targets	Whom
1.1 Develop and deploy a statewide strategic workforce framework	1. Model medium to long term workforce requirements in conjunction with *Clinical Services Framework* (CSF), *Metropolitan Infrastructure Development Plan* (MIDP) and *Metropolitan Clinical Services Planning* (MCSP) with recruitment, retention and training strategies by June 07 2. Develop clinical profession-specific recruitment, education and training frameworks for medical, nursing and allied health professionals by June 07	OD OD
1.2 Establish a vibrant and positive workplace and system culture	1. Complete Employee Climate Survey 2. Develop and implement action plans across all Area Health Services (AHS) and Divisions to address workforce satisfaction issues 3. Commence the *"WA Health Workforce Intentions & Opportunities"* initiative in line with the *Clinical Services Framework* and *Metropolitan Infrastructure Development Plan* 4. Implement the *WA Health Code of Conduct* 5. Implement the inaugural WA Health "Skills Bank" system 6. Implement education programs to facilitate reduction of workplace harassment and bullying with 100% of managers and 25% of staff required to attend 7. Launch the WA Health innovations website to showcase achievements and shared learnings 8. Hold the Inaugural State Health Conference and State Health Achievement Awards celebrating achievement, innovations and reform	OD SHEF OD OD OD SHEF OD DG
1.3 Attraction and retaining people	1. Establish principal workforce targets and monthly reporting for: a. Workforce Full-time equivalents (FTE) b. 1% reduction of WA Health Leave Liability c. 10% reduction of WA Health Lost Time Injury d. 3% reduction of WA Health Employee Turnover from the 11.7% of 2004-05 2. Centralise overseas medical, nursing and health professional recruitment and marketing initiatives 3. Commence medical specialty marketing program to undergraduates including: a. Career Choice Club engaging advocates b. Career mentors and support from Medical Specialists and Colleges 4. Expand the *WA Health Graduate Development Program* across Area Health Services 5. Develop a clinical training facility for Podiatry undergraduates and postgraduates	OD OD OD OD OD

Key Result Area	2006-07 Objectives and Targets	Whom
1.4 Promoting workforce innovation through: *i) Workforce redesign* *ii) Job redesign* *iii) Deploying new technology in new workforce redesign* *iv) Investing in workforce development and training* *v) Developing integrated networks across the health system*	1. Increase Aboriginal and Torres Strait Islander (ATSI) health professionals numbers by 10%	OD
	2. Workforce Redesign	OD
	a. Establish and support two Nurse Practitioners in Ambulatory Care programs b. Deploy 25 WACHS priority location Nurse Practitioners c. Review and implement Allied Health scope of practice based on United Kingdom National Health Service model d. Expand Nurse Hours Per Patient Day model to incorporate ambulatory care programs e. Implement general therapy assistant training program f. Expansion of Nurse Practitioners within metropolitan AHSs	
	3. Job Redesign	OD
	a. Pilot and evaluate Nurse Assistants' role b. Streamline workflow in key clinical areas including theatre management, bed allocations and clinical administration	
	4. New Technology - Evaluate pilot of electronic PDAs in key reform areas of chronic disease management teams, ambulatory care teams and selected inpatient areas	OD
	5. Workforce Development and Training	
	a. 80% of WA Health employees have completed a performance and development review	SHEF
	b. Implement distance education programs for renal dialysis, enrolled nursing medication competency and mental health	OD
	c. Develop "Skills Migration" program to facilitate new models of care	OD
	d. Review vocational training delivery and funding across WA Health	OD
	e. Implement the Integrated Community Residency Program introducing interns to community GP practices	OD
	f. 100% of prevocational medical practitioners are placed in accredited positions	OD
	g. Joint Departments of Health, Education Services and Education and Training Taskforce to establish cross agency and sector workforce planning, training and development opportunities linked to future workforce requirements	OD
	6. Clinical Networks - Continued deployment of the clinical networks with:	HPCR
	a. 12 Clinical Network frameworks developed and endorsed b. Clinical Networks participation in the development of resource allocation priorities for 2007-08 by March 07	

Healthy Workforce - Summary of Key 2006-07 Indicators

KRA	Indicator	Target	Whom
1.1	1. Workforce modelling	Medium and long term workforce requirements determined	OD
1.2	1. Ensure a high level of employee satisfaction and participation	Employee climate survey completed and action plans developed	OD
1.2	6. Implementation of programs to support the desired workplace culture	100% of manager and 25% of staff to participate in endorsed workplace bullying and harassment education programs	SHEF
1.3	1(a) Accurate reporting of FTE by clinical, allied health and administrative categories	Monthly reporting	OD
1.3	1(b) Reducing leave liability	1% reduction of WA leave liability	OD
1.3	1(c) Reducing lost time injury	10% reduction of WA Health lost time injury	OD
1.3	1(d) Reducing employee turnover	3% reduction of WA Health employee turnover	OD
1.4	1. Affirmative action targets for ATSI health professionals	10% increase in FTE	OD
1.4	2(a) Nurse Practitioners – increase deployment	2 positions established in Ambulatory Care programs	OD
1.4	2(b) Nurse Practitioners – increase deployment	25 Nurse Practitioners deployed in WACHS	OD
1.4	5(a) Increase level of employees with performance and development reviews	80% of employees have completed review by 30 June 2007	SHEF
1.4	5(f) Prevocational medical practitioners are place in accredited positions	100% of prevocational medical practitioners are placed in accredited positions	OD
1.4	6. Continued deployment of Clinical Networks	12 Clinical Network frameworks are developed and endorsed	HPCR

Strategic Intention Two: Healthy Hospitals, Health Services & Infrastructure

While a key thrust of the reform agenda is to move the focus of patient care away from hospitals, a significant proportion of health system activity still relates to hospitals and health services. With it comes the key task of delivering safe, comprehensive, high quality clinical services and facilities for patients.

Our intention is to improve access to and efficiency in hospital and health care services based on population needs now and for the future. This includes a significant hospital building and infrastructure redevelopment program during the next 13 years. The result will be better alignment and integration between our facilities, clinical services and integrated clinical networks.

We will also be developing new models of care and facilities, which better fit the individual community's needs, especially in regional and remote areas.

We commit to:

- Achieving new access targets for elective surgery and emergency department presentations
- Developing and deploying the statewide Clinical Services Framework
- Developing and deploying the Capital Infrastructure Plan through:
    - Developing and renewing our hospital stock
    - Ensuring absolute consistency of the Capital Infrastructure Plan with the *Clinical Services Framework 2005 - 2015*
    - Deploying the Pathways Home Program.
- Reducing and managing demand on traditional hospital services through:
    - Increasing non-hospital ambulatory care services
    - Preventing patient readmissions to hospital through improved care coordination, especially with primary care
    - Improving clinical and non-clinical administrative processes within health services
    - Implementing and reporting on common efficiency and benchmarking standards.
- Improving safety and quality in our health services.

<table>
<tr><th>Key Result Area</th><th>2006-07 Objectives and Targets</th><th>Whom</th></tr>
<tr><td rowspan="3">2.1 Developing and deploying a statewide Clinical Services Plan that his based on population needs</td><td>1. Deployment of the Clinical Services Framework
a. Complete the Metropolitan Clinical Service Plan
b. Complete the Area Health Service Clinical Plans</td><td>SHEF</td></tr>
<tr><td>2. Establish principal service targets and monthly reporting for:
a. Inpatient bed capacity as per the Clinical Services Framework
b. Inpatient bed occupancy
c. Total separations
d. Total acute (medical and surgical) separations
e. Total non-elective (emergency) surgical separations
f. Total elective separations
g. Elective surgery targets
i. Maintain all category one cases within boundary by 1 July 06
ii. Clear all > 500 days on the waiting list by 31 December 06
iii. Clear all > 365 days on the waiting list by 30 June 07
iv. Maintain all category two cases within boundary by 30 June 07
v. Maintain all category three cases within boundary by 30 June 07
h. Emergency Department (ED)
i. Metropolitan EDs manage service requirements within metropolitan ED capacity
ii. Decrease the number of presentations by 10% classified as NTS 5 or below
iii. Percentages of admitted patients transferred to an inpatient ward within 8-hours of ED arrival[1]
iv. Percentage of patients seen within recommended triage times as per ACEM targets
v. Reduction of emergency ambulance diversion (hours) by 10% from 2005-06</td><td>ACEs</td></tr>
<tr><td>3. Expansion of Clinical Networks to Pathology, Imaging and Acute Services
4. 100% of Clinical Networks have primary care and consumer participation
5. Clinical networks have input from Population Health, Aboriginal Health, Aged Care, and Chronic and Long Term conditions
6. Finalise and implement the Maternity Services Framework</td><td>HPCR
HPCR
HPCR

HPCR</td></tr>
</table>

[1] June 2008 target of maximum wait time to admission or discharge from an ED is four hours

WA Health Operational Plan 2006-07

Key Result Area	2006-07 Objectives and Targets	Whom
2.2 Developing and deploying the capital infrastructure plan through developing and renewing our hospital stock and ensuring consistency with the Capital Infrastructure Plans and Clinical Services Framework	1. Ongoing implementation of the metropolitan projects as part of the WA Health capital works program	
	a. RPH & Shenton Park current works completed by June 07	SMAHS
	b. Southern Tertiary Hospital – Stage One business case completed July 06	SMAHS
	c. Central Tertiary Hospital development Stage One construction commenced by June 07	NMAHS
	d. Armadale Kelmscott Hospital development construction commenced by April 07	SMAHS
	e. Bentley Hospital development construction commenced by June 07	SMAHS
	f. Joondalup Health Campus – development Stage One construction commenced by December 06	NMAHS
	g. Joondalup Health Campus – Inpatient Mental Health Unit expansion construction commenced by February 07	NMAHS
	h. Swan Health Campus – New Stage One business case completed by December 06	NMAHS
	i. Peel Health Campus Emergency Department expansion construction commenced by February 07	SMAHS
	j. Peel Health Campus – Development Stage One construction commenced by March 07	SMAHS
	k. Mandurah Community Health Care Development Stage Two construction commenced by May 07	SMAHS
	l. Rockingham Kwinana Hospital Redevelopment Stage One construction commenced by January 07	SMAHS
	2. Ongoing implementation of the WA Country Health Services projects as part of the WA Health capital works program	WACHS
	m. Albany Regional Resource Centre - Rehabilitation Day Centre refurbishment completed July 06	
	n. Geraldton Regional Resource Centre redevelopment completed by July 06	
	o. Kalgoorlie Regional Resource Centre – redevelopment Stage One business case completed September 06	
	p. Kununurra Integrated District Health Service - new development including new Dental Clinic completed by January 07	
	q. Hedland Regional Resource Centre - replacement stage one (residential care) completed by August 06	
	r. Moora Multi Purpose Centre redevelopment completed by July 06	
	s. South West Health Campus Intensive Care & Theatres redevelopment feasibility study commenced by July 06	
	t. South West Health Campus – Acute Psychiatric Unit construction completed by June 07	
	u. Newman - five residences construction completed by October 06	

Key Result Area	2006-07 Objectives and Targets	Whom
	v. Carnarvon IDHS redevelopment Stage One construction completed by June 07 w. Carnarvon IDHS redevelopment Stage Two business case completed by December 06 x. Derby Integrated District Health Service - Acute Inpatient Ward & Ambulatory Care Centre construction completed by June 07 y. WA Country Health Services Transport Initiatives business case completed by June 07 z. Denmark Multipurpose Centre Replacement construction commenced by December 06 aa. Fitzroy Crossing Multi-purpose Centre replacement construction commenced by June 06 bb. Wyndham Multipurpose Centre – development construction commenced by February 07 cc. Margaret River Hospital – upgrade completed by August 06 dd. Bunbury – Replacement Dental Clinic – construction commenced by September 06 ee. Busselton IDHS – replacement business case completed by October 06 ff. Harvey Hospital – redevelopment business case completed by September 06 gg. Eastern Wheatbelt District (including Merredin) development business case completed by March 07 hh. Murray District Health Campus – construction commenced December 06	
	3. Ongoing implementation of the Statewide services capital projects as part of the WA Health capital works program	
	ii. Communications infrastructure completed by July 06	EDT
	jj. Cannington Breast Screen Clinic relocation and expansion completed by July 06	WCHS
	kk. Joondalup new Dental Clinic completed by June 06	WACHS
	ll. ICT Shared Services relocation completed by July 06	EDT
	mm. Health Corporate Network infrastructure completed by October 06	WCHS
	nn. Healthy @ Home/Pathways Home ambulatory centres – commence construction of four metropolitan centres by June 07	NMAHS, SMAHS
	4. Ongoing implementation of the Mental Health capital program as part of the WA Health capital works program i. Jacaranda House Armadale - completion February 07 ii. Graylands – 12 new beds by January 07 iii. Hawthorn - 16 beds by October 06 iv. Joondalup – Day Treatment by September 06 v. Midland – Community Team by September 06 vi. KEMH – 8 new mother and baby unit by December 06 vii. Peel - Community team by July 06 viii. SCGH – Transition Program by September 06 ix. Subiaco – Clinic Community Team by October 06	OMH

Key Result Area	2006-07 Objectives and Targets	Whom
	x. Albany Hospital Community Supported Residential Units (CSRU) construction commenced by September 07 xi. Armadale/Kelmscott Hospital CSRU construction commenced by February 07 xii. Bentley Hospital CSRU construction commenced by October 06 xiii. Bunbury CSRU construction commenced by August 06 xiv. Busselton CSRU construction commenced by December 06 xv. East Perth NGO Supported Accommodation construction commenced by April 07 xvi. Fremantle Community Options 100 construction commenced by September 06 xvii. Fremantle NGO Supported Accommodation construction commenced by August 06 xviii. Geraldton Hospital CSRU construction commenced by September 06 xix. Mt Claremont Community Options 100 construction commenced by September 06 xx. Independent Living Program 120 beds construction commenced xxi. Joondalup Intermediate Care construction commenced by March 07 xxii. Kalamunda Hospital CSRU construction commenced by February 07 xxiii. Kelmscott Community Options 100 construction commenced by June 06 xxiv. Osborne Park Hospital CSRU construction commenced by November 06 xxv. Osborne Park Hospital Community Options 100 construction commenced by November 06 xxvi. Peel CSRU construction commenced by February 07 xxvii. Rockingham Intermediate Care construction commenced by March 07 xxviii. Stratton CSRU construction commenced by February 07	

Key Result Area	2006-07 Objectives and Targets	Whom
2.3 Reducing demand on traditional hospital services through: *i) increasing non-hospital ambulatory care* *ii) preventing patient readmissions to hospital through improved care coordination* *iii) Improving clinical and non-clinical administrative processes within health services* *iv) Implementation and reporting on common efficiency & benchmarking standards*	1. Establish principal service targets and monthly reporting for ambulatory care and average length of stay: a. Demonstrate decreasing hospitalisation rate for potentially preventable conditions b. Reduction of multi-day surgical ALOS - reduction of overall ALOS by Extended Service Related Groups as per *Clinical Services Framework* to 3.9 days by 1. SMAHS decrease ALOS by 20% 2. NMAHS decrease ALOS by 5% 3. WACHS decrease ALOS by 10% 4. WCHS decrease ALOS by 5% c. Increase in same-day surgical rates to 60% of all surgery d. Increase of day-of-surgery admission rates to 95% of elective multiday admissions e. Theatre activity - increase proportion of surgical hours used to allocated hours to 75% f. Outpatient attendances 1. Decrease Do-Not-Attends by 75% 2. Decrease follow-up appointments by 40%	ACEs
	g. Maintain number of client episodes for non-residential and residential alcohol and other drug services by financial year	DAO
	h. Increase the total number of patients treated at the GP After Hours Clinics from 26,800 in 2005 to 40,000 by June 2007	HSS
	2. Dental Health Services a. 30% of the targeted population of financially disadvantaged person accessing Government subsidised dental care b. Reduce average waiting time to access non-emergency dental care to four months c. Childhood dental screening rates 1. Pre-primary enrolled 84% and under care 84% 2. Primary enrolled 85% and under care 85% 3. Secondary enrolled 84% and under care 70%	DHS
	3. Establish principal service targets and monthly reporting for Pathology[2]: a. Pathology - Number of inpatient episodes b. Pathology - Number of non-inpatient episodes c. Pathology - Private patient revenue d. Pathology - Patient episode per work hour e. Pathology - Consumable cost per patient episode	PW
	4. Establish principal service targets and monthly reporting for mental health:	OMH

[2] Service targets to be finalised May 06

Key Result Area	2006-07 Objectives and Targets	Whom
	a. Increase occasions-of-service by 5% b. Increase inpatient admissions by 2% c. Maintain an average of no more than one additional bed being required above the number of available beds in secure areas d. 60% of clients with principal diagnosis of schizophrenia or bipolar disorder have contact with community based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units e. 74% of clients with principal diagnosis of schizophrenia or bipolar disorder have contact with community based public mental health non-admitted services within 14 days post discharge from public mental health inpatient units	
	5. Ambulatory Care and Chronic Disease Management "Healthy@Home" targets a. Hospital in the Home (HITH) – expand services by 100% increase on 2005-06 HITH bed days b. HITH – Extend services to Obstetrics, Gynaecology, Paediatrics & Mental Health c. Hospital in the Nursing Home (HNH) – 30% reduction of admissions from Residential Care Facilities d. Chronic Disease Management Teams (CDMT) – 25% reduction of medical admissions of COPD, CCF and diabetes e. Disease Management Unit (DMU) – 50% reduction in inpatient bed usage by DMU clients f. Phone Coaching – 50% reduction in admissions of client group g. *COACH Program* – 20% reduction in bed days from client group h. *Wounds West Project* – 10% reduction in prevalence of pressure ulcers i. Remote telehealth monitoring project – 25% reduction in admission of client group j. *Familial Hypercholesterolemia Cascade Screening Project* – 500 clients screened k. *Australian Better Health Initiative* (ABHI) - implement Lorig peer-based self management project l. Implement GP/Acute sector Chronic Disease Management project	ACEs
	6. Commence construction of at least four metropolitan facilities for the Healthy @ Home teams via the *Pathways Home* initiative	NMAHS, SMAHS
	7. Review efficiency, effectiveness and funding mechanisms for metropolitan post-acute care services	HRIT
	8. Implement additional statewide community mental health clinical teams through the *Mental Health Strategy 2004-07*	OMH
	9. Increase ambulatory services for the *Mental Health Emergency Care Interface Projects*	OMH
	10. Implement care coordination statewide for ACAT teams	HPCR

Key Result Area	2006-07 Objectives and Targets	Whom
2.4 Ensuring safety and quality in our health service	1. Key performance indicators are established for all clinical networks	HPCR
	2. All Clinical Networks participate in the deployment of approved Commonwealth health initiatives within the Area Health Services	HPCR, ACEs
	3. Implement *COAWG National Action Plan* and *WA State Aged Care Plan 2003-2008*	HPCR
	a. Home and Community Care (HACC) - 363 per 1,000 HACC target population who receive HACC services	
	b. Specific Home and Community Care program client satisfaction survey overall satisfaction at 85%	
	c. Achieve an annual average cost of HACC service per person with long term disability at $1,822	
	4. Implement the *National Strategic Framework for Patient Safety and Quality* in WA Health	
	a. All public hospitals will have an incident management system in place, incorporating incident management, monitoring, investigation, analysis and action arising	ACEs
	b. All public hospitals to report all sentinel events either to the State department or to an agreed third party	ACEs
	c. WA Health to contribute to a national report on sentinel events	OSQ
	d. All public hospitals adopt the *'5 Step Right Patient, Right Site, Right Procedure'* protocol for verifying the site of surgery and other procedures to reduce the risk of wrong site procedures	ACEs
	e. All public hospitals will provide each hospital patient with a copy of the consumer booklet *"10 tips for safer health care: what everyone needs to know"* at or before the time of admission	ACEs
	f. All public hospitals will have in place a patient safety risk management plan by June 07	ACEs
	5. 100% of hospital separations are coded within three months of discharge	ACEs
	6. 100% of Clinical Networks have developed at least one evidenced based guideline by June 07	HPCR
	7. Falls	HPCR
	a. 2.5% decrease from 2005-06 in the number of over 65 years olds presenting to an Emergency Department due to a fall	
	b. 5% decrease from 2005-06 in the number of patients over 65 who fall in hospital	
	8. Hospital accreditation - 100% of metropolitan hospitals and 80% of rural hospital are accredited by an external accreditation body	ACEs
	9. Health service accreditation - Drug and Alcohol Office and Pathwest laboratories accredited by an external accreditation body	DAO, PW
	10. Licensing standards for Private Day Hospitals - Class B, Class, C & Class D are introduced	OSQ
	11. Implement the *2006-07 Statewide Obstetric Support Unit Action Plan*	WCHS

Key Result Area	2006-07 Objectives and Targets	Whom
2.4.1 Clinical Governance Framework: Implementation of the four pillars	1. Clinical governance framework operational and included within AHS operational plans	ACEs
2.4.2 Pillar One: Consumer Value *Improving the delivery of health care by involving consumers and stakeholders in health service planning, decision making and evaluation*	1. Patient satisfaction survey results at 80% or above as measured by Consumer Evaluation of Health Services 2. Implement *"Informed Consent"* Policy 3. Develop and implement standardised patient consent forms and procedure specific information sheets 4. Implement *"Open Disclosure"* Policy 5. Commence implementation of the *"Patient First"* program with educational resources provided to at least 50% of inpatients on admission 6. Complaints handling - 80% of complaints are responded to within 15 working days	HSS ACEs ACEs ACEs ACEs ACEs
2.4.3 Pillar Two: Clinical Performance & Evaluation *Monitoring and evaluation of evidence-based clinical standards. (The three tools that will assist Health Services to achieve this outcome are Clinical Standards, Clinical Indicators and Clinical Audit)*	1. Reduction of preventable deaths a. Coronial reporting - 100% of hospitals have processes to identify and comply with timely notification of all reportable deaths b. Inpatient death reviews - 80% of inpatient deaths are reviewed 2. Reduction in medication errors - *National Inpatient Medication Chart* a. 100% of inpatients medication information is documented on the *National Inpatient Medication Chart*, as assessed by the nurse in charge by August 06 b. 80% of inpatients have the Allergies and Adverse Drug Reactions section of the National Inpatient Medication Chart completed by June 07 3. Reduction in healthcare associated infection - reduction of 10% in new Methicillin Resistant Staphylococcus Aureus infections from 2005-06 4. Develop Clinical Network Outcome Evaluation Framework to assess Clinical Network performance 5. *WA Audit Surgical Mortality (WAASM)* recommendations a. Continued implementation of WAASM recommendations b. 95% of WA Health employed surgeons are required to demonstrate evidence of participation in surgical mortality audit activity such as the *WA Audit of Surgical Mortality (WAASM)* in 2006-07	ACEs ACEs OSQ HPCR OSQ

Key Result Area	2006-07 Objectives and Targets	Whom
2.4.4 Pillar Three: Clinical Risk *Identification, management and treatment of potential and actual risks*	1. 80% compliance with requirement of the Operational Circular for *Clinical Risk Management*, as measured by independent audit 2. Sentinel event monitoring - All sentinel events are investigated and results forwarded to the Chief Medical Officer within 45 days of the event 3. Clinical incident reporting - 5% increase in clinical incident reporting from 2005-06	ACEs ACEs ACEs
2.4.5 Pillar Four: Professional Development and Management *Development and implementation of appropriate procedures for the appointment and ongoing professional development and management of clinical staff*	1. 100% of employed doctors are credentialed 2. 100% of Consultant Medical Practitioners have defined scope of clinical practice 3. 100% of Nurses registered with the WA Nurses Registration Board of WA 4. 100% of Dentists registered with the Dental Board 5. 100% of public hospitals have implemented a process of pharmaceutical review by December 06 in accordance with the Australian Health Ministers agreement (Apr-04)	ACEs ACEs ACEs DHS ACEs

Healthy Hospitals, Health Services & Infrastructure - Summary of Key 2006-07 Indicators

KRA	Indicator	Target	Whom
2.1	2(g) Elective surgery	I. Maintain all category one cases within boundary by 1 July 06 II. Clear all > 500 days on the waiting list by 31 December 06 III. Clear all > 365 days on the waiting list by 30 June 07 IV. Maintain all category two within boundary by 30 June 07 V. Maintain all category three within boundary by 30 June 07	ACEs ACEs ACEs ACEs ACEs
2.1	2(h) Emergency Department	III. Decrease the number of presentations by 10% classified as NTS 5 or below by June 07 IV. Reduction of emergency ambulance diversion (hours) by 10% from 2005-06 by June 07	ACEs ACEs
2.1	4. Clinical networks have primary care and consumer participation	100% of clinical networks demonstrate primary care and consumer participation by June 07	HPCR
2.2	Major capital projects	I. 100% of scheduled major capital projects have business case preparation that complies with ERC requirements by June 07 II. Major capital projects delivered on time and budget by June 07	ACEs ACEs
2.3	1(b) Reduction in ALOS as per CSF to 3.9days	1. SMAHS decrease ALOS by 20% 2. NMAHS decrease ALOS by 5% 3. WACHS decrease ALOS by 10% 4. WCHS decrease ALOS by 5%	SMAHS NMAHS WACHS WCHS
2.3	1(c) Increase in same day surgical rates	Increase day surgery rates to 60%	ACEs
2.3	1(d) Increase in day-of-surgery-admission rates	95% of elective multiday admissions	ACEs
2.3	1(e) Increase total theatre activity	Increase proportion of surgical hours used to allocated hours to 75%	ACEs
2.3	1(f) Outpatient attendances	1. Decrease Do-Not-Attends by 75% 2. Decrease follow-up appointments by 40%	ACEs ACEs
2.3	1. Increase patients treated at GP After Hours	Increase the number of patients to a total of 40,000	HSS
2.3	2(a) Percentage of the targeted population of financially disadvantaged persons accessing Government subsidised dental care	30% of targeted population utilising services	DHS
2.3	2(c) Rate of childhood dental screening	1. Pre-primary enrolled 84% and under care 84% 2. Primary enrolled 85% and under care 85% 3. Secondary enrolled 84% and under care 70%	DHS DHS DHS

2.3	4(a) Mental Health – Occasions of service	Increase occasions of service by 5%	OMH
2.3	4(b) Mental Health – Inpatient admissions	Increase inpatient admissions by 2%	OMH
2.3	4(c) Mental Health – Access to mental health beds in secure areas in authorised hospitals	Maintain an average of no more than 1 additional bed being required above the number of available beds in secure areas.	OMH
2.3	4(d) Mental Health – Post inpatient discharge contact with community-based public mental health non-admitted services for clients with a principal diagnosis of schizophrenia or bipolar disorder	60% of clients with principal diagnosis of schizophrenia or bipolar disorder have contact with community based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units	OMH
2.3	4(e) Mental Health – Post inpatient discharge contact with community-based public mental health non-admitted services for clients with a principal diagnosis of schizophrenia or bipolar disorder	74% of clients with principal diagnosis of schizophrenia or bipolar disorder have contact with community based public mental health non-admitted services within 14 days post discharge from public mental health inpatient units	OMH
2.3	5(a) HITH – Increase use of HITH	100% increase in bed bays from 2005-06	ACEs
2.3	5(c) HNH – Reduction in admissions from RCFs	30% reduction in admissions from RCFs	ACEs
2.3	5(d) CDMT – Reduction in medical admissions for COPD, CCF & diabetes	25% reduction in medical admissions from target group	ACEs
2.3	5(e) DMU – reduction in inpatient bed usage	50% reduction in inpatient bed usage by DMU clients	ACEs
2.3	5(f) Phone coaching – reduction in admissions	50% reduction in admissions of client group	ACEs
2.3	5(g) COACH program – reduction in bed days	20% reduction in bed days from client group	ACEs
2.3	5(h) Wounds West Project – decrease prevalence of pressure ulcers	10% reduction in prevalence of pressure ulcers	ACEs
2.3	5(i) Remote telehealth monitoring – reduction in admissions	25% reduction in admissions of client group	ACEs
2.3	5(j). *Familial Hypercholesterolemia Cascade screening program*	500 clients screened	ACEs
2.3.6	6. *Pathways Home* / Healthy@Home program	Commence construction of at least four metropolitan facilities	NMAHS, SMAHS
2.4	1. Clinical Network performance indicators	100% of clinical networks have established key performance indicators	HPCR
2.4	3. *COAWG National Action Plan* and *WA State Aged Care Plan*	1. Home and Community Care (HACC) - 363 per 1,000 HACC target population who receive HACC services 2. Specific Home and Community Care program client satisfaction survey overall satisfaction at 85% 3. Achieve an annual average cost of HACC service per person with long term disability at $1,822	HPCR HPCR HPCR

2.4	4. Implementation of *National Strategic Framework for Patient Safety and Quality* initiatives	(a) All public hospitals have an incident management system (b) All public hospitals to report all sentinel events (c) WA Health contributes to a national report on sentinel events (d) All public hospitals adopt the national '5 Step Right Patient, Right Site, Right Procedure' protocols (e) All public hospitals provide each patient with the consumer booklet *"10 tips for safer health care"* at or before admission (f) All public hospitals will have a patient safety risk management plan	ACEs ACEs OSQ ACEs ACEs ACEs
2.4	5. Percentage of uncoded cases after three months	100% of hospital separations coded	ACEs
2.4	6. Development of evidence based clinical guidelines	At least one evidence based guideline per clinical network	HPCR
2.4	7. Decrease in the number of reported falls	(a) 2.5% decrease in the number of over 65 year old presenting to an ED post fall (b) 5% decrease in the number of patients aged over 65 who fall in hospital	HPCR HPCR
2.4	8. Hospital accreditation – Percentage of hospitals accredited by an external accreditation body	100% of metropolitan hospitals and 80% of rural hospitals accredited	ACEs
2.4	9. Health service accreditation – Health related services accredited by an external accreditation body	Drug and Alcohol Office and Pathwest laboratories accredited	DAO, PW
2.4	10. Licensing standards for Private Day Hospitals	Class B, Class C and Class D facilities licensing standards are introduced	OSQ
2.4.2	*Clinical Governance Framework* Implementation: Consumer Value	1. Satisfaction rating greater or equal to 80 as measured by Consumer Evaluation of Health Services 2. 100% of inpatients are appropriately consented 4. 100% of sentinel events are disclosed in accordance with the Open Disclosure Policy 5. 'Patient First' Program implementation commenced with 50% of inpatients receiving resource material before or on admission 6. 80% of complaints are responded to within 15 working days	HSS ACEs ACEs ACEs ACEs
2.4.3	*Clinical Governance Framework* Implementation: Clinical Performance and Evaluation	1(a) 100% of hospitals have processes to identify and comply with timely notification of all reportable deaths 1(b) 80% of inpatient deaths are reviewed 2(a) 100% of inpatients medication information is documented on the National Inpatient Medication Chart by August 06 2(b) 80% of inpatients have the Allergies and Adverse Drug	ACEs ACEs ACEs ACEs

		Reactions section of the National Inpatient Medication Chart completed by June 07 3. 10% reduction in new MRSA infections from 2005-06 5(b)95% of WA Health employed surgeons demonstrate evidence of participation in surgical mortality audit activity such as the WA Audit of Surgical Mortality (WAASM) in 2006-07	 ACEs ACEs
2.4.4	*Clinical Governance Framework* Implementation: Clinical Risk	1. 80% compliance with requirement of the Operational Circular for Clinical Risk Management 2. All sentinel events are investigated and result forwarded to the Chief Medical Officer within 45 days 3. 5% increase in clinical incident reporting from 2005-06	ACEs ACEs ACEs
2.4.5	*Clinical Governance Framework* Implementation: Professional Development and Management	1. 100% of employed doctors are credentialed 2. 100% of consultant medical practitioners have defined scope of practice 3. 100% of Nurses registered with WA Nurses Registration Board of WA 4. 100% of Dentists registered with the Dental Board 5. 100% of public hospitals have implemented a process of pharmaceutical review by December 06	ACEs ACEs ACEs DHS ACEs

Strategic Intention Three: Healthy Partnerships

The continuing success of the reform program and the health system as a whole is dependent on strong relationships with other health care-related bodies, as well as those agencies whose activities impact on the health of our community, e.g. Education, Environmental Health. We rely on such partnerships in the planning and delivery of innovative, cost effective and high quality health care services.

Our intent is to create stronger links and partnerships with other government agencies, non-government organisations, consumers, community groups, private providers, health professionals and the Australian Government, all of who have an interest in the wellbeing of our health system.

Nowhere will partnerships be more exciting than in health and medical research. Underpinning our vision of a world-class health system will be a uniting of and investing in research, teaching, training and education.

WA Health welcomes the pivotal role private health and aged care providers play in service planning and delivery.

We commit to:

- Establishing rural/metropolitan links that improve access for rural and remote communities
- Engaging the Australian Government Department of Health and Ageing in service reform in the major areas of:
    - Pharmaceutical reform
    - Aged care services
    - General practice and improved coordination of care and
    - Primary care interface
- Developing a strategic plan for immediate investment in health and medical research
- Increasing the role of the non-government organisation sector in care provision
- Establishing closer relationships with central Government agencies
- Improving relationships with other state public sector agencies
- Improving relationships with academic institutions and colleges
- Improving and increasing involvement of private health care organisations.

Key Result Area	2006-07 Objectives and Targets	Whom
3.1 Establishing rural/metropolitan links which improve access for rural and remote communities	1. Continue implementation of the *2003 Country Services Review* and complete a revision of country directions and reform strategies titled *"Foundations for Country Health Services"* 2. WA Country Health Services and metropolitan area health services formalise better country support linkages 3. WA Country Health Services and Clinical Networks develop appropriate clinical and service improvement strategies 4. Implementation of telepsychiatry under Pathways Home Project 5. Commence two Chronic Disease Management Teams within WA Country Health Services	WACHS ACEs WACHS, HPCR WACHS WACHS
3.2 Engaging the Australian Government Department of Health and Ageing in service reform	1. Pharmacy reform a. Completed transition to AHS based pharmacy services b. Pharmacy workforce sustainability strategy implemented c. Medication safety initiatives to achieve requirements for expansion of Commonwealth Pharmaceutical Benefits Scheme funding initiative substantially implemented 2. Aged Care Services a. Sign formal agreements with the Australian Government regarding COAG reform agenda and the *WA State Aged Care Plan 2003-2008* b. Develop the processes for client assessment standardised assessment tools, streamline client entry points statewide c. Improve the quality of care for clients by implementing additional Transitional Care Services across the state thereby improving the efficiency of the acute care bed utilisation: i. Contract signed with NGO providers for services in SMAHS ii. Rural transitional care services plan developed with WACHS 3. GP & Improved coordination of care a. Implement mental health shared care framework b. Implement self management care paths for chronic disease care in conjunction with the Division of General Practice, the Department of Health and Ageing and the *Australian Better Health Initiative*	ACEs HPCR OMH HPCR
3.3 Developing a strategic plan for immediate investment in health & medical research infrastructure	1. Develop and implement the *State Health and Medical Research Advisory Council Strategic Plan* 2. Clinical Networks to develop and inform the health and medical research agenda	DG HPCR

Key Result Area	2006-07 Objectives and Targets	Whom
3.4 Increasing the role of the Non-Government Organisations (NGO) sector	1. Deploy the *WA Government Good Health Policy* with NGOs contracted to provide health promotion services 2. Establish NGOs participation in Clinical Networks 3. Joint development of 'Phone Coaching' care programs for people with diabetes with Diabetes Australia 4. Develop effective partnerships with Aboriginal Medical Services and Aboriginal Communities 5. *Mental Health Partnership Framework* developed ensuring active engagement of mental health service providers and consumers in the mental health network 6. Implement *Genetic Health Services Strategic Plan* in partnership with Genetic Support Council of WA	HPCR HPCR HRIT HPCR OMH HPCR
3.5 Establishing closer relationship with Australian Government Agencies	1. Transition and expansion of the WA Call Centre Network to be part of the National Call Centre Network 2. Joint implementation of the *Australian Better Health Initiatives*	HSS HPCR
3.6 Improving relationships with other public sector agencies	1. Continued collaboration in the health reform agenda including: a. Health Reform Implementation Steering Committee b. Joint WA Health and Department of Treasury and Finance Senior Officers Group c. Workforce recruitment initiatives with the Department of Immigration and Multicultural and Indigenous Affairs, Department of Education and Training and Department of Education Services d. Infrastructure development initiatives with the Department of Treasury and Finance, Department of Housing and Works and Department of Planning and Infrastructure e. Biotechnology platform	SHEF, HRIT
3.7 Improving relationships with academic institutions and colleges	1. Establishment WA Health Education and Training Taskforce jointly with Department of Education & Training, Department of Education Services and TAFE 2. Progress the graduate curriculum improvements via the continuation of the Western Australian Vice Chancellors and WA Health Education Forum 3. Collaborative analysis with the 10 Royal Colleges of medical workforce profile and identification of succession planning, training and development opportunities for Western Australia medical workforce	OD OD OD

Healthy Partnerships - Summary of Key 2006-07 Indicators

KRA	Indicator	Target	Whom
3.1	5. Chronic Disease Management Teams established in WACHS	Two Chronic Disease Management Teams established	WACHS
3.2	1. Pharmacy reform – Expansion of Commonwealth Pharmaceutical Benefits Scheme	Medical safety initiatives implemented	ACEs
3.2	2(c) Aged Care Services – increased transitional care services	i. Contracts signed with NGO providers for services in SMAHS ii. Rural transitional care services plan developed	HPCR HPCR
3.2	3. GP & Improved coordination of care	i. Mental Health Share Care Framework implemented ii. Self management care paths for chronic disease care implemented	OMH HPCR
3.3	State Health and Medical Research Advisory Council	*State Health and Medical Research Advisory Council Strategic Plan* developed and implemented	DG
3.4	1. Deploy the WA Government Good Health Policy	NGOs contracted to provide health promotion services	HPCR
3.4	2. NGO participation in Clinical Networks	100% of Clinical Networks demonstrate NGO participation	HPCR
3.4	5. Mental Health Partnership Framework developed	Framework developed ensuring active engagement of mental health service providers and consumers of the mental health network	OMH
3.5	1. Expansion of the WA Call Centre Network	Expansion of the WA Call Centre Network to be part of the National Call Centre Network	HSS
3.5	2. Joint implementation of the Australian Better Health Initiatives	Deployment program on target	HPCR

Strategic Intention Four: Healthy Communities

Our intention is to focus on improving lifestyles, working on the prevention of ill health, and the implementation of a long-term, integrated health promotion program. This will be done in collaboration with government and non-government agencies, general practitioners and community groups.

Priority will be given to the improvement of community-based management of chronic and long-term conditions and to expanding access to services in the community. Most of the strategies to be deployed will by necessity involve partnering with other agencies and providers.

This is especially true if we are to make the much talked of and much needed, vision of improving Aboriginal health. This still remains one of WA Health's major challenges.

Critical to the achievement of our vision of a healthy community is the involvement of consumers and carers in our planning, delivery and evaluation of health services.

We commit to:

- Increasing the focus on the promotion of health and wellbeing through:
    - Influencing the social determinants of health and reinforcing the importance of a good start in life
    - Health promotion to ensure adequate physical activity and good nutrition
    - Continuing initiatives to stop smoking
    - Implementation of the Strategic Direction in Health Promotion Plan
- Increasing awareness of chronic disease and long-term conditions and the importance of identifying risk factors
- Empowering communities and individuals to self manage chronic and long-term conditions
- Increasing care in the community through non-hospital based ambulatory care
- Improving Aboriginal health by:
    - Working with the Australian Government Department of Health and Ageing, as well as Aboriginal communities in developing new partnerships for service provision
    - Developing culturally appropriate health service delivery.
- Fostering and supporting community/consumer support and engagement in health system performance
- Expanding community participation in health leadership by increasing the number and enhancing the roles of the District Health Advisory Councils and community leadership.

Key Result Area	2006-07 Objectives and Targets	Whom
4.1 Increasing the focus on the promotion of health and wellbeing through *i) An awareness of the social determinants of health and the importance of a good start in life* *ii) Health promotion to ensure adequate physical activity and good nutrition* *iii) Continuing initiatives to stop smoking and reduce the uptake of smoking*	1. Commence implementation of the Australian Better Health Initiative program 2. Childhood immunisation - 90% of children immunised at 15, 27 and 95% at 75 months of age 3. Implement *Mental Health Promotion Strategy 2005 – 2010 Action Plan* 4. Promote genetic family history to increase awareness of genetic impacts on health 5. Implement *Western Australian Smoking Cessation Action Plan* 6. Implement of *ATSI Health Promotion Plan 2006 - 2009* 7. Deploy campaigns to reduce the social acceptability of risky alcohol use and/or drug use and increase awareness of associated harm with a 35% awareness of the campaign message from the target populations 8. Establish population funding allocation formula for investment in health promotion and prevention 9. Support population-based health studies including the *Busselton Health Study* and the *Joondalup Family Health Study*	HPCR ACEs OMH HPCR HPCR HPCR DAO HF DG
4.2 Increasing awareness of chronic disease and long-term conditions and the importance of identifying risk factors	1. *WA Health Ambulatory Care Strategy* developed and implementation commenced 2. *"Healthy Lifestyles"* project completed 3. Incorporation of National Service Improvement Frameworks included within Clinical Networks terms of reference and plans	HRIT HRIT HPCR
4.3 Empowering communities and individuals to self manage chronic and long term conditions	1. Commence *WA Health Statewide Self Management Strategy* 2. Commence *Aboriginal Health Council WA (ACHWA) Quality Improvement Taskforce* and implement two year action plan	HPCR HPCR
4.4 Increasing care in the community through non-hospital based ambulatory care	1. Expand psychosocial and community based clinical services as part of the *Mental Health Strategy 2004 -07* 2. Expand the Residential Care Line to Hospital in the Nursing Home 3. Expand the Residential Care Line to WA Country Health Services	OMH HRIT WACHS

WA Health Operational Plan 2006-07

Key Result Area	2006-07 Objectives and Targets	Whom
4.5 Improving Aboriginal and Torres Strait Islander health	1. Implement the *Aboriginal Cultural Respect Framework* in all Area Health Services 2. Deploy the *West Australian ATSI Health Promotion Plan 2006 - 2009* 3. Increase the number of ATSI Health Professionals - development and deployment of enrolled nurse training for Aboriginal people 4. Implement the *WA ATSI Primary Health Strategy* within the *Statewide Primary Health Care Action Plan* and Clinical Network programs	HPCR HPCR OD HPCR
4.6 Fostering and supporting communities, consumers and carers support and engagement in health system performance	1. Support the recruitment, training and support for consumer and carer representatives in metropolitan and rural health services 2. Provide information and training programs for consumer and carer representatives 3. Every Area Health Service to conducts at least five initiatives that seek to inform consumers on relevant health matter and evaluate consumer awareness of the initiatives 4. Comply with *Carers Act 2004* requirements	OSQ OSQ ACEs SHEF
4.7 Expanding community participation in health leadership by increasing the number and enhancing the roles of the District Health Advisory Committee and Community Advisory Councils	1. Ensure District Health Advisory Committees and Community Advisory Councils are formed and functional a. Every AHS has a *Community and Consumer Engagement Plan* and formalised engagement processes b. Evidence that staff and consumer engagement training is taking place c. Every AHS has at least one consumer engagement program related to safety and service improvement e.g. *'Patient First'*	ACEs

Healthy Communities - Summary of Key 2006-07 Indicators

KRA	Indicator	Target	Whom
4.1	2. Childhood immunisation	90% of children immunised at 15, 27 months, and 95% at 75 months of age	ACEs
4.1	3. *Mental Health Promotion Strategy 2005-10 Action Plan*	2006-07 Action Plan targets achieved	OMH
4.1	5. *WA Smoking Cessation Action Plan*	Action plan implemented	HPCR
4.1	6. *ATSI Health Promotion Plan 2006-09*	2006-07 Action Plan targets achieved	HPCR
4.2	1. *WA Health Ambulatory Care Strategy*	Strategy developed and implementation targets achieved	HRIT
4.3	2. *Aboriginal Health Council WA (ACHWA) Quality Improvement Taskforce*	Taskforce commenced and action developed	HPCR
4.4	2. Expand Residential Care Line to Hospital in the Nursing Home	Reduce hospital inpatient bed days from residential care facilities by 4,700 bed days p.a. in metropolitan hospitals	HRIT
4.5	1. Aboriginal Cultural Respect Framework	100% implementation in all AHS	HPCR
4.5	3. Increase the number of ATSI Health Professionals	10% increase the number of WA Health ATSI Health Professionals	OD
4.5	4. *WA ATSI Primary Health Strategy*	Implemented in conjunction with the *Statewide Primary Health Care Action Plan* and Clinical Network programs	HPCR
4.6	3. Implement initiatives to inform consumers on relevant health matters and evaluate consumer awareness of program	Five initiatives conducted to inform consumers on relevant health matters for each AHS	ACEs
4.7	1. Ensure District Health Advisory Committees and Community Advisory Councils are formed and functional	(a) 100% of AHSs has a *Community and Consumer Engagement Plan* and formalised engagement processes (b) Evidence that staff and consumer engagement training (c) 100% of AHSs has at least one consumer engagement program related to safety and service improvement	ACEs ACEs ACEs

Strategic Intention Five: Healthy Resources

A key rationale for reform in WA's public health system is the need to deliver a sustainable, equitable and accountable health care service to all Western Australians.

Our intention is to deliver sustainable resourcing and world-class management of health budgets. Accountability measures for health system resourcing and performance will be transparently reported to our community in order to reinforce this accountability.

Critical to ensuring an efficient and well-managed health system will be an entire overhaul of our information and communication technology (ICT) systems. ICT must be a key enabler of our new vision.

We commit to:

- Incrementally introducing a population based Resource Allocation Funding Model (RAM)
- Managing budgets and achieving financial and election commitments
- Developing rolling equipment replacement and building maintenance programs
- Achieving better efficiency in our system
- Ensuring our information and communication technology aligns with the Clinical Services Plan
- Implementing a legislative overhaul to underpin WA's public health system
- Implementing community reporting on health system performance.

Key Result Area	2006-07 Objectives and Targets	Whom
5.1 Incrementally introducing a population based Resource Allocation Funding Model (RAM)	1. Deploy greater than 40% total health budget allocation on a population and/or output basis 2. Specification of the RAM to apply into planning process and work up for use in the 2007/08 financial year by September 2006 3. Determine out-year service priorities and update of the RAM service targets and priority changes by December 2006	HF HF HF,SHEF
5.2 Manage budgets and achieve financial and election commitments	1. Implement of quarterly review process of performance and agreed management strategies for balanced budget and capital works performance 2. Complete WA Health recurrent cost modelling by September 06 3. Health priorities updated and outyear budget initiatives for consideration by government by November 06 4. *Capital Works Program* progress updated by November 06 including i) 10 year capital works priorities specified and documented ii) priority projects set for forward estimate period 5. 100% of 2006/07 election commitment and directed priorities completed on time and budget *i) Elective surgery waitlist initiative* *ii) Good Health Policy - Health Promotion* *iii) Enhanced Cancer Services* *iv) Dental care waitlist initiative* *v) Ambulance cover for pensioners* *vi) Initiatives to support nurses* *vii) Peel Region Health Service* viii) *Statewide Obstetric Support Unit* 6. Whole of Government Commitments and Reporting i) *WA Greenhouse Inventory* - reduction in greenhouse gas emissions compared to baseline in 2005-06 ii) *Energy Smart Government Program* - 12% reduction in energy use by 2006-07 compared to baseline in 2001-02 iii) State Greenhouse Reporting - reduce greenhouse gas emission through various projects and strategies iv) *Sustainability Action Plan & State Sustainability Strategy* - measure of compliance against 2004-05 action plan	HF HF HF HF SHEF SHEF

Key Result Area	2006-07 Objectives and Targets	Whom
5.3 Developing rolling equipment replacement and building maintenance programs	1. Complete the 2006 - 07 minor building works budget of $25.0M 2. Strategic medical technology replacement plan completed in alignment with the *Clinical Services Framework* and *Capital Works Programs* by July 06 3. Commence implementation of medical technology plan consistent with the capital development plan by June 07	EDT EDT EDT
5.4 Delivering major structural reforms to achieve better efficiency in our system	Attainment of key structural and efficiency reforms to deliver: 1. Cost Reductions a. Cumulative reform procurement savings of $39.1M with cumulative cost of $1.8M (2006-07 target of $14.0M) b. Implementation of pathology single order entry system c. Implementation of the new PathWest funding model d. Successful implementation of the Health Corporate Network resulting in 2006-07 savings of $2.07M e. Health Corporate Network completion of new Human Resources and Payroll system f. Investigate further cost reduction and efficiency initiatives eg utilities, food services and sterile pharmaceutical dispensing 2. Revenue Enhancements a. Cumulative reform privately referred non-inpatients income of $6.0m with cumulative cost of $2.3M b. Cumulative reform private inpatient bed fee's of $5.5M with cumulative cost of $0.5M c. Cumulative reform private patient prostheses income of $1.5M d. Sponsorship and advertising revenue of $0.25M	 HRIT PW PW WCHS WCHS HRIT ACEs
5.5 Ensuring our information and communication technology(ICT) aligns with the CSP	1. ICT and medical technology master plan completed by July 06[3] 2. Expenditure Review Committee approval of ICT program business case by December 06 3. Release of ICT RFT/Tender by January 07 4. Establish contract form supply of ICT systems by June 07 5. ICT Implementation strategy and timetable endorsed by SHEF by May 07 6. Commenced implementation of ICT infrastructure plan deployment by June 07	EDT EDT EDT EDT EDT EDT

[3] Timelines for Section 5.5 are subject to DTF confirmation by Jun-06

Key Result Area	2006-07 Objectives and Targets	Whom
5.6 Implementing a legislative overhaul to underpin WA's public health system	1. Legislative reform program continued including: a. *Advance Health Care Planning Bill 2006* b. *Alcohol and Drug Authority Repeal Bill 2005* c. *Chinese Medicine Registration Bill 2006* d. *Dental Bill 2005* e. *Food Bill 2005* f. *Health Amendment Bill 2004* g. *Hospital and Health Services Amendment Bill 2005* h. *Human Tissue and Transplant Amendment Bill 2005* i. *Medical Amendment Bill 2005* j. *Medical Practitioners Registration Bill 2005* k. *Medical Radiation Technologists Bill 2005* l. *Mental Health Bill 2006* m. *Nurses and Midwives Bill 2005* n. *Optical Dispensers Repeal Bill 2005* o. *Pharmacists Bill 2005* p. *Poisons Amendment Bill 2005* q. *Public Health Bill 2006* r. *Radiation Safety Amendment Bill 2006* s. *Surrogacy Bill 2006* t. *Tobacco Products Control Bill 2005*	HSS
5.7 Implementing community reporting on health system performance	1. Community evaluation and revision of the *WA Health Community Report Card*	HSS

Healthy Resources - Summary of Key 2006-07 Indicators

KRA	Indicator	Target	Whom
5.1	1. Funding allocated on population and/or output basis	Deploy greater than 40% total health budget on a population and/or output basis	HF
5.2	2. WA Health recurrent cost modelling	Complete WA Health recurrent cost modelling by Sep-06	HF
5.2	2006-07 election commitments	100% of election commitments and directed priorities completed on time and budget	SHEF
5.2	6(ii) *Energy Smart Government Program*	12% reduction in energy use by 2006-07 from 2001-02	SHEF
5.3	1. $25M minor building works program	2006-07 minor building works program completed	EDT
5.4	1. Efficiency reforms – cost reductions	(a) Achieve $14M in procurement reforms (d) HCN implementation savings of $2.07M	HRIT WCHS
5.4	2. Efficiency reforms – revenue enhancements	(a) Cumulative reform privately referred non-inpatients income of $6.0m with cumulative cost of $2.3M (b) Cumulative reform private inpatient bed fee's of $5.5M with cumulative cost of $0.5M (c) Cumulative reform private patient prostheses income of $1.5M (d) Sponsorship and advertising revenue of $0.25M	ACEs ACEs ACEs ACEs
5.5	ICT program	ICT master plan completed, approved and implementation commenced	EDT
5.6	Legislative reform program	Legislative reform program continued with 20 additional bills in 2006-07	HSS
5.7	*WA Health Community Report Card*	Community evaluation and revision of the *WA Health Community Report Card*	HSS

Strategic Intention Six: Healthy Leadership

Healthy leadership is a vital factor that will take WA Health into the future. We believe leadership is about guiding others to achieve our vision for WA Health.

Our intention is to continue to develop the leadership capacity and capability in WA Health. We will identify and promote strong leadership at every level within health care services.

We commit to:

- Building a revitalised health system culture through a truly shared vision and values
- Establishing a multi-level leadership development program
- Increasing clinical leadership through the implementation and development of clinical networks
- Developing and growing change management skills for all leaders
- Ensuring governance, transparency and accountability at all levels of management
- Focusing on capacity building and succession planning
- Improving advocacy through influencing other sectors regarding health issues
- Completing the implementation of the health reform initiatives.

WA Health Operational Plan 2006-07

Key Result Area	2006-07 Objectives and Targets	Whom
6.1 Building a revitalised health system culture through a truly shared vision and values	1. Implement the *Healthy Leadership Framework* 2. Implement the WA Health communication and marketing strategy	OD DG
6.2 Establishing a multi-level leadership development program	1. Continue deployment of the four tier leadership development programs a. Second year of *Vital Leadership Program* completed b. Second year of *Leading 100 Program* completed c. Year One *Executive Focus Program* completed d. Year One Top *Emerging Leaders Program* completed	OD
6.3 Increasing clinical leadership through the implementation and development of clinical networks	1. Deploy the *Clinical Network Leadership Program* 2. Deploy the *Clinical Network Master Class Program* focusing on leading and facilitating the implementation of clinical reform and change initiatives and implementation of the new models of care 3. Increase clinician participation with 10% of all clinicians employed with WA Health actively participating in some clinical network activity	HPCR HPCR HPCR
6.4 Developing and growing change management skill for all leaders	1. Change management skills included in various management skills programs including: *a. WACHS Building Leadership Program* b. *WA Health Diploma of Business* (Front Line Management) *c. Vital Leadership Program* *d. Leading 100 Program* *e. Executive Focus Program*	OD
6.5 Ensuring governance, transparency and accountability at all levels of management	1. Develop integrated performance agreements and reporting between the DG, ACEs, SHEF and other principal budget holders specifying targets for designated service priorities and financial outcomes 2. 100% of all Audit Committee 'Extreme' and ' High' risk items are implemented on time 3. Strategic risk issues to feature within all principal budget holder performance agreements 4. Integration of strategic risk program within the WA Health strategic and operational planning processes	HSS SHEF HSS IA
6.6 Focusing on capacity building and succession planning	1. Department of Health Graduate Development Program expanded to AHSs 2. Performance reviews linked with development requirements 3. Assess establishment of international exchange program as part of capacity building and leadership development programs.	OD OD OD

Key Result Area	2006-07 Objectives and Targets	Whom
6.7 Improving advocacy through influencing other sectors regarding health issues	1. Increased role of Clinical Networks in advocacy issues 2. Participation and advocacy of health issues in the Western Australian Government Human Services Director Generals Group 3. Cross sector leadership on key health issues regarding the implementation of the WA Health strategies regarding the *Australian Better Health Initiatives*	HPCR DG HPCR
6.8 Completing the implementation of the health reform initiatives	1. 100% of Year Three reform projects completed 2. Establish bi-annual monitoring and review of the impact of the health reform program via a 'scorecard' covering 60 system-wide performance indicators to the *Health Reform Implementation Steering Committee*	HRIT HRIT

Healthy Leadership - Summary of Key 2006-07 Indicators

KRA	Indicator	Target	Whom
6.2	*WA Health Leadership Development Program*	Continued deployment of the four tiered leadership development program	OD
6.3	1. Clinical Networks - Leadership	Implement *Clinical Network Leadership Program*	HPCR
6.3	2. Clinical Networks – Clinical reform and change leadership	Deploy *Clinical Network Master Class Program*	HPCR
6.3	3. Clinical Networks – Clinician participation in health leadership and clinical planning	10% of all clinicians employed in WA Health actively participate in some clinical network activity	HPCR
6.4	Developing change management skills	Formalised change management skill development included in five management development programs	OD
6.5	1. Performance agreements	Implement integrated performance agreements and reporting between the DG, ACEs, SHEF and other principal budget holders specifying targets for designated service priorities and financial outcomes	HSS
6.5	2. Percentage of 'Extreme' and 'High' risk rated Internal Audit Committee recommendations implemented within agreed time frames	100% of all Audit Committee 'Extreme' and 'High' risk items are implemented on time	SHEF
6.8	1. Year Three Health Reform Implementation Taskforce Reform Program	100% of Year Three reform projects completed	HRIT
6.8	2. Health Reform Implementation Report Card	Establish bi-annual monitoring and review of the impact of the health reform program via a 'scorecard' covering 60 system-wide performance indicators to the *Health Reform Implementation Steering Committee*	HRIT

Legend of acronyms:

ACE	Area Health Service Chief Executive
AHS	Area Health Service
ALOS	Average Length of Stay
ATSI	Aboriginal and Torres Strait Islander
CCF	Chronic Cardiac Failure
CDMT	Chronic Disease Management Team
COAG	Council of Australian Governments
COPD	Chronic Obstructive Pulmonary Disease
COAWG	Care of Older Australians Working Group
CSF	Clinical Services Framework
DAO	Drug & Alcohol Office
DG	Director General
DHS	Dental Health Services
EDT	Executive Director Technology
FTE	Full time equivalents
GP	General Practice
HF	Health Finance Division
HISG	Health Infrastructure Steering Group
HITH	Hospital in the Home
HNH	Hospital in the Nursing Home
HPCR	Health Policy & Clinical Reform Division
HRIT	Health Reform Implementation Taskforce
HSS	Health System Support Division
IA	Internal Audit

MCSP	Metropolitan Clinical Service Planning
MIDP	Metropolitan Infrastructure Development Plan
NMAHS	North Metropolitan Area Health Service
NGO	Non Government Organisation
NTS	National Triage Scale
OD	Organisational Development Division
OMH	Office of Mental Health
OSQ	Office of Safety & Quality
PW	PathWest
RCF	Residential Care Facility
SHEF	State Health Executive Forum members
SMAHS	South Metropolitan Area Health Service
WACHS	WA Country Health Services
WCHS	Women's and Children's Health Service