



2009 – 2011

STRATEGIC PLAN

Amended August 2009

Strategic Direction

Banksia Palliative Care Service Inc. (BPCS) Strategic Plan for 2009-2011, 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. The 2009-2011 Strategic Plan recognises the importance of the uniqueness of the BPCS Learning Centre, and also advances in "Nurse Practitioner" Models of Practice, as being very relevant to the services BPCS provides.

"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, Make a Difference ... to someone living with terminal illness Community Organisations Handbook, 2007)

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.

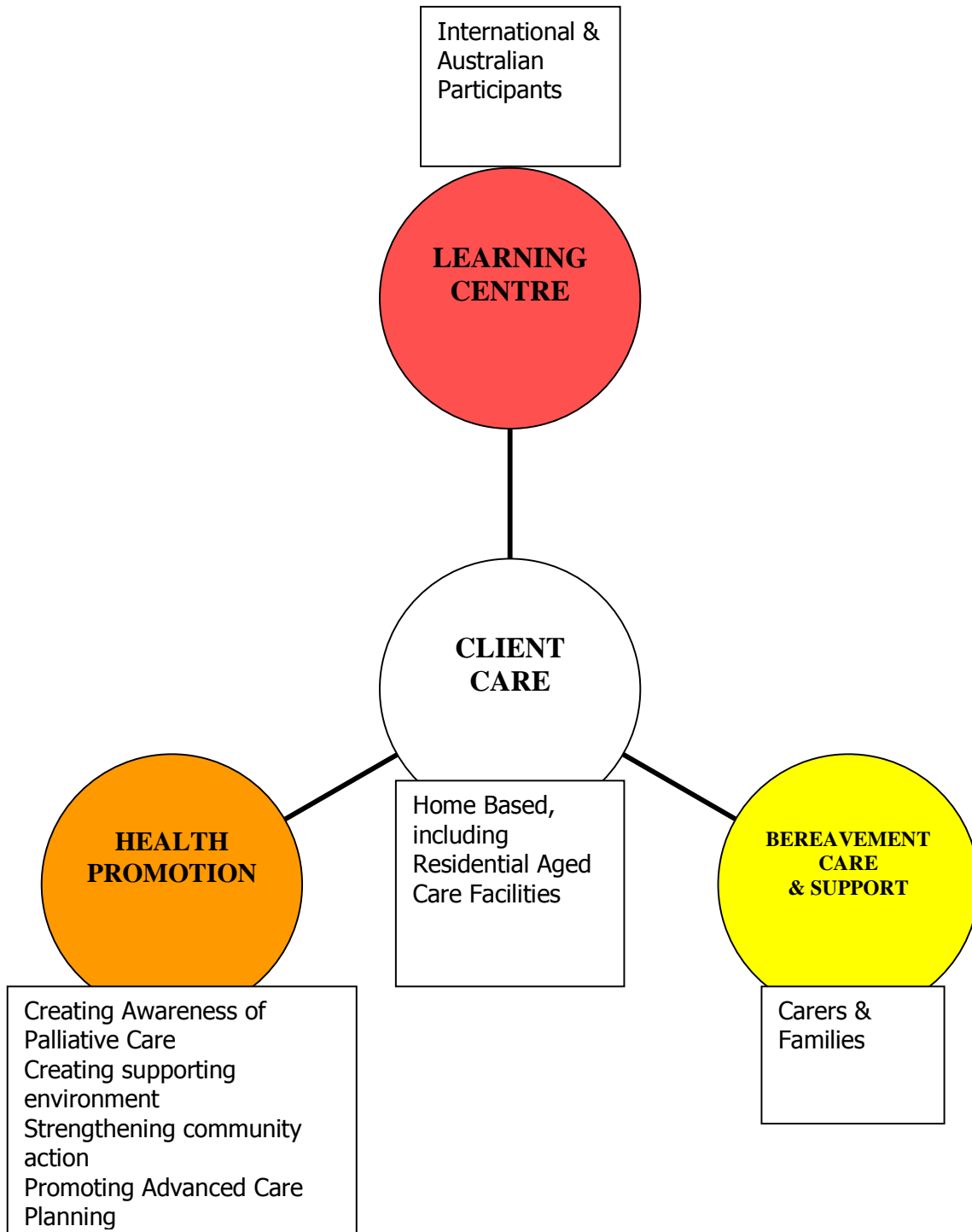
The BPCS 2009-2011 Strategic Plan sets the direction to achieving improved and sustainable services, whilst addressing the key challenges faced in the next three year period.

(Strategic Plan amended July 2009, Level 3 service replaced with level 2 service)

*Julie Paul - Executive Officer,
Banksia Palliative Care Service*

*John Richardson - President - Committee of Management,
Banksia Palliative Care Service*

CORE BUSINESS



VISION, MISSION, VALUES and STAFF 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. Staff values have been implemented for the first time, as a result of the review, of the 2006-2008 Strategic Plan.

Vision

To provide leadership in specialised home based palliative care, which is accessible, responsive and in partnership with our changing and diverse 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
- provide a comprehensive 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 to become world class leaders in palliative care
- maximise 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

Staff Values:

Open Communication

Banksia staff strive for constructive and responsible communication. We value open 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

Team Work

Banksia staff recognise that effective team work requires leadership, flexibility and collegial support

Innovation

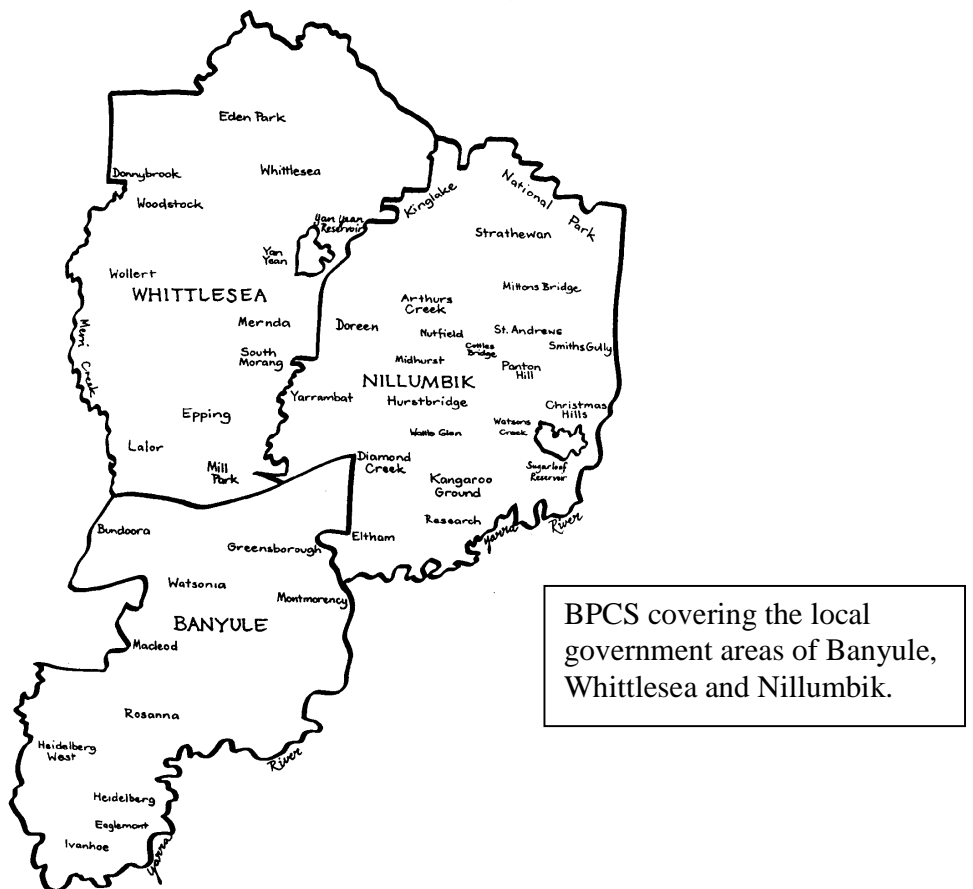
Banksia staff embrace lateral thinking, new ideas and innovation which adds value to our work

Enjoyment & Wellbeing

Banksia staff work together to create an enjoyable, healthy and safe work environment.

Celebrating Achievements

Banksia staff acknowledge and affirm each other by recognising our achievements



Strategic Initiative One

Meet Demand

Strategic Initiative One	Development of Sustainable Model, and increase capacity to manage expected growth
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Strategic Objectives	Measures of Success	Who	Time
1.1 Review service model Expansion of multidisciplinary team	<ul style="list-style-type: none"> o Review of Model o Board Endorsement o Implementation of recommendations 	EO & Board	Jan - Dec 2009
1.2 Maintain a sustainable workforce	<ul style="list-style-type: none"> o Evidenced by appropriate staffing levels o Appointment of suitably qualified staff and volunteers o Establishment of an Internal Working Group titled Volunteer Reference Group 	EO EO EO	Annual Annual March – August 2009
1.3 Encourage a culture of learning to ensure a knowledgeable and professional workforce by adequately resourcing staff education	<ul style="list-style-type: none"> o Evidenced by staff education plan o Results of staff appraisals o Evidenced by completion of Cultural Survey and Action Plans 	EO & Senior Executive Group	June – Dec 2009
1.4 Actively participate in Department of Health palliative care reviews	<ul style="list-style-type: none"> o Evidenced by reports submitted and attendance 	EO, Board & all Staff	Annual
1.4.1 Seek endorsement as a Level 2, Palliative Care Service	<ul style="list-style-type: none"> o Evidenced by endorsement as a level 2 Palliative Care Service e by the Department of Health. 	EO & Board	Annual
1.4.2 Understand and meet Department of Health Victoria funding requirements	<ul style="list-style-type: none"> o Evidenced by meeting key performance indicators 	EO, Board & all Staff	Annual
1.5 Develop an effective clinical governance framework	<ul style="list-style-type: none"> o Establishment of sub committee o Endorsed terms of reference o Implementation of action plan 	EO & Senior Executive Group	Feb - Dec 2011
1.6 Strengthen interdisciplinary team development, cohesion and renewal with recognition of excellence	<ul style="list-style-type: none"> o Evidenced by staff appraisals o Working within the vision, mission, values and staff values o Recognition and celebration of staff and volunteers achievements 	EO & Senior Executive Group	Ongoing
1.7 Extend Philanthropic support	<ul style="list-style-type: none"> o Evidenced by increase in funding and grant acceptance. 	EO	Quarterly -Annual

(Strategic Plan amended, July 2009, 1.4.1, changed to Level 2)

Strategic Initiative Two

Improve Client Services

Strategic Initiative Two	Provide a responsive service according to population needs
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Strategic Objectives	Measures of Success	Who	Time
2.1 Review of internal and external data available on population needs within BPCS's catchment area	<ul style="list-style-type: none"> Completion of a Briefing Paper outlining population projections across BPCS's catchment area 	EO	Feb – Dec 2010
2.2 Ensure appropriate and timely referrals	<ul style="list-style-type: none"> Establishment of internal working group, titled Increasing Chronic Illness Referrals Group. Completion of Internal Review of Referrals processes 	EO & Senior Executive Group	June – Dec 2009
2.2.1 Review of discharge process	<ul style="list-style-type: none"> Implementation of New Policy and Procedures 	EO & Senior Executive Group	June – Dec 2009
2.3 Providing the opportunity for all clients and families to participate in Advanced Care Planning (ACP)	<ul style="list-style-type: none"> Evidenced by the number of clients offered ACP 	EO & all Staff.	Annual Review
2.4 Increased number of home deaths, for clients with a preference to die at home	<ul style="list-style-type: none"> Establishment of an internal working group 10% annual increase in home deaths 	EO & all Staff	Feb – July 2009 Annual
2.5 Develop effective feedback mechanisms from clients to improve palliative care service delivery	<ul style="list-style-type: none"> Establishment of Consumer Reference Group (CRG) Conducting of clients satisfaction surveys Number of projects completed by CRG 	EO EO & CRG	March - June 2009 and then Annual Annual
2.6 Linking clinical practice to best available evidence	<ul style="list-style-type: none"> Clinical Practise Guidelines and policy and procedures linked to best practise evidence 	EO & Senior Executive Group	Oct 2009 – June 2010 and then Annual
2.7 Identify and develop partnerships over a range of services to meet complex palliative care needs in a timely manner	<ul style="list-style-type: none"> Establishment of Stake Holder Reference Group 	EO	June – Dec 2009
2.7.1 Develop formalised partnerships with key stakeholders	<ul style="list-style-type: none"> Evidenced by the number of formalised partnerships 	EO	Feb – June 2010
2.8 Work with mainstream indigenous and multicultural communities on collaborative strategies	<ul style="list-style-type: none"> Evidence by number of joint initiatives and collaboration Evidenced of number of staff who have participated in Program of Experience in the Palliative Approach (PEPA) placements at Aboriginal Community Elders Service (ACES). 	EO & Senior Executive Group	Annual

Strategic Initiative Three

Increase awareness of BPCS Service

Strategic Initiative Three	Increase awareness of BPCS Services – includes general community and primary care providers
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Strategic Objectives	Measures of Success	Who	Time
3.1 Increase community awareness of BPCS through information, collaboration and community involvement	<ul style="list-style-type: none"> o Evidenced by number of media contacts made and presentations undertaken o Number of Chronic illness groups utilising BPCS meeting room facilities 	EO & Community Development Manager	Ongoing
3.2 Utilise a health promotion approach to raising community awareness	<ul style="list-style-type: none"> o Establishment of Health Promotion Policy and Procedures o Development of a Data Base to record Health Promotion activities o Survey staff knowledge of Health Promotion strategies and opportunities o Increase in number of Health Promotion activities undertaken 	EO & Community Development Manager	June – Dec 2009 Annual
3.3 Maintain a strong local media presence	<ul style="list-style-type: none"> o Evidenced by number of newspaper articles printed and interaction made with print and electronic media. 	EO & Community Development Manager	Ongoing

Strategic Initiative Four

Enhance Quality

Strategic Initiative Four	Build on our strong culture of quality and innovation
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Strategic Objectives	Measures of Success	Who	Time
4.1 External accreditation via Australian Council on Healthcare Standards (ACHS) – seek to increase 50% of clinical ratings at a minimum to extensive achievement	<ul style="list-style-type: none"> ○ 50% of Clinical Ratings increased to extensive achievement 	EO & all staff	Feb 2009 – Dec 2011
4.2 Participate in National Standards Assessment Process (NSAP)	<ul style="list-style-type: none"> ○ Completion of NSAP self assessment and peer review 	EO & all staff	Feb 2009 – Dec 2010 and then Annual
4.3 Develop a research agenda	<ul style="list-style-type: none"> ○ Implementation of Research Agenda 	EO & all staff	Dec 2009 – June 2010 and then Annual
4.4 Development of multidisciplinary benchmarking program, identification of partners and performance indicators for all areas of the organisation	<ul style="list-style-type: none"> ○ Evidenced by active participation in Palliative Care Outcomes Collaborative (PCOC) ○ Number of clinical projects commenced resulting in improved clinical practise 	EO & all staff	June – Dec 2009 and then Annual

Strategic Initiative Five

Enhance the Capacity of the Learning Centre

Strategic Initiative Five	Expand Learning Centre
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Strategic Objectives	Measures of Success	Who	Time
5.1 Conduct needs assessment – demand versus supply (external education)	<ul style="list-style-type: none"> o Completion of Internal Review 	EO & Manager of Education, Quality and Research	Sept 2009 – March 2010
5.2 Internal needs assessment for staff education / learning	<ul style="list-style-type: none"> o Annual Staff Education Program o Results obtained from Evaluations 	EO & Manager of Education, Quality and Research	Annual
5.3 Seek opportunities for joint projects / research with Sister organisation in Japan	<ul style="list-style-type: none"> o Number of joint initiatives commenced 	EO	Jan – Dec 2009 and then Annual
5.4 Consider opportunities to provide additional courses domestically and internationally	<ul style="list-style-type: none"> o Number of new courses commenced o Level of income derived from new courses/participants 	EO & Manager of Education, Quality and Research	Quarterly Annual
5.5 Seek opportunities for reciprocal partnerships with Universities	<ul style="list-style-type: none"> o Number of new partnerships with Universities formed 	EO & Manager of Education, Quality and Research	Annual
5.6 Seek Grants relevant to the Learning Centre from Philanthropic Trusts and stakeholders	<ul style="list-style-type: none"> o Number of new grants obtained o Level of Income derived from grants 	EO & Manager of Education, Quality and Research	Tri Annual

Strategic Initiative Six

Improve Work Environment and Capacity for In-House Groups and Training

Strategic Initiative Six	Lease or Purchase New Premises
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Strategic Objectives	Measures of Success	Who	Time
6.1 Lobby State and Federal governments Review feasibility of lease vs purchase for new premises	<ul style="list-style-type: none"> o Evidenced by meetings undertaken, reports submitted and outcomes derived 	EO & Community Development Manager	Jan – Dec 2009
6.2 Establish building fund	<ul style="list-style-type: none"> o Establishment of building fund when and if required in timely manner 	Board, EO & Community Development Manager	Annual
6.3 Philanthropic support	<ul style="list-style-type: none"> o Number of grants received supporting funding of occupancy of new premises, furniture and equipment 	EO & Community Development Manager	Tri Annual
6.4 Increase Community support	<ul style="list-style-type: none"> o Increased financial support via donations, grants, sponsorship, fundraising and bequests specific to new leased premises 	EO & Community Development Manager	Tri Annual
6.5 Develop partnerships eg. Local Media and Service Clubs	<ul style="list-style-type: none"> o Number of partnerships formed o Financial Support received o Support received, other than financial 	EO & Community Development Manager	Tri Annual

(Amendment: Strategic Initiative 6 now includes "Lease")

Strategic Initiative Seven

Enhance the Governance Role of the Committee of Management

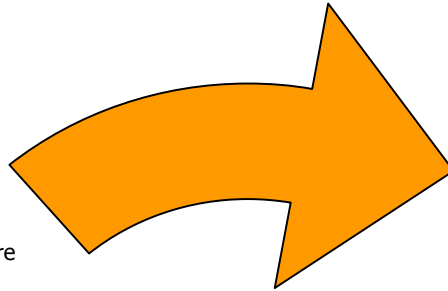
Strategic Initiative Seven	Internal Review
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Strategic Objectives	Measures of Success	Who	Time
7.1 Completion of Annual Board Self Assessment and development of Action Plans	<ul style="list-style-type: none"> o Evidenced by completion of Self Assessment and implementation of Action Plans. 	Board	June – Dec 2009 Annual
7.2 Review of Governance policy and procedures	<ul style="list-style-type: none"> o Evidenced by annual review of policy and procedures 	Board	June – Dec 2009 Annual
7.3 Increase in Board Numbers	<ul style="list-style-type: none"> o Evidenced by sufficient Board Members to meet quorum requirements 	Board	Tri Annual

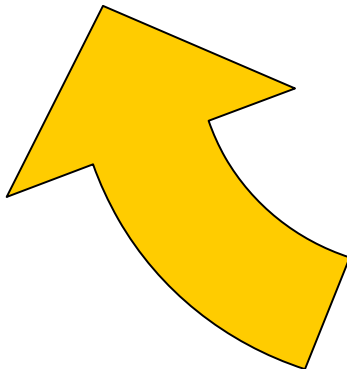
Banksia Palliative Care Service Inc.

KEY PARTNERS

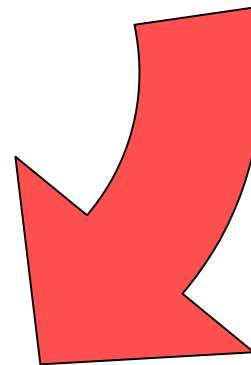
- Acute Care Services
- Inpatient Palliative Care Services
- General Practitioners / North and North East Divisions of Practice
- Main referral sources
- Consumers of BPCS Services



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



- Residential Aged Care Facilities
- Disability Services
- North and West Palliative Care Consortium
- Royal District Nursing Service
- Culturally and Linguistically Diverse (CALD) Associations



Contact

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