



the women's
the royal women's hospital
victoria

The Royal Women's Hospital

Strategic Plan 2011 - 2015



Table of Contents

1	Introduction from the Chair and Chief Executive.....	4
2	The Women's Declaration	7
3	The Women's Strategic Goals and Objectives 2011-15	8
4	Development of the Women's Strategic Plan 2011 – 2015	9
a.	Community Consultation	9
b.	Internal Staff Consultation	9
c.	External Stakeholder Consultation.....	9
d.	Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan.....	9
e.	Other Inputs.....	9
5	The Women's at a Glance	10
a.	The New Hospital	10
b.	The Women's Clinical Services	11
c.	The Women's Patients	11
d.	The Women's Catchment	12
e.	Funding	13
6.	Planning Environment	14
a.	Clinical Services Planning	14
i.	Population Growth	14
ii.	Current and Future Activity.....	14
iii.	The New Hospital and its Location	15
iv.	Anticipated Increasing Birth Rate	15
v.	Changing Cultural Trends in the Catchment	15
vi.	Ageing Population	15
vii.	Burden of Disease.....	16
viii.	Changing Technology, Management and Models of Care	17
ix.	Patient Expectations	17
x.	Ongoing Demand for Public Health Care	17
xi.	Workforce Availability	18
b.	Policy Context	18
i.	Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan and Metropolitan Health Plan – Technical Paper	18
ii.	National Health Reform.....	21
iii.	National Women's Health Policy	21
iv.	Victorian Women's Health and Wellbeing Strategy 2010 to 2014.....	22
v.	Victorian Department of Health Strategic Directions	22
vi.	National Maternity Services Plan (February 2011)	22



vii.	Other Key Policies and Strategies	23
c.	Key Relationships.....	24
d.	Our Challenges	24
7.	Delivery of the Strategic Plan 2011-15	25
a.	Action Plan	25
b.	Monitoring and Reporting	30
8.	Our Achievements: 2006-2010	30
9.	Conclusions	36

1 Introduction from the Chair and Chief Executive

Learn from the Past. Know the Present. Create the Future.

The past ten years have been transformational in the life of this great organisation. A time of significant change and the strengthening of an iconic institution has secured a striking legacy for the Royal Women's Hospital (the Women's). This Strategic Plan must recognise and respect the challenges, history and achievements of the past, analyse and understand the present environment, and create a future for the organisation that maintains its reputation as a world-class health service.

We must protect and honour this legacy for future generations.

Learn from the Past

Early last decade, the Women's was challenged by a declining market share in its flagship services of maternity, gynaecology, and neonatal care. Overt questions were being aired regarding the merits of ongoing independence as a specialist facility for women and newborn babies.

A potentially unstable and difficult future lay ahead.

Two key interventions were pivotal in turning this unstable future into the organisation we see today. The first of these was the achievement of independent governance through the re-establishment of the Women's Board in 2003. The second was the foresight and courage demonstrated in securing a redevelopment in Parkville, co-located with a general tertiary facility.

The Women's position as an independent, specialist women's hospital is crucial to safeguard resources dedicated to women's health and enables us to focus our energy on improving the health of women beyond just the medical model. The Women's independence fosters the development of innovative new service models, it allows the hospital to advocate for women's health issues in a broad range of spaces, and it facilitates gender-specific health research.

The Women's has been the leading provider of maternity, neonatal, gynaecological and women's health care for generations, and is the largest specialist hospital in Australia dedicated to the health of women and newborn babies. The Women's has safeguarded its independence by enhancing its profile and building a reputation for providing services with integrity. This has been the hospital's strength, and has positioned the Women's brand as a provider of choice for complex women's health care. Co-location with The Royal Melbourne Hospital (RMH) has secured its future through onsite access to the full range of specialist medical professionals, intensive and complex care, and immeasurable opportunities for collaboration in research and education for the enhancement of evidence based clinical care.

The Women's has a long history of providing high quality health care services to women and newborns from its local community, balanced with fulfilling its role as a tertiary referral centre for patients requiring complex care from across Victoria and interstate. The ability of the Women's to balance this dual role within a rapidly changing health care environment will continue to be one of the central challenges for the next five years.

Know the Present

The Women's is operating in a dynamic healthcare environment. The ageing population, changes in fertility rates, advances in neonatal care, and the continued shift toward same-day and ambulatory care will result in a sicker and more complex inpatient population. Multi-day inpatients will increasingly have multiple, complex co-morbidities and require input from a range of clinical specialities. Enhanced technology and developments in clinical practice will allow the Women's to do much more, and women will expect it. This will require acceptance of the need for flexibility to implement dynamic and innovative models of care as these services evolve.

Consistent with experiences across the Victorian Metropolitan Health Care system, the Women's has experienced substantial growth in demand for maternity and neonatal services in recent years. This increase in non-deferrable maternity and neonatal demand has presented significant challenges for the Women's as the net result has been decreased access for patients requiring elective admissions, particularly gynaecology services.

Undeniably, the increasing role of the Women's in maternity and neonatal care over the past years has seen a shift in the Women's casemix, with gynaecology services in particular having decreased access to theatres and inpatient resources. Left to market forces, the Women's is at risk of becoming an obstetric hospital with limited capacity for addressing its broader women's health responsibilities such as gynaecology, cancer, women's health and reproductive services.

Women are the majority of health consumers, the majority of health service providers and the majority of carers in the Australian community. Improving the health of all Australian women will improve the health of the whole community. However, while the average life expectancy of Australian women continues to rise (83.3 years), significant health inequalities exist between different groups of Australian women. In addition, while Australian women have a higher life expectancy than men (78.5 years), there are gender related differences in health outcomes.

The Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan provides the framework for health services in Victoria to respond to many of the challenges outlined above. The key challenge for the Women's, as indeed for all health services in Victoria, is responding proactively to the present and emerging needs of the community we serve.

As outlined in the National Women's Health Policy 2010, gender specific conditions relating to sexual and reproductive health, mental and emotional health, chronic disease prevention, maternal health, and violence against women will form a key focus for service development in our women's health programs.

Create the Future

The Women's is delighted to present its Strategic Plan 2011 – 2015. After widespread consultation with women, the community, partners and staff, the Women's presents its strategic directions for the next five years, which will sustain and strengthen the hospital's role as a leading provider of health care for women and newborns.

Women have different health needs throughout the stages of their life. As such, the Women's has reflected a life-cycle approach in outlining its strategic priorities. As stated in the National Women's Health Policy 2010: *The evidence of the past 20 years has confirmed the importance of taking a life*

course approach, preventing the accumulation of health risk factors and giving girls and women the age-appropriate health care they require.

The Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan sets out the reform agenda for the delivery of health services across the State. The Women's goals for the next four years are clearly aligned with this agenda.

GOAL 1: Set the standards of care for women and newborns health both now and into the future.

For 155 years, the Women's has led the advocacy and advancement of women's health care. Goal 1 reflects the Women's aspiration to continue to be a leader in setting the standards for health care for women and newborns both now and in the future. In practice this means regularly reviewing, improving and innovating our service models to take account of emerging best practice evidence and the changing population's health needs.

GOAL 2: Strengthen tertiary services and provide research-led care for women and newborns with complex needs.

A review of the current and projected activity and burden of disease data showed the need to invest in strategies to grow our capacity as a tertiary provider of care. Goal 2 articulates this important strategic direction. Of particular significance under this goal is the Women's leadership in neonatal care, women's cancer within the Victorian Comprehensive Cancer Centre (Victorian CCC), and maternity services for women with complex needs.

GOAL 3: Innovation will drive new service developments as we focus on the diverse needs of women.

The relocation of the Women's to a brand new state-of-the-art facility in June 2008 provided a catalyst for change and an opportunity for service growth and innovation. Through this monumental change process, innovative new service models have emerged to cater for the health needs of women, especially those who are disadvantaged and marginalised. Goal 3 articulates the Women's commitment to improving the health status and experience of all Victorian women through the implementation of universal population health strategies and targeted strategies for women identified as having specific needs.

GOAL 4: Recognise that we are a people based organisation, providing services to people, with accountability to the community.

The Women's recognises that it is a people based organisation providing services to people. Goal 4 outlines the objectives the Women's will implement in order to recruit, retain and support a workforce with the capacity and capabilities to deliver our services. It also outlines the objectives for enabling systems such as information technology (including e-health and communications technology), training and education and of course financial sustainability and productivity. This strategic goal allows the Women's to focus on its most precious resource; its staff.

This Plan continues the Women's commitment to building a healthier future for women and newborn babies by ensuring women have access to a specialist women's hospital that is knowledgeable and supportive of their special health needs.

The Strategic Plan 2011 – 2015 provides a bold and ambitious agenda to strengthen the Women's position as a state, national and international leader in healthcare for women and newborns.

2 The Women's Declaration

This Women's hospital is different. It is more than a provider of acute health services. It has a unique role in providing leadership and advocacy for women's health and in pursuing the goal of equity in all its forms.

The Women's has developed a declaration that reflects the principles and philosophies so fundamental to the hospital that they are the foundation on which rests everything we do. This declaration captures the themes from consultation with the community, with our staff, and from women across the State.

It reflects who we are and what we do.

This is a declaration of our role, our function, our purpose and our promise.

The Women's Declaration

We recognise that sex and gender affect women's health and healthcare

We are committed to the social model of health

We will care for women from all walks of life

We will lead health research for women and newborns

We will innovate healthcare for women and newborns

We will be a voice for women's health

In everything we do, we value courage, passion, discovery and respect

3 The Women's Strategic Goals and Objectives 2011-15

Women's Health Matters

	Newborns	Young Women	Childbearing years	Mid life	Older women
GOAL 1 Set the standards of care for women and newborns health both now, and into the future	1. We will strengthen our family-centred model of care	2. We will provide stronger, more cohesive sexual and reproductive health services	3. We will strengthen our role as an international centre of excellence for maternity care	4. We will be a leader in the area of menopause management and pelvic floor function	5. We will re-orient services to ensure they meet the needs of our ageing population
	6. We will improve our reach across Victoria through partnerships and by sharing expertise 7. We will extend our reach nationally to equip women and families with the information they need to make decisions about their health 8. We will be diligent in our provision of quality care				
GOAL 2 Strengthen tertiary services and provide research-led care for women and newborns with complex needs	9. We will be an international centre of excellence for the care of newborns with complex needs	10. We will design specific programs around the needs of young women	11. We will build our capability to provide quaternary and specialist care for pregnant women with complex clinical needs	12. We aspire to deliver world's best cancer care for women through the Victorian Comprehensive Cancer Centre	
		13. We will ensure world's best practice in the delivery of gynaecological care			
	14. We will deliver a world class program of research that will translate to better care for women and newborns 15. We will advance specialist mental health services for women and their families				
GOAL 3 Innovation will drive new service developments as we focus on the diverse needs of women	16. We will design and develop innovative models of care for women and newborns 17. We will value Health Promotion as a core function of our work 18. We will design and deliver targeted services to our increasingly diverse community 19. We will invest in new clinical technology that improves health care for women and newborns				
GOAL 4 Recognise that we are a people based organisation, providing services to people, with accountability to our community	20. We will build our workforce capacity and capability 21. We aim to establish a sustainable financial position 22. We seek to implement contemporary clinical information systems that support staff in their work 23. We will invest in education and training to develop the next generation of health professionals 24. We will partner with community providers to provide better integrated care for women				

See section 7 for the detailed action plan for delivery of these Strategic Goals and Objectives and their alignment with the seven Victorian health priority areas.

4 Development of the Women's Strategic Plan 2011 – 2015

The Women's Board of Directors greatly values the input of stakeholders in shaping the future of the Women's.

The Board is grateful for the extensive internal and external consultation to inform the development of the new Strategic Plan, and appreciates the contribution made by community members, staff and partner organisations.

a. Community Consultation

Community consultation was comprised of face to face interviews, workshops and an online survey. There were six workshops, which included experts and key activists from both internal and external stakeholder groups. The online survey was of a database of 1000 respondents, selected to meet specific demographics. The survey was also open to the general public through the Women's Web site. A total of 1091 respondents completed the online survey.

The Aboriginal & Torres Strait Islander community were specifically consulted through a targeted consultation. A total of 68 Aboriginal women were consulted as part of this work.

b. Internal Staff Consultation

Staff were invited to participate in the strategic planning process through either a workshop or through a one-on-one meeting with the planning team. A total of 77 staff participated in the consultation process.

Additionally, the Chief Executive undertook a series of meetings and staff consultations through a "Listening Tour" from July 2010 until March 2011. The tour included attendance at clinical department level meetings and one-on-one meetings where requested.

c. External Stakeholder Consultation

A total of 19 external organisations were specifically consulted regarding the development of the new Strategic Plan. Consultation was achieved through either interview or by survey.

The Parkville Precinct Partners were directly consulted through specific meetings between the Chief Executives and/or Executive Director level.

d. Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan

Development of the Women's Strategic Plan has been guided by the *Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan*, which was released by the Victorian Government in May 2011 and articulates the vision for the future, and the plan to get there.

e. Other Inputs

In addition to the consultation process outlined above, the Strategic Plan has been informed by several internal documents and strategies. Internal and external consultation was undertaken in the development of many of these documents and strategies.

- Clinical Services Analysis 2010-13
- Three Year Finance Plan
- Diversity Framework
- North American Study Tour
- Market Research
- Information Technology Strategy 2009-13

- Workforce Strategy 2009-11
- Advocacy Plan 2010-13
- Future Directions in Research
- Clinical Governance Priorities
- Health Promotion Plan
- Training and Education Future Directions

The new Strategic Plan has also been guided by a range of national and state policies, strategies and priorities, and by the current and anticipated future health environment.

5 The Women's at a Glance

The Women's is Australia's largest specialist hospital dedicated to improving the health of all women and newborns. The Women's is a statewide tertiary hospital for women and newborns with complex needs. The Women's is also a local hospital for women and newborns residing in inner north-west Melbourne.

In 2009/2010, the Women's delivered 6,519 babies, provided 27,678 inpatient services and 144,087 outpatient appointments.

The Women's employs more than 2,300 staff. Of these, 53% are nurses and/or midwives, 19% are medical staff, 11% are health professionals and the remaining 17% are corporate and support staff.

The hospital's staff profile reflects Victoria's cultural diversity, with 25% of our staff being born overseas in 76 different countries.

a. The New Hospital

In 2008, the Women's relocated to a purpose-built, world class facility at Parkville. The new hospital boasts innovative design and state-of-the-art facilities for patients, visitors and staff.

The new facility has created numerous opportunities to expand and tailor the Women's services to meet the needs of women.

- For women having surgery, the new hospital has improved patient comfort, privacy and waiting areas, and has state of the art equipment and technology.
- Half of the rooms are single bed rooms, the other half have only two beds. All rooms have ensuite bathrooms, creating a more restful environment and improving patient privacy.
- The neonatal unit has more space around each cot to provide a family area, a display area and a communications board. This provides more privacy for the family and has enhanced the introduction of a multidisciplinary model of care for babies with complex needs.
- The Women's research activities are now part of a larger research precinct with the RMH, the Royal Children's Hospital, the University of Melbourne, The Ludwig Institute for Cancer Research, the Walter & Eliza Hall Institute of Medical Research, and the Bio21 Institute.
- There is easier access to theatres and critical care; theatres are closer to the Birth Centre and co-location with RMH means the Women's is better able to look after women who may need access to adult intensive care.
- Outpatient clinics are all located on the same floor and near other services that women may need to access, such as ultrasound, pharmacy, pathology, dieticians and physiotherapy.
- The new Pauline Gandel Imaging Centre provides ultrasound, radiology and MRI on-site.

- The Women's Health Information Centre is located adjacent to the hospital entrance, providing easier access for patients and visitors.
- A multi-faith sacred space is available for those who wish to use it.

The Women's is primarily based in the new facility in Parkville. In addition, a smaller number of services run from the site of the former hospital in Carlton and from 55 Flemington Road.

b. The Women's Clinical Services

The Women's provides specialist women's health services to women and newborns from both our local area and across Victoria. The Women's clinical services can be broadly grouped into four streams:

- **Cancer (and pre-cancer) Services** – includes breast, dysplasia and gynae-oncology services
- **Gynaecology Services** - includes specialist gynaecology, reproductive services and pregnancy termination
- **Maternity Services** - includes antenatal, birthing and postnatal care as well as specialist maternity services.
- **Neonatal Services** - includes the newborn intensive and special care (NISC) nurseries.
- **Women' Social Services** - includes clinical, psychosocial, and supportive care services. Women's Mental Health, Social Support Services, Aboriginal Women's Health, Services supporting women who have experienced sexual assault, domestic violence, and care for women in diverse and disadvantaged groups.

Supporting these five streams of care are Perioperative Services, the Pauline Gandel Women's Imaging Centre, Allied Health, and Women's Emergency Care.

c. The Women's Patients

The Women's consumers are from culturally and linguistically diverse backgrounds, with 38% of our patients being born overseas and 15% speaking a language other than English at home.

There is considerable variation on the proportion of outpatients born overseas compared to inpatients, with 42% of outpatients being born overseas, and 28% of inpatients being born overseas.

The top five countries, other than Australia, where patients were born are India (11%), China (7%), Vietnam (6%), England (4%) and Lebanon (4%).

The top five languages other than English spoken by patients are Arabic (18%), Vietnamese (11%), Mandarin (11%), Turkish (7.2%) and Greek (4.9%).

The Women's strives to ensure those who come to the hospital feel welcome, safe, cared for and understood, and offers a range of language and other services, including interpreter services for 81 different languages.

As the fabric of the Women's catchment changes, so too does the requirement for languages at the Women's. There is a growing demand for language services, with the number of requests for assistance increasing by 13% in the last year.

Of the patients who accessed services at the Women's, 0.7% identified as Aboriginal or Torres Strait Islanders.

d. The Women's Catchment

Consistent with its location in inner north-west Melbourne, the primary catchment of the Women's includes inner Melbourne suburbs, covering the central business district (CBD) and extending into the northern and western suburbs. Based on the analysis, our catchment includes a greater than average level of migrants (30.5%), people with low income, unemployed people, people who speak a language other than English at home (29.8%) and people from disadvantaged neighbourhoods.

The hospital has a tertiary level catchment area which includes the whole of Victoria and interstate.

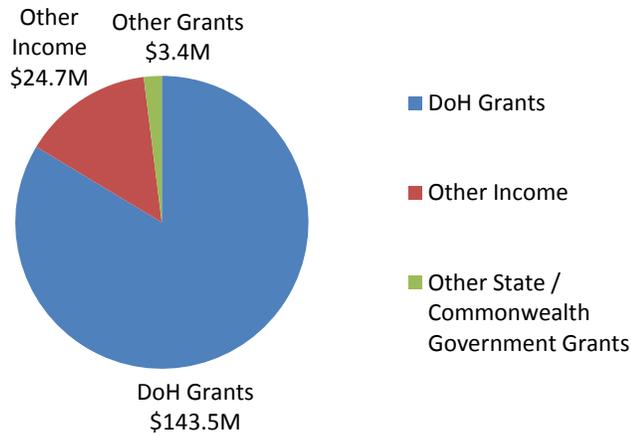
The Statistical Local Areas (SLAs) in our primary and secondary catchment are shown below.

SLAs in the Women's primary and secondary catchment

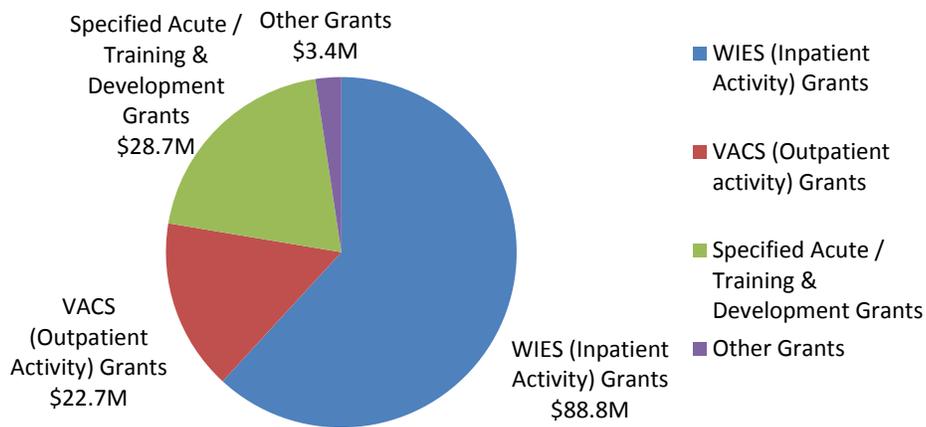
Primary Catchment	Secondary Catchment
Boroondara - Hawthorn	Boroondara - Camberwell S.
Hobsons Bay - Williamstown	Brimbank – Keilor
Hume - Broadmeadows	Brimbank – Sunshine
Melbourne - Inner	Darebin – Northcote
Melbourne - Southbank-Docklands	Darebin – Preston
Melbourne - Remainder	Hume – Craigieburn
Moonee Valley - Essendon	Hume – Sunbury
Moreland - Brunswick	Maribyrnong
Moreland - Coburg	Melton – East
Moreland – North	Moonee Valley – West
Port Phillip - St Kilda	Stonnington – Malvern
Port Phillip – West	Wyndham – South
Stonnington – Prahran	
Yarra – North	
Yarra – Richmond	

e. Funding

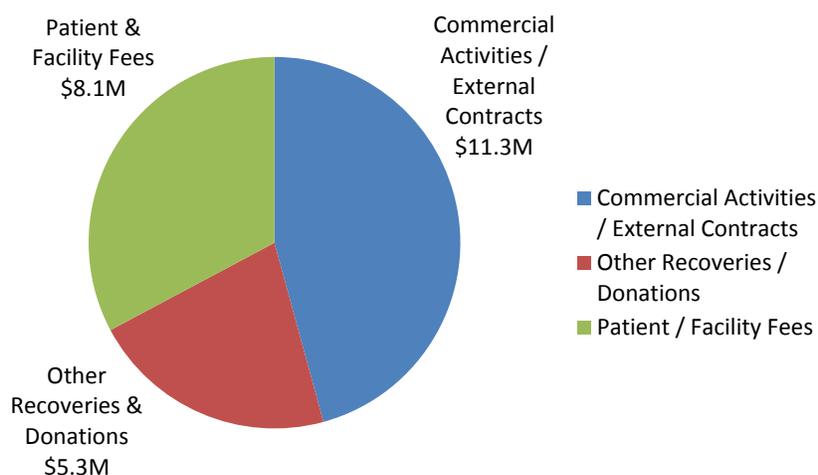
The Women’s budgeted funding for 2010/11 is \$171.6m. A breakdown of the funding sources is provided in the chart below.



A breakdown of the components that make up the Department of Health grant funding is provided in the chart below.



A breakdown of the components of the 'Other Funding' the Women's receives is provided in the chart below.



6. Planning Environment

a. Clinical Services Planning

There are a range of factors influencing the Women's planning for clinical services for the next few years.

Many of the issues identified here reflect the analysis set out in the Victorian Health Priorities Framework 2012 – 2022: *Metropolitan Health Plan*, which highlighted disparities in health outcomes between groups in the population (p19), trends in ageing, population growth, the prevalence of chronic conditions and the impact on demand for health services (pp25 – 29).

i. Population Growth

Australia has experienced a growth in population and in Victoria there was a 12.4% increase in population between 1996 and 2006. The population growth in the Women's primary catchment has been skewed towards women of childbearing age, with an increase of 14.6% in the number of women aged 20 – 39 compared to a state increase of 1.8%. This increase in the percentage of women who are aged 20 – 39 in the Women's local catchment is likely to have an ongoing impact on demand for services, particularly maternity and neonatal services.

As articulated in the *Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan*, Victoria's population is projected to continue to grow rapidly, with a projected growth of 27% in metropolitan Victoria and 19% in regional Victoria between 2011 and 2022 (p26).

ii. Current and Future Activity

The Women's has experienced steady growth in clinical activity levels. Between 2001 and 2009, the Women's experienced an increase in inpatient separations of 7% and inpatient WIES of 24%. Outpatient activity remains stable.

Base-case-forecasts (based purely on linear regression of past trends, coupled with population predictions) suggest that overall inpatient separations could increase by 23% by the year 2022. This includes a 19% increase in adult separations and 16% increase in neonatal separations. As a result,

there is a real need to consider the number and location of inpatient beds and NISC cots to accommodate the forecast increases in demand.

In response to the growth in population and projected future activity, this Plan has articulated objectives and actions to better utilise the hospital's finite capacity and resources:

- In maternity care, the hospital will pursue a normal birth strategy and provide a flexible service model that can adapt to fluctuations in demand and complexity
- In gynaecological services, the hospital will undertake a feasibility study for the development of an ambulatory gynaecological surgery centre

iii. The New Hospital and its Location

The new facility and its location within the Parkville Precinct create numerous opportunities to foster and build relationships with the outstanding collection of healthcare, research and education institutions within the precinct.

The *Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan* states that complex conditions are becoming more prevalent (p27). The Women's co-location with RMH provides significant opportunities to enhance access to specialist tertiary services, care for women with complex co-morbidities, and establish combined services.

The Women's has articulated an objective to build our capability to provide quaternary and specialist care for pregnant women with complex clinical needs and a key action in this is to partner effectively with RMH to deliver specialist care, including the development of Obstetric Medicine.

iv. Anticipated Increasing Birth Rate

The overall population growth and the implications of the 'catch up effect' (where women aged 30 or more are having births which they had previously delayed, whilst younger women are not delaying childbearing quite so long) are likely to lead to an increased demand for maternity services and neonatal services. Older women having babies are more likely to have complex co-morbidities, which may drive an increase in high-risk obstetrics and potentially further increase the caesarean section rate. Further increases in largely non-deferrable maternity and neonatal demand will place continued pressure on the Women's to achieve a balance with more elective programs such as gynaecology and women's health.

v. Changing Cultural Trends in the Catchment

The Women's catchment area is becoming increasingly diverse, with more of the population being born overseas and speaking a language other than English, more recent migrants and higher than the state average percentage of people who follow Islam. The Aboriginal and Torres Strait Islander population is lower (0.4%) than the state average (0.65%).

The Women's will build on its long and proud history of providing culturally sensitive care, by strengthening existing services and developing new programs for migrant health and women with special needs. The Women's Declaration affirms that 'We will care for women from all walks of life'. Goal Three of this Plan focuses on the diverse needs of women and in particular the hospital has committed to designing and delivering targeted services to our increasingly diverse community.

vi. Ageing Population

It is a well known fact that the population is ageing. The *Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan* states that the proportion of people aged 60 years and over in 2022 will be higher than has been experienced in the past 40 years (p26). The ageing of the

population is likely to result in larger numbers of older women with complex needs and co-morbidities accessing specialist services in women's health. In Victoria, 25.2% of females are aged 55+ and the number of women aged 55+ has increased by 29.8% during the period 1996 – 2006.

This Plan recognises the need for the Women's to reorientate our services to ensure they meet the needs of our ageing population. It also articulates strategies to improve the health of women in 'mid-life'.

vii. Burden of Disease

Burden of disease is a major driver for health care demand. The *Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan* highlights that many people do not have optimal health outcomes (p19), due in part unhealthy behaviours, while cancer, cardiovascular disease, and mental disorders together account for more than half of the disease burden in Victoria. An analysis undertaken of the burden of disease specifically for women suggests the following information has implications for future planning for the Women's:

- Breast cancer is a significant contributor to premature death, ranking as the third leading cause of premature death in metropolitan Victoria. Cancers of the ovary and colon are also within the top ten causes of premature death in the Women's primary catchment area.
- Mental illness is a significant contributor to years of life lost through disability. Depression consistently ranks as the first or second largest contributor, with dementia and generalised anxiety disorder also ranking in the top five causes. Breast cancer is the seventh largest contributor and osteoarthritis the eighth largest contributor to years of life lost through disability.
- Obesity rates have risen consistently in recent years. Obesity increases the risk of type II diabetes, cardio-vascular disease, pre-eclampsia, cancer, osteoarthritis and other health conditions.
- Social issues have an impact on length of stay for women and babies, and at times, social circumstances can delay discharge.

This information suggests the Women's must plan for managing increasingly complex patients, a growing demand for cancer services and the growing need for mental health services, especially for anxiety and depression.

The Women's is a proud partner of the Victorian Comprehensive Cancer Centre, and this Plan articulates the Women's commitment to develop world's best cancer care for women through this centre.

In 2007, the Women's launched Australia's first gender-specific mental health centre. The establishment of the Centre for Women's Mental Health was a significant accomplishment for the hospital, demonstrating a clear commitment to care for women's physical, mental and emotional wellbeing. Optimising the benefits of this service necessitates the development of mental health services for women who are pregnant and require specialist psychiatric care during their pregnancy and immediately after birth, as articulated in this Plan.

The Women's is committed to improving the health outcomes of all Victorian women and will implement a population health strategic framework to promote healthy behaviours across the lifecycle.

viii. Changing Technology, Management and Models of Care

Changes in technology and clinical practice will continue to revolutionise the way health care is provided.

The *Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan* emphasises the need to improve the sharing of clinical information (p21) and improve productivity through information and communication technology (31); whilst also highlighting the need for effective management and utilisation of clinical technology.

Particular advances relevant to the Women's include:

- The increasing use of MRI for both diagnostic and non-invasive treatment
- The increasing availability of same-day surgery for uro-gynaecology and gynaecology
- Greater access to diagnostic tests and imaging that leads to a reduced need for diagnostic surgery
- Greater access to medical rather than surgical treatment
- The development of robotics, which may supersede laparoscopic surgery
- The increasing role of genetics in decision-making for oncology management
- Information technology systems that will gradually replace paper records

The Women's has made a commitment to invest in new clinical technology that improves women's and newborns' health care as well as investment in clinical information systems that support staff in their work.

ix. Patient Expectations

Changing patient expectations will impact the Women's future models of care. Examples include:

- Greater expectation to have access to the best technologies and specialists
- Changing expectations around the resuscitation of very premature babies
- The trend towards breast conservation surgery in oncology
- The trend towards planned caesareans in maternity

The Women's consulted extensively with the community in the development of this Plan to understand and respond to their needs and expectations.

The Women's has articulated strategies to engage with women and their families to participate in their own health care and in the development of services.

x. Ongoing Demand for Public Health Care

A socio-economic analysis of the Women's catchment area shows that, on average, residents have lower incomes, higher unemployment, lower home ownership, and higher socio-economic disadvantage compared to the state and metropolitan Victorian averages.

Given the relatively disadvantaged and poor population of the Women's catchment area, there is likely to be a sustained demand for public health services, which may be further exacerbated by the recent global economic uncertainty.

The Women's is committed to working with its community care partners to provide better integrated care for women, and expand the capacity in the community. A recent example of this is the development of shared care guidelines for maternity hospitals and GPs to reduce the demand for antenatal appointments at hospitals and provide antenatal care closer to women's homes.

xi. Workforce Availability

There is currently a statewide shortage of health professionals, and issues such as recruitment, retention, the ageing workforce, casualization, and availability of expertise will impact on future service models and future service viability.

The *Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan* supports the need for improved workforce planning to ensure that future demands for health care are anticipated in detail, actions are taken early to train the workforce in the requisite skills and role requirements change in response to the needs of the population. New and expanded roles, workforce redesign, recruitment strategies and succession planning are all required to ensure a sustainable workforce to meet the community's health care needs.

During the period covered by the Women's previous Strategic Plan, the Women's took the early initiative to address these long term challenges through the development of a comprehensive workforce strategy. The success of the implementation of this strategy has led to a significant increase in our recruitment to key areas where there has historically been a shortage of staff.

In the life of this Strategic Plan, the Women's will develop a new workforce strategy to capitalise on the successes of this current strategy, to address emerging workforce shortages and to build the capabilities of the current workforce.

b. Policy Context

There are several strategic and policy initiatives that inform the Women's new Strategic Plan.

i. Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan and Metropolitan Health Plan – Technical Paper

The *Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan* was developed to provide statewide planning principles and priority areas for the Victorian health system. A companion *Metropolitan Health Plan – Technical Paper* provides data and analysis to inform implementation of the planning priorities in metropolitan Melbourne.

Seven priority areas are articulated in the Plan:

- Developing a system that is responsive to people's needs
- Improving every Victorian's health status and experiences
- Expanding service, workforce and system capacity
- Increasing the system's financial sustainability and productivity
- Implementing continuous improvements and innovation
- Increasing accountability and transparency

- Utilising e-health and communications technology

The Women's Strategic Plan aligns with the Victorian Government's priority areas, as shown in the table below.

Health Priority Area	The Women's Strategic Plan
Developing a system that is responsive to people's needs	<ul style="list-style-type: none"> - Recognising that sex and gender affect health care and health outcomes - Extensive consultation undertaken with the community in the development of the Plan to ascertain the community's needs and expectations - Thorough consideration of the demographic, burden of disease, patient data, and capacity for the Women's catchment - Specific needs of Victorian women addressed through the implementation of the life cycle approach in recognition that women have different needs at different points in their life - A strong focus on diversity - Focus on developing innovative service models that take account of the changing needs of the population and emerging best practice evidence - Strategies to partner with community providers to provide better integrated care for women - Working in collaboration with Victorian CCC partners to lead the development for research-led models of care for Breast and Gynaecology Tumour Streams - Strategies to engage families in decision making and care or newborns and ensure continuity of care into the community through outreach, follow up and new models of community based care
Improving every Victorian's health status and health experiences	<ul style="list-style-type: none"> - Population health strategic framework to be implemented over the life of the Plan - Health literacy strategies to equip women and families with the information they need to make decisions about their health - Providing opportunities for young women to participate in their own health care and in the development of services - Targeted strategies for vulnerable groups with poorer health outcomes (Aboriginal women, culturally and

Health Priority Area	The Women's Strategic Plan
	<p>linguistically diverse women, young pregnant women, women with mental illness, women who have experienced domestic violence including prevention programs)</p>
Expanding service, workforce and system capacity	<ul style="list-style-type: none"> - Strategies to provide services in different settings (such as an ambulatory gynaecological surgery centre) - Strategies to manage the fluctuation in demand in maternity services and the pursuit of a normal birth strategy to reduce the number of avoidable caesareans and thus high cost admissions - Development of partnership with RMH to deliver specialist services, especially for pregnant women with complex needs - Workforce strategies to build capacity and capability - Investment in training and education to develop the next generation of health professions including the articulation of a strategic training and education plan - Investment in clinical technology that improves women's and newborn's health care (such as outpatient based hysteroscopies) - Strengthen our role as a Statewide leader in women's and newborns' health care by sharing our expertise and partnering with other services (such as providing support for women's health clinical services, consideration of establishing regional satellites and strengthening relationships with secondary neonatal units)
Increasing the system's financial sustainability and productivity	<ul style="list-style-type: none"> - Seek opportunities to increase revenue - Process redesign and application of lean thinking methodology to improve productivity - Adjust services to match funding levels - Contingent on funding, progress clinical information technology system development
Implementing continuous improvements and innovation	<ul style="list-style-type: none"> - Establish a Centre for Women's Health Innovation - Provide best practice, evidence-based diagnostic, treatment and care options

Health Priority Area	The Women's Strategic Plan
	<ul style="list-style-type: none"> - Implement a strategic quality plan - Lead in the development of best practice evidence to proactively improve quality health care - Review and reassess research-based clinical practice to innovate models of care for pregnant women
Increasing accountability and transparency	<ul style="list-style-type: none"> - Regular reporting of progress on implementation of Strategic Plan to the Women's Board and publicly via the Annual Report - Strategies to effectively govern quality and safety - Development of clinical guidelines in key clinical areas (such as for women in mid-life and neonates)
Utilising e-health and communications technology	<ul style="list-style-type: none"> - Strategies to expand some clinical information systems and create new systems to provide a seamless patient experience - Engage clinicians in the specification, selection and implementation of clinical information systems

ii. National Health Reform

The Women's is committed to working with the Victorian Government on National Health Reform.

iii. National Women's Health Policy

The *National Women's Health Policy* sets out the federal government's priorities for improving women's health by reducing inequities in access to healthcare and targeting health promotion programs to address the major causes of chronic disease.

The Policy aims are to:

- Improve women's health by maintaining and developing health services and prevention programs to treat and avoid the diseases that will have the greatest impact on women's health over the next 20 years.
- Reduce health inequities through reforms that address social determinants of health.

The Policy identifies four priority areas for reducing death and disease for women over the next 20 years:

- Prevention of chronic disease and control of risk factors
- Mental health and wellbeing
- Sexual and reproductive health

- Healthy ageing.

The Policy recognises that gender is a significant key determinant of women's health and wellbeing, and acknowledges that women's health needs differ according to age.

iv. Victorian Women's Health and Wellbeing Strategy 2010 to 2014

The *Victorian Women's Health and Wellbeing Strategy 2010 to 2014* aims to improve the health and wellbeing of all Victorian women. It provides information about the majority of women's health issues in Victoria and a framework to guide action to address priority issues of:

- Chronic illness and injury
- Violence against women
- Mental health
- Sexual and reproductive health

The Strategy promotes gender equity, diversity and social inclusion and aims to improve service providers' understanding of women's needs and responsiveness to their experiences.

The Women's Strategic Plan 2011 – 2015 aligns with the priorities and approach articulated in both the National Women's Health Policy and the Victorian Women's Health Strategy. The Women's is well placed to provide leadership in these areas.

v. Victorian Department of Health Strategic Directions

Through this Strategic Plan, the Women's commits to the Victorian Department of Health Strategic Directions, which are to:

- Improve health service performance
- Reform our response to mental health and drug and alcohol services to meet client needs
- Strengthen prevention and health promotion
- Develop our health service system and organisation
- Respond to an ageing population
- Reduce health inequalities

The Women's notes the Victorian Government will release a new set of Strategic Directions later in 2011.

vi. National Maternity Services Plan (February 2011)

In February 2009, the federal government published a review of maternity services in Australia, *Improving Maternity Services in Australia: the Report of the Maternity Services Review*. The recommendations were developed into the *National Maternity Services Plan*.

The Plan considers issues relevant to maternity services, including antenatal services, birthing options, postnatal services up to six weeks after birth, and peer and social support for women in the perinatal period.

The Plan contains four priority areas, with several actions under each priority:

Priority 1: Access

- 1.1 Increase access for Australian women and their family members to information that supports their needs for maternity care.
- 1.2 Increase access for Australian women and their family members to local maternity care by expanding the range of models of care.
- 1.3 Increase access for women and their family members in rural Australia to high-quality maternity care.
- 1.4 Increase access for women and their family members in remote Australia to high-quality maternity care.

Priority 2: Service Delivery

- 2.1 Ensure Australian maternity services provide high-quality, evidence-based maternity care.
- 2.2 Develop and expand culturally competent maternity care for Aboriginal and Torres Strait Islander people.
- 2.3 Develop and expand appropriate maternity care for women who may be vulnerable due to medical, socioeconomic and other risk factors.

Priority 3: Workforce

- 3.1 Plan and resource to provide an appropriately trained and qualified maternity workforce that provides clinically safe woman-centred maternity care within a wellness paradigm.
- 3.2 Develop and support an Aboriginal and Torres Strait Islander maternity workforce.
- 3.3 Develop and support a rural and remote maternity workforce.
- 3.4 Facilitate a culture of interdisciplinary collaboration in maternity care.

Priority 4: Infrastructure

- 4.1 Ensure all maternity care is provided within a safety and quality system.
- 4.2 Ensure maternity service planning, design and implementation is woman-centred.

vii. Other Key Policies and Strategies

A range of other policy and strategy documents inform the Women's Strategic Plan 2011 – 2015:

- The Victorian Health and Wellbeing Plan (under development)
- *Future Directions for Victoria's Maternity Services* (2004)
- National Health Priority Areas in Victoria
- Victorian Women's Health Services *10 Point Plan for Victorian Women's Health 2010-2014*
- *National Plan to Reduce Violence Against Women and Their Children 2010-2022*
- *Parkville Precinct Strategic Plan* (2006)
- *Victorian State Disability Plan 2002 – 2012*
- *Fourth National Mental Health Plan: an Agenda for Collaborative Government Action in Mental Health 2009-2014*
- *Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009 - 2019*
- *Victorian Cultural Responsiveness Framework* (September 2009)
- *Victorian Implementation Plan - National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes 2009 – 2013* (March 2011)
- *Second National Sexually Transmissible Infections Strategy 2010 – 2013*
- *National Drug Strategy 2010 – 2015*
- Victorian Government *Doing it with us not for us* Strategic direction 2010-13

c. Key Relationships

The Women's works closely with external organisations in order to optimise the delivery and continuity of health care and to ensure appropriate access to services and expertise. Key relationships have been developed with a range of providers, including:

- Community health providers (GPs, Maternal Child Health Nurses, Community Health Centres, community mental health teams etc)
- Parkville Precinct Partners
- Melbourne University – specifically the Centre for Women's Health, Gender and Society, Department of Medicine and Department of Obstetrics and Gynaecology.
- Vic Health
- Family Planning Victoria
- Women's Health Victoria
- Western Central Melbourne Integrated Cancer Service (WCMICS)
- Centre Against Sexual Assault (CASA) forum
- Genetic Health Services Victoria
- Metropolitan and Rural Health Services
- State and local government departments
- Mercy Hospital for Women and Monash Medical Centre through the 3 Centres Collaboration
- Western Collaboration
- Women's Hospital Association (WHA)
- Victorian Aboriginal Health Service (VAHS)
- Mental health partnerships (such as North West Mental Health)
- Perinatal Emergency Referral Service (PERS)
- Neonatal Emergency Transport Service (NETS)
- Early Parenting Centres (such as Tweddle)

d. Our Challenges

The next five years presents several challenges and exciting opportunities to further enhance the Women's role as a leader in improving women's health and wellbeing. Such challenges include:

- Managing growth in demand brought about by the growth in the population and the birth rate, the ageing of the population, and the increasing demand for specialist tertiary care.
- Managing consumer expectations for access to services, treatment options and the best technologies and specialists.
- Ensuring the Women's continues to effectively manage the competing priorities for finite resources.
- Ensuring the Women's continues to provide services to its increasingly diverse community, including Aboriginal and Torres Strait Islander women, and some of the most marginalised and disadvantaged women in Victoria.
- Ensuring the Women's has sufficient, skilled staff who are equipped to meet the projected growth in demand for services.
- Funding and developing information technology systems for clinical, operational and strategic decision-making and management.
- Working with the community to deliver services that reduce high cost hospital admissions.

7. Delivery of the Strategic Plan 2011-15

The following plan outlines the detailed actions that will deliver on our strategic goals and objectives, and shows how they align with the seven priority areas articulated in the *Victorian Health Priorities Framework 2012-2022*.

a. Action Plan

GOAL 1 Set the standards of care for women and newborn health both now, and into the future		
Objective	Actions	Relevant Victorian Health Priority Area(s)
1. We will strengthen our family-centred model of care	<ul style="list-style-type: none"> a) Engage families in decision making, clinical processes and care of newborns b) Empower parents with information and education through various media c) Ensure continuity of care into the community through outreach, follow up and new models of community based care 	Developing a system that is responsive to people's needs
2. We will provide stronger, more cohesive sexual and reproductive health services	<ul style="list-style-type: none"> a) Ensure access to the full range of care options (including prevention) for women with unplanned pregnancies, particularly medication abortion b) Strengthen our medical leadership for early pregnancy services c) Strengthen our violence against women prevention and management programs d) Improve our collection of sexual and reproductive health data to identify unmet service needs and to inform good practice e) Advocate for a strategic statewide approach to sexual and reproductive health and for the protection of the sexual and reproductive rights of women 	<p>Improving every Victorian's health status and health experiences</p> <p>Expanding service, workforce and system capacity</p>
3. We will strengthen our role as an international centre of excellence for maternity care	<ul style="list-style-type: none"> a) Provide best practice, evidence based care to ensure women receive the right care at the right time by the right practitioner b) Pursue a normal birth strategy c) Provide a flexible service model to adapt for fluctuations in demand and complexity d) Review and reassess research-based clinical practice to innovate models of care 	<p>Expanding service, workforce and system capacity</p> <p>Implementing continuous improvements and innovation</p>
4. We will be a leader in the area of menopause management and pelvic floor function	<ul style="list-style-type: none"> a) Expand continence and pelvic floor services b) Expand multidisciplinary clinics for ambulatory management of mid-life health, incorporating menopause management. c) Develop national and international guidelines that incorporate their physical, reproductive and emotional health in mid-life to improve care for women d) Undertake translational research to improve care for women in mid-life 	<p>Improving every Victorian's health status and health experiences</p> <p>Expanding service, workforce and system capacity</p>
5. We will reorient services to ensure they meet the needs of our ageing population	<ul style="list-style-type: none"> a) Review and strengthen our approach for identifying, assessing, and planning care for older women with additional care needs b) Undertake a feasibility study for the expansion of services for older women with additional care needs 	Developing a system that is responsive to people's needs

<p>6. We will improve our reach across Victoria through partnerships and by sharing expertise</p>	<p>a) Strategically continue our role in providing support for women's health clinical services b) Undertake a needs analysis and feasibility study to establish regional satellites for the Women's c) Strengthen relationships with secondary neonatal units</p>	<p>Expanding service, workforce and system capacity</p>
<p>7. We will extend our reach nationally to equip women and families with the information they need to make decisions about their health</p>	<p>a) Develop a consumer information and health literacy strategy using smart technology. b) Adopt a range of evidence based strategies, including key partnerships, to improve the health literacy of the organisation, staff, women and their families c) Actively add to the health literacy evidence base by ensuring robust planning and evaluation of health literacy initiatives</p>	<p>Improving every Victorian's health status and health experiences Utilising e-health and communications technology</p>
<p>8. We will be diligent in our provision of quality care</p>	<p>a) Refresh and implement the Women's strategic quality plan b) Lead in the development of best practice evidence to proactively improve quality health care c) Effectively govern clinical quality and safety</p>	<p>Implementing continuous improvements and innovation Increasing accountability and transparency</p>

GOAL 2 Strengthen tertiary services and provide research-led care for women and newborns with complex needs		
Objective	Actions	Relevant Victorian Health Priority Area(s)
9. We will be an international centre of excellence for the care of newborn babies with complex needs	<ul style="list-style-type: none"> a) Provide best practice, evidence-based diagnostic, treatment and care options b) Conduct a leading academic research program through the recruitment of world class researchers c) Become the leading provider of training and education of neonatal clinicians, especially nursing and allied health clinicians. d) Achieve world standard health outcomes for premature newborns e) Continually review and reassess clinical practice to innovate models of care 	<p>Expanding service, workforce, and system capacity</p> <p>Implementing continuous improvements and innovation</p>
10. We will design programs around the needs of young women	<ul style="list-style-type: none"> a) Develop a Young Women's Health Strategy that incorporates service improvements for adolescent gynaecology needs and young pregnant women; and ensures a coordinated and integrated approach to advocacy, information provision, secondary consultation and research. b) Provide opportunities for young women to participate in their own health care and in the development of our services. 	<p>Developing a system that is responsive to people's needs</p> <p>Improving every Victorian's health status and health experiences</p>
11. We will examine our capability to provide quaternary and specialist care for pregnant women with complex clinical needs	<ul style="list-style-type: none"> a) Examine our capability to partner effectively with RMH and other quaternary services to deliver specialist care, including the development of Obstetric Medicine. 	<p>Expanding service, workforce and system capacity</p>
12. We aspire to deliver world's best cancer care for women through the Victorian Comprehensive Cancer Centre	<ul style="list-style-type: none"> a) In collaboration with our Victorian CCC partners, lead the development of research-led models of care for the Breast and Gynaecology Tumour Streams. b) With our Victorian CCC partners, develop optimal cytoreductive services for ovarian cancer c) With our Victorian CCC partners, develop a model of care for women requiring complex/intensive care d) Strengthen programs that address premature menopause after treatment for cancer 	<p>Expanding service, workforce and system capacity</p> <p>Implementing continuous improvements and innovation</p>
13. We will ensure world's best practice in the delivery of gynaecological care	<ul style="list-style-type: none"> a) Review the model of care for acute and chronic gynaecology services b) Undertake a full feasibility study for the development of an ambulatory gynaecological surgery centre 	<p>Expanding service, workforce, and system capacity</p> <p>Implementing continuous improvements and innovation</p>
14. We will deliver a world class program of research that will translate to better care for women and newborns	<ul style="list-style-type: none"> a) Strengthen and enhance research programs that translate to better evidence based treatments and patient outcomes b) Enhance the Women's visible leadership role c) Capitalise on powerful research partnerships d) Advocate for diversity in research e) Respectfully and diligently govern our research program 	<p>Implementing continuous improvements and innovation</p>
15. We will advance specialist mental health services for women and their families	<ul style="list-style-type: none"> a) Develop services for women with acute psychiatric conditions during pregnancy and following birth b) Lead the development of psycho-oncology services for women at the Victorian CCC 	<p>Developing a system that is responsive to people's needs</p> <p>Expanding service, workforce and system capacity</p>

GOAL 3 Innovation will drive new service developments as we focus on the diverse needs of women		
Objective	Actions	Relevant Victorian Health Priority Area(s)
16. We will design and develop innovative models of care for women and newborns	a) Establish a Centre for Women's Health Innovation that supports innovation activities in the following strategic areas: <ul style="list-style-type: none"> • services and initiatives targeted to our increasingly diverse community • expanding the reach of current programs in health promotion, prevention and early intervention across the hospital • innovative models of care for women and babies • expanding our models of care and programs into external agencies • increasing our understanding of how sex and gender affect women's health and health care • being a voice for women's health 	Implementing continuous improvements and innovation
17. We will value Health Promotion as a core function of our work	a) Implement the Women's Population Health Strategic Framework with the following eight priority areas: <ul style="list-style-type: none"> • Promote a good start in life for babies • Promote healthy maternity care • Promote respectful relationships • Promote equity of access • Promote reproductive and sexual health • Promote collaboration for cancer survivorship • Promote healthy health services • Promote healthy ageing 	Improving every Victorian's health status and health experiences
18. We will design and deliver targeted services to our increasingly diverse community	a) Continue to implement and evaluate the Women's Diversity Framework b) Implement strategies for Aboriginal and Torres Strait Islander women arising from the Aboriginal community consultation in the following areas: identification, increasing cultural awareness, creating a culturally safe environment, and increasing and supporting the Aboriginal workforce c) Explore the use of contemporary technology to increase access to interpreter services	Developing a system that is responsive to people's needs Improving every Victorian's health status and health experiences
19. We will invest in new clinical technology that improves women's and newborn's health care	a) Examine the potential for a retinal screening program for neonatal services using teleophthalmology b) Pursue the introduction of Single Incision Laparoscopic Surgery (SILS) c) Develop surgical ambulatory gynaecology services such as outpatient based hysteroscopies and other procedures	Increasing the system's financial sustainability and productivity

Goal 4 Recognise that we are a people based organisation, providing services to people, with accountability to our community

Objective	Actions	Relevant Victorian Health Priority Area(s)
20. We will build workforce capacity and capability	Refresh the Women's @ Work strategy to build on existing gains and: <ol style="list-style-type: none"> a) Capitalise and build on our clinical excellence, research focus and new facilities to attract hi-calibre candidates b) Recruit and retain an exceptional workforce to ensure the flexible provision of high quality service delivery c) Support and engage staff to realise their full potential by recognising their diverse skills and experience and giving them opportunities to develop d) Strengthen our positive, safe and supportive working environment and provide staff with a range of innovative tools and strategies that enable them to be most effective 	Expanding service, workforce and system capacity
21. We aim to improve our financial sustainability and productivity	<ol style="list-style-type: none"> a) Seek opportunities to increase revenue b) Reduce expenditure, including the use of process redesign and lean thinking methodologies in targeted areas. c) Contingent on funding, progress our clinical Information Technology system development. d) Adjust services to match funding levels. 	Increasing the system's financial sustainability and productivity
22. We seek to implement clinical information systems that support staff in their work	<ol style="list-style-type: none"> a) Aim for an integrated enterprise clinical information system to enable electronic ordering, results viewing, decision support, medication management and electronic clinical documentation b) Engage clinicians in the specification, selection and implementation of clinical information systems c) Extend the Maternity Clinical Information System and implement a Neonatal Clinical Information and Decision Support System d) Collaborate with VCCC members to create a comprehensive and integrated clinical information system that provides a seamless patient experience e) Develop an IT funding strategy to support sustainable investment in clinical IT systems 	Utilising e-health and communications technology
23. We will invest in education and training to develop the next generation of health professionals	<ol style="list-style-type: none"> a) Articulate a strategic training and education plan, including strategies to: <ul style="list-style-type: none"> • Create and maintain a positive multi-disciplinary, evidence-based learning environment • Align education and learning with training and accreditation requirements for relevant statutory bodies • Create and maintain flexible and sustainable e-learning and information and communication technology (ICT) opportunities underpinned by theoretical knowledge • Create and extend strategic education and learning alliances 	Expanding service, workforce and system capacity Utilising e-health and communications technology
24. We will partner with community providers to provide better integrated care for women	<ol style="list-style-type: none"> a) Develop a Partners in Care Strategy b) Liaise with our catchment partners in the development of Medicare Locals 	Developing a system that is responsive to people's needs

b. Monitoring and Reporting

This Strategic Plan 2011-15 will be monitored and reported through the annual operational planning process, which will directly align with the annual Statement of Priorities agreement with Government.

8. Our Achievements: 2006-2010

The last Strategic Plan (2006 to 2010) outlined six strategic directions to guide the Women's priorities and activities for the life of the Plan. This section highlights the significant achievements of the Women's against these six strategic directions.

1. Deliver Quality Clinical Services

We will focus on the quality, safety and effectiveness of our services in order to improve our performance. By undertaking research, evaluating our performance, implementing evidence-based clinical practice, managing risk and promoting a learning culture, we will improve results.

The Women's was successfully re-accredited with the Australian Council on Healthcare Standards in 2009 and again in 2011. The organisation-wide survey in early 2011 recognised the high level of care provided with *Outstanding Achievement* results in several categories and *Extensive Achievement* results in many others.

The Centre for Women's Mental Health was established to provide international leadership in women's mental health clinical practice, research and education.

In 2008, the Women's purchased an magnetic resonance imaging (MRI) machine to diagnose and treat a range of medical conditions specifically affecting women and newborns. The MRI machine ensures equitable access for women who need an MRI scan, it provides premature, sick babies are provided with better and safer care, and it enables MRI technology to be used for new innovations in health for women and newborns.

The Women's increased its surgical program through a dedicated focus on elective surgery. In particular, there was a concerted effort to reduce the number of 'long-waiters'; that is, those patients who have been waiting longer than clinically recommended. The reduction was achieved by increasing theatre capacity, and strategically prioritising access for the gynaecology, cancer and reproductive services areas in order to maintain a desirable balance of services across the hospital.

The Women's responded to the community's call for evidence-based information and care in the area of menopause management by investing in academic-led menopause research, education and clinical care. The appointment of an Academic Professor of Gynaecology in 2010 was an important step towards further investment in this area.

In 2009, a review of the Women's clinical governance systems was undertaken to ascertain where further improvements could be made. The outcomes of this review led to a re-organisation of the hospital's quality and safety team to increase the capacity of its clinical services to undertake quality and safety initiatives. The important outcome of ensuring the quality and safety team are an

integrated part of the clinical streams was achieved, thus keeping their team's work focussed on the needs of the services.

Service re-design (the 'STEPS' project) was undertaken in peri-operative services in 2010 to improve efficiency through the application of 'Lean Thinking' methodology.

To ensure the Women's achieve outcomes consistent with national best practice, the Women's continued to benchmark at a national level.

2. Improve Our Consumers' Experience

We are committed to engaging with our diverse communities, so that we better understand their needs, perspectives and expectations. This ensures that our services and activities recognise social determinants of health, promote choice and are centred on the needs of our consumers.

The Women's undertook community consultations in 2009 and 2010 to build on the landmark community consultation, undertaken in 2002, that informed the development of the Women's new facility, and its re-birth as an independent specialist hospital. The recent community consultation reaffirmed the community's expectation for a specialist women's hospital, and has provided guidance on how the Women's can improve its consumers' experience.

The Women's introduced new service models to improve the care we provide to women, newborns and their families. Notable examples include:

- A new neonatal model of care to provide a more collaborative and cohesive approach to caring for newborns requiring specialist care and their families (2008).
- 'Team Care' for women who have a baby at the Women's (2008). Women are being cared for throughout their pregnancy and birth by the same group of doctors, midwives and allied health staff, leading to women reporting increased satisfaction with the care they are receiving.
- An early pregnancy assessment service to provide one-stop care for women with pain and bleeding in the first 16 weeks of pregnancy (2007). Around 300 women access this service each month.
- The world's largest trial of a new model of care 'COSMOS' commenced in 2007 to assess one-on-one midwifery care compared to traditional maternity services. The trial is evaluating pregnancy and birth outcomes, satisfaction with care, and other longer-term outcomes, such as breastfeeding, postnatal depression and women's general wellbeing.

3. Optimise Access to Our Services

We aim to provide appropriate services, at the same time, in the right locations.

The Women's undertook service development in many areas to ensure appropriate services are available for women and their families when they need them. Notable examples include:

- The Women's launched a Combined Breast Service with Melbourne Health (2007), which integrates the two breast services into one comprehensive service to capitalise on the expertise from both to improve breast cancer care for women.
- The Women's established an Australian-first non-surgical treatment service for uterine fibroids (2009). Magnetic resonance-guided focus ultrasound (MRgFUS) uses ultrasound waves, guided by MRI, to destroy uterine fibroids. The MRgFUS technology has successfully treated about 110 women, and several who were previously infertile have gone on to become pregnant and deliver healthy babies.
- The Women's undertook a review of its abortion services to ensure women with unplanned pregnancies are provided with adequate support and information, and to ensure they have access to range of options including medical abortion.
- To ensure equity of access to services, the Women's introduced a Diversity Framework (2010), which was developed after extensive consultation with the community. While the Diversity Framework is intended to cover the full breadth of diverse women in the community, it also contains action plans for three specific diverse groups: culturally and linguistically diverse women, Aboriginal or Torres Strait Islander women, and women with a disability.
- A De-infibulation Clinic was established for women who have been subjected to female genital mutilation (2010).
- A specialist clinic to address the significant clinical burden of chronic pelvic pain was established (2009). In this clinic, which is led by a Nurse Practitioner and a pain specialist, each woman is seen by a team of professionals on the same day. The team includes social work, psychology, physiotherapy, and a pain specialist who is also an anaesthetist. The treatment plan is developed and negotiated in partnership with the woman with the referrers receiving a comprehensive summary from the clinic. Approximately 50% of the women attending the clinic have had their chronic pelvic pain improved. This is a significant achievement in the context of chronic pain.

4. Develop Our Workforce

We will work together to create a supportive, flexible and inspirational work environment that values learning, reflective practice and professional accountability.

The Women's has successfully implemented a workforce strategy to recruit, retain and develop our staff. Examples of the positive impact of the workforce strategy are:

- There has been a significant increase in our recruitment of nurses and midwives to meet the growing demand for services, despite a national shortage of nurses and midwives. The Women's has gone from having 40 midwife positions vacant, to having full employment and a waiting list. This has translated into a 19% reduction in casual staff usage and a 44% reduction in agency usage over the last three financial years.
- The Women's achieved an 8% reduction in sick leave in the past three years through the introduction of the Positive Attendance Initiative. In recognition of this achievement, the Victorian Auditor General's Office (VAGO) identified the Women's as first among the top five performing public hospitals in the state for sick leave management.
- The Women's has participated in the People Matters Survey over the last three years, which has provided an opportunity to track the hospital's performance and benchmark against rest of the public health sector. We have consistently improved in each category year on year and in almost every category rate higher when benchmarking with other organisations. Staff at the Women's rate their job satisfaction at 77% compared to the state average of 73%. Other findings were that 94% of staff agree that working for the Women's makes them proud, 89% of staff view the Women's as an employer of choice, and 93% of staff agree working for the Women's is a good career choice.

5. Build Our Future

We value our independence and our autonomous governance enables us to focus our energy on improving the health of women and newborn babies.

The Women's has taken significant steps to safeguard its long-term independence and autonomy so that the hospital can continue to focus on improving the health of women and newborn babies:

- The Women's re-branded to move its visual identity from passive to a contemporary and universal symbol that better reflects its values and brave work. The Women's brand position (as evidenced by market research) is strong and trusted.
- The redevelopment project, which used a Public Private Partnership model (PPP) to rebuild the Women's, culminated in successful relocation from the old hospital at Carlton to our new world class facility in Parkville. A community consultation guided the hospital's decisions, the design process for the new facility and the transition to independence, leading to a beautiful facility that won the Best Public Facility in Australia in 2010.

- The Women's has entered into a partnership within the Victorian CCC in order to work collaboratively with Parkville partners to develop innovative approaches to the diagnosis and treatment of cancers that predominantly affect women.

The governance and management of the hospital's financial accountabilities has always been a priority:

- The Women's has been thoughtful in the development of its financial plans, sensible in its expenditure and resourceful in funding initiatives that include partnering with the philanthropic community.
- The Women's capital assets are well managed and maintained, and the hospital continues to enjoy the benefits of income producing assets that subsidise and fund public care and new innovative programs.

The Women's has utilised new technologies in order to improve the decision making capabilities of staff for patient management, and managers for service planning. New information systems introduced include:

- A patient management system (iPM)
- A maternity clinical information system for intrapartum care
- An incident management system (VHIMS) to monitor and improve quality and safety
- A business intelligence reporting tool (RISE)

The hospital has implemented a vigorous data reform program to provide assurance that information reported by the Women's is accurate. This data reform program includes the creation of a Data Accountability Framework that has been embedded within key data streams and the establishment of a Data Integrity Committee to oversee data integrity across the organisation.

6. Strengthen Our Leadership, Education, Research and Advocacy Role

We aim to strengthen our role to advocate for and influence women's health policy and services at a state, national and international level.

The Women's has provided a voice for women through its leadership and advocacy work in key areas of women's health. The Women's is a trusted source of information for health professionals and for consumers, and the hospital has demonstrated leadership through the introduction of innovative models of care, development of Clinical Practice Guidelines that are publicly available, the provision of evidence-based health information for consumers, and training and education.

Through a strategic advocacy role, the Women's has:

- Successfully advocated for abortion law reform in Victoria, which led to the removal of abortion from the *Crimes Act* and its inclusion in the *Health Act*. The Women's provided detailed written and verbal briefings on clinical practice for the Law Reform Commission, and Ministers and Members of Parliament, and key staff were appointed members of the Law Reform Commission's panel of experts. The hospital's position as a trusted source of information on current abortion practices and community expectations was confirmed by

the number of references made about the Women's in speeches by Members of the Legislative Assembly (20 references) and by Members of the Legislative Council (11 references).

- Been a leader in preventing violence against women through its advocacy efforts, its support for women who have experienced violence, and in the design and implementation of education programs for young women. For example, the Women's Sexual Assault Prevention Program for Secondary Schools is now run in 30 schools across Australia, and, in 2006, the hospital commenced delivery of the 'No Means No' comedy show for young people to explore common scenarios, social situations, and rights and responsibilities in relation to sexual assault using interactive theatre. The Women's is also working with the Victorian Government to develop guidelines for health services (based on the Women's model) to identify and respond appropriately to women who have been subjected to violence.
- Made a significant number of submissions to Enquiries at a Commonwealth and State level, using our expertise to advocate for policy and practice change.

The Women's has re-valued research as a core function of its business and is translating research into evidence-based best practice clinical care to achieve better health outcomes for women and newborns. The hospital has capitalised on its new location at Parkville to work collaboratively with its precinct partners in undertaking research in a diverse range of areas. The Women's now has six research centres:

- **The Women's Pregnancy Research Centre's** focus is to better understand the causes of pregnancy disorders that compromise the health of mothers and their babies. The Centre's work in this area ranges from basic biomedical laboratory research through to clinical studies, clinical trials of new treatments and public health initiatives.
- **The Centre for Women's Infectious Diseases** is leading research into the role of Human Papilloma Virus (HPV) in cervical cancer including a study on the effectiveness of the prophylactic cervical cancer vaccine.
- **The Centre for Women's Mental Health** was established to provide international leadership in women's mental health clinical practice, research and education. New multidisciplinary services have been created to improve the mental health and wellbeing of women attending the Women's and of women more broadly through the development of innovative research and education programs.
- **The Women's Newborn Research Centre** was established in partnership with the Royal Children's Hospital, the University of Melbourne and the Murdoch Children's Research Institute to undertake research into brain and lung problems for newborns and premature babies.
- **The Women's Cancer Research Centre** undertakes clinical trials for the treatment of breast and ovarian cancer, and laboratory research on ovarian cancer.

- **The Women's Gynaecological Research Centre** is the most recently established centre and brings together research undertaken in topics such as menopause and fertility. A newly appointed Professor of Gynaecology is providing clinical care and undertaking menopause research. One project is an Australian first study to prospectively measure symptoms and physical and emotional health of women after surgical menopause. This is being undertaken in conjunction with Melbourne Health, the University of Melbourne and other research centres and clinical areas at the Women's.

The Women's extensive research in women's and newborn's health has been published in Annual Research Reports and, in 2009, the hospital conducted a Research Symposium showcasing some of the leading research undertaken by the Women's.

The Women's success in leading the provision of high quality and innovative services has been confirmed externally with a number of awards including:

- The inaugural Premier's Award for Excellence in 2008 (with Melbourne Health) for improving cancer care in Victoria at the Victorian Public Healthcare Awards.
- The Department of Health Secretary's award in the Victorian Public Health Awards 2009 for improving the health and wellbeing of Aboriginal people in Victoria.
- The Premier's Award for Community Harmony 2010 for its Bilingual Staff Language Aide Project, which involves bilingual staff volunteering to help patients and visitors with non-medical translation needs. A Special Commendation award from the Diversity@Work organisation was also received for this project.
- Runner-up at the Victorian Public Healthcare Awards 2010 for its Sexual Assault Prevention Program in Secondary Schools.
- Highly commended at the Victorian Public Healthcare Awards 2010 for its Neonatal Intensive Special Care Model of Care.
- Research in the Women's Centre for Infectious Diseases was identified as being one of the top 10 research projects in Australia in 2010 by the National Health and Medical Research Council.

9. Conclusions

The challenge has been set...again.

The next four years will see the Women's cement its place as an international leader in the provision of healthcare for women and newborns through the delivery of the Strategic Plan 2011-15. We make no apologies for what will be an ambitious program of work. We have the skills, the ability, the motivation and the sheer will to make it happen.

This united sense of purpose is what makes the Women's the iconic institution it is today – and will protect its legacy for many generations to come.