

HELEN MAYO HOUSE – BUSINESS PLAN 2003

Strategic Plan Strategy No.	STRATEGIC PLAN STRATEGY	BUSINESS PLAN ACTION	PERFORMANCE MEASURE	TARGET	ACTION BY
	(What we are seeking to achieve)	(How are we going to achieve it)	(How we will measure success)	(The aim for the period e.g. completion time, % reached, cost, within budget)	(Person Responsible)
WCH STRATEGIC/BUSINESS PLAN OBJECTIVES					
GOAL 1: EXCELLENCE IN HEALTH CARE					
1.1	Provide an appropriate range of clinical services for the women, children and families of South Australia	<p>To lobby for sustainable funding to increase the Community Mental Health Nurse services to at least five days per week which would provide</p> <ul style="list-style-type: none"> • an adequate and effective education, referral and response service to facilitate early treatment and prevention of adult or infant mental health problems at the Women's and Children's Hospital. Eg to be able to respond to midwives/ health professional concerns and to assist to identify women/ infants at risk and provide prophylactic treatment. <p>To identify when clients have special needs and respond appropriately without prejudice by:</p> <ul style="list-style-type: none"> • Education and support for staff to inform them re special needs of clients. • Provision of Interpreter Services for effective communication. • Provision of multi language brochures for adequate information to clients • Provision of a multi denominational chaplain to meet different cultures' spiritual needs. • Provide specific dietary requirements eg Halai <p>To provide a culturally appropriate service for urban, rural and remote aboriginal people:</p> <ul style="list-style-type: none"> • Staff are involved in the Indigenous Services Working Party • Raise cultural awareness by inservice from Aboriginal community • Attempt to work in partnership with Nunkawarin Yunti on strategies that impact positively on the infant mental health needs in the Aboriginal community <p>The allocation of a shift coordinator/ team leader to provide a greater ability to meet service demands</p> <ul style="list-style-type: none"> • Daily Allocation of shift coordinator decided by the nursing team to coordinate client care, telephone counselling, group programs etc <p>The improvement of effective Care Management processes</p> <ul style="list-style-type: none"> • Identify improvements in communicating daily client care and to liaise effectively with community follow up teams 	<p>Referral rate to current part time Community Mental Health Nurse at the WCH</p> <p>Client satisfaction and complaints</p> <p>Fetal alcohol syndrome article written in response to a request from Nunkawarin Yunti staff.</p> <p>Data on staff allocation statistics are kept – Nursing hours per patient day stats</p> <p>Greater continuity of care and safer care for clients reported.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Dr Anne Sved Williams, Sue Ellershaw, Phil Robinson</p> <p>All members of the multi disciplinary team</p> <p>Dr Anne Sved Williams, Sue Ellershaw</p> <p>Nursing Staff</p> <p>Multi disciplinary team</p>

1.2	Provide services for women and children which reflect best practice, are based on evidence and are designed with consumer consultation reflecting a partnership approach.	<p>Interagency collaboration will be promoted by increasing General Practitioners, Adult Mental Health, Case-Managers and other agency involvement in HMH at point of admission and discharge by:</p> <ul style="list-style-type: none"> Inviting interagency personal including General Practitioners, Private Psychiatrists and Key workers to Unit ward rounds to discuss case management issues and follow up requirements. <p>To collaborate and work in partnership with the Lady Gowrie Child Centre</p> <ul style="list-style-type: none"> To continue developing ways of addressing the needs of mother-infant attachment issues <p>To collaborate and work in partnership with COMIC (Children of Mentally Ill Consumers) to look at the well being of children of women with serious mental illnesses</p> <ul style="list-style-type: none"> To develop ways to affectively meet the needs of children whose parents have a serious mental illness <p>To collaborate and work in partnership with COPMI (Children of Parents with a Mental Illness)</p> <ul style="list-style-type: none"> To develop a booklet on managing mental health during pregnancy and early parenthood for those women who have a mental illness <p>To adhere to the principles of 'early intervention and prevention' with international best practice methods for best outcomes for families at high risk</p> <ul style="list-style-type: none"> To lobby Government for appropriate funding to work with other agencies in partnership to apply these principals. To continue to educate staff via University courses in Infant mental Health and inservice training at Helen Mayo House to provide a specialty service for attachment disorders. <p>Helen Mayo House will work effectively with general practitioners</p> <ul style="list-style-type: none"> Each general practitioner will be asked to attend a ward round just prior to the anticipated discharge of their patients Continue to provide education in focussed psychological strategies and infant mental health <p>Helen Mayo House will work in partnership with agencies in the community to improve the accessibility of resources.</p> <ul style="list-style-type: none"> Liaison between Southern Women's, Shine and Helen Mayo House Staff to develop an ongoing group for women with postnatal depression in the southern suburbs To continue to forge links with agencies who work with women and young children particularly where there are mental health issues 	<ul style="list-style-type: none"> Constructive interagency feedback Readmission rate will decrease The number of inpatients or outreach clients who complete an attachment program Booklet is published <p>Best practice research data</p> <ul style="list-style-type: none"> Increased attendance of GPs at HMH ward rounds Increased attendance of GP's at Focussed Psychological Strategies Course and infant mental health. Increase in appropriate support services for women in the community. 	<p>To commence immediately and this will be an ongoing process.</p> <p>Ongoing</p> <p>October 2003</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>HMH Multidisciplinary team</p> <p>Dr Anne Sved Williams, Sue Ellershaw, Libby Brady</p> <p>Dr Anne Sved Williams, Sue Ellershaw</p> <p>Dr Anne Sved Williams in conj with trainee psychiatrist</p> <p>Dr Anne Sved Williams</p> <p>Libby Brady</p> <p>Multi disciplinary team</p>
1.3	Provide services which are integrated in approach and focussed on the women and children and families for whom they are designed.	<p>To develop a proposal to the WCH executive regarding the development of a comprehensive Infant Mental Institute to be based at the WCH:</p> <ul style="list-style-type: none"> To report to the Generational Health Review re the importance of looking at the comprehensive psychological well being of infants and young children To give a report to the WCH Board regarding this proposal 		Ongoing	Dr Anne Sved Williams, Mr Phil Robinson

2.2	Improve the health of disadvantaged and at risk groups.	<p>To adhere to the principles of 'early intervention and prevention' with international best practice methods for best outcomes for families at high risk</p> <ul style="list-style-type: none"> To lobby Government for appropriate funding to work with other agencies in partnership to apply these principals. To continue to educate staff via University courses in Infant mental Health and inservice training at Helen Mayo House to provide a specialty service for attachment disorders. <p>To identify when clients have special needs and respond appropriately without prejudice.</p> <ul style="list-style-type: none"> Education and support for staff to inform them re special needs of clients. Provision of Interpreter Services for effective communication. Provision of multi language brochures for adequate information to clients Provision of a multi denominational chaplain to meet different cultures' spiritual needs. Provide specific dietary requirements eg Halai <p>To provide a culturally appropriate service for urban, rural and remote aboriginal people.</p> <ul style="list-style-type: none"> Staff are involved in the Indigenous Services Working Party Raise cultural awareness by inservice from Aboriginal community Attempt to work in partnership with Nunkawarin Yunti on strategies that impact positively on the infant mental health needs in the Aboriginal community 	<p>Best practice research data</p> <ul style="list-style-type: none"> Client satisfaction and complaints <p>Fetal alcohol syndrome article written in response to a request from Nunkawarin Yunti staff.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Dr Anne Sved Williams, Sue Ellershaw</p> <p>All members of the multi disciplinary team</p> <p>Dr Anne Sved Williams, Sue Ellershaw</p>
2.3	Improve access to quality health information for consumers.	<p>To destigmatise individual and community beliefs about mental health to encourage early intervention.</p> <ul style="list-style-type: none"> To provide antenatal education. To have a professional, friendly approach and availability of access and support <p>To continue the knowledge and skills development of professionals and consumers in the fields of perinatal and infant psychiatry</p> <ul style="list-style-type: none"> Continue provision of telephone support for professionals and consumers Continue to update library related to perinatal and infant psychiatry, by acquiring relevant books and videotapes, and journal articles where relevant To develop resource folders which focus on consumer/health professional and staff references that are divided into perinatal and infant mental health specialist areas One-day conference will occur to educate health professional and the community. 	<p>Reduction in the need for inpatient services</p> <ul style="list-style-type: none"> Conference to take place in July 2003 Resource folders available for all staff and are continually updated 	<p>Ongoing</p> <p>Ongoing</p>	<p>The Multi disciplinary team</p> <p>Multi disciplinary team</p>

GOAL 3: EDUCATION AND LEARNING					
3.1	Develop an educational framework for all staff to support high quality clinical practice and health promotion across the WCH.	<p>Ensure all Helen Mayo House staff continue skills and knowledge training –</p> <ul style="list-style-type: none"> All staff to attend at least 4 professional development sessions throughout year All staff have access to 4 sessions of in-house training a year Staff have access to external conferences on rotational basis Staff to attend a play therapy session 	<ul style="list-style-type: none"> All nursing staff will have undertaken Target 40 sheets annually Annual performance appraisal 	Ongoing	Dr Anne Sved Williams, Sue Ellershaw, Mary Farrington
GOAL 4: EXCELLENCE IN LEADERSHIP IN RESEARCH					
4.3	Develop and implement appropriate research findings to achieve evidence based and continuously improving services.	<p>Follow-up evaluation processes will be identified for measuring the outcomes of interventions with mothers and infants .</p> <ul style="list-style-type: none"> Research project on the efficiency and effectiveness of the outreach program to be undertaken <p>To reflect the activity carried out in inpatient, outreach, outpatient, telephone counselling and peri-natal services to both women and infants.</p> <ul style="list-style-type: none"> To develop data base and data forms to capture accurate activity based data <p>Research project on psychiatric morbidity and social demographics of the population of inpatients at Helen Mayo House to look at management, outcomes</p> <ul style="list-style-type: none"> Data collection to commence February 2003 <p>Formal evaluation of outreach program</p> <ul style="list-style-type: none"> Masters psychology student approached 	<p>Thesis to be published</p> <p>Monthly report to Divisional Business Manager more accurate regarding activity</p> <p>Report on project given at HMH One day conference in July</p> <p>Evaluation will have commenced by 31/12/03</p>	<p>July 2004</p> <p>Ongoing</p> <p>July 2003</p> <p>Ongoing</p>	<p>Clinical Psychologist</p> <p>All multi disciplinary team</p> <p>Dr Anne Sved Williams, Dr Ilona DiBella</p> <p>Dr Anne Sved Williams</p>
GOAL 5: GOOD GOVERNANCE, MANAGEMENT AND ACCOUNTABILITY					
5.4	Develop a comprehensive communication system that encourages effective knowledge and information management.	Helen Mayo House will ensure effective communication with the broader Division external stakeholders and consumers	<ul style="list-style-type: none"> Utilisation of Intranet Updating internet information 	Unit Head	
GOAL 6: FINANCIAL VIABILITY					
6.1	Establish a resource management framework with integrated business planning at Divisional and Department level, which includes some component of variable funding to reflect planning and activity levels.	Helen Mayo House will ensure responsible and accountable financial practices	<ul style="list-style-type: none"> Monitoring of budget Meeting with Business Manager 	Unit Head Unit Head	