



## STRATEGIC PLAN 2009-2012

YOUR PARTNER  
IN HEALTH

*“Austin Health will be renowned for excellence and outstanding leadership in health care, research and education.”*

# Message from the Chair of the Board and Chief Executive Officer

## **The Austin Health 2009-12 Strategic Plan describes the key directions and actions that Austin Health will pursue to achieve its vision of being renowned for excellence and outstanding leadership in health care, research and education.**

This plan is the product of a process that engaged Austin Health's staff, community, the Department of Health and other key stakeholders.

### **Together we:**

- Reflected on our achievements
- Considered the challenges that confront us
- Confirmed our vision
- Determined a course that will build a sustainable and thriving health service.

Our achievements over recent years have been considerable. Last year we treated more patients than ever before while achieving a small operating surplus – the result of the dedication and hard work of our staff.

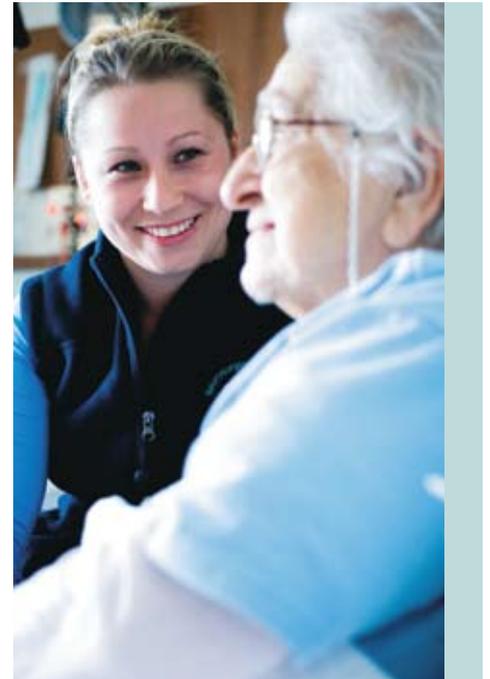
Our focus on health system improvement, quality and safety was rewarded with excellent results in our health service accreditation survey and the awarding of four year accreditation in 2008 from the Australian Council of Health care Standards (ACHS).

We remain committed to the pursuit of excellence. This will require a commitment to working together with our community, our staff and our many partners. This plan provides the foundation for a common understanding of our goals and priorities to 2012 and sets out the key objectives which will guide our actions as we seek to provide high quality, safe and appropriate services to our community. By working together we will achieve much more.

On behalf of the Austin Health Board and Executive Management Team we would like to thank all those who gave their time, energy and intellect so generously in this planning process. Together we have set a course towards continued improvement and excellence in health care, research and education.

**Mr Tim Daly AM**  
Chair

**Dr Brendan Murphy**  
Chief Executive Officer



**Austin Health is a major academic medical centre providing health services, health professional education and research in the northeast of Melbourne, including a significant role in providing community hospital services to its local community.**

We are one of Victoria's largest health care providers employing some 7,300 people across several locations including the Austin Hospital, Heidelberg Repatriation Hospital (HRH) and the Royal Talbot Rehabilitation Centre (RTRC).

Austin Health prides itself on providing high quality patient care to a diverse multicultural population, a significant veteran community, Aboriginal and Torres Strait Islander people, its local, rural and interstate communities.

We provide an extensive range of medical, surgical and mental health services, a comprehensive range of specialist outpatient services and significant outreach services.

**Austin Health is renowned for its specialist work in cancer, liver transplantation, spinal cord injuries, neurology, endocrinology, mental health and rehabilitation including a number of state-wide services:**

- Victorian Spinal Cord Service
- Victorian Respiratory Support Services
- Victorian Liver Transplant Unit
- Acquired Brain Injury Unit
- Child Mental Health Inpatient Unit
- Austin Toxicology Service

Austin Health research is strong and diverse, with a focus on cancer, diabetes, respiratory disease, liver disease, heart disease, stroke, epilepsy and psychiatry.

Austin LifeSciences (ALS) brings together over 800 Austin researchers from its three sites under one integrated function to strengthen research partnerships internally and with our university partners. Within ALS eight prestigious research institutes based at Austin Health have partnered with the University of Melbourne and other hospital-based researchers to achieve ongoing excellence in research and better health outcomes for our local, national and global communities.

**The Austin Health research institutions include:**

- The Brain Research Institute, the Howard Florey Institute and the National Stroke Institute which have joined together to form the Florey Neurosciences Institute
- Ludwig Institute for Cancer Research
- Institute for Breathing and Sleep
- Austin Hospital Medical Research Foundation
- Parent-Infant Research Institute

External research funding to Austin Health research is over \$25 million per annum.

Austin Health is one of the designated Victorian biotechnology precincts and is affiliated with the University of Melbourne for medical education and LaTrobe University for nursing education. There are also strong education links with RMIT and Deakin Universities

# Our vision, mission and values

**Austin Health continues to have a strong commitment to its vision, mission, values and strategic goals.**

## Vision

Austin Health will be renowned for excellence and outstanding leadership in health care, research and education.

## Mission

Austin Health is the major provider of tertiary health services, and health professional education and research in the northeast of Melbourne.

## Values

Our values guide our behaviour and we will ensure our values underpin all of our actions.

### **Integrity**

We exercise honesty, candour and sincerity

### **Accountability**

We are transparent, responsible and answerable

### **Respect**

We treat others with dignity, consideration, equality and value

### **Excellence**

We continually strive for excellence

## Motto

Your partner in health.

## Our strategic priorities

We will pursue our six strategic priorities to help us achieve our vision:

- Better, safer, faster care
- Working through partnership and participation
- Leading in research and education
- Investing in our staff
- Building a strong and sustainable future
- Advancing leadership and innovation

# Recent achievements

**There have been many achievements since the last strategic plan was completed. Some achievements include:**

- Opening the dedicated elective surgery centre at Heidelberg Repatriation Hospital with 4,966 elective patients treated in 11 months since the centre opened in August 2008.
- Continuing improvement in emergency indicators despite a 6.3 per cent increase in Emergency Department presentations in 2007-08 from the previous year and a 42 per cent increase from 2003-04. 67 per cent of emergency patients were admitted to a ward within eight hours in 2007-08.
- There was a 17 per cent increase in admissions to the Hospital in the Home program in 2008. This resulted in over 100 people being treated in their home at any given time.
- Achieving a small operating surplus for the 2007-08 financial year, despite demand pressure.
- 50 liver transplants were completed by Austin Health surgeons at Austin Hospital and the Royal Children's Hospital, the highest number ever completed in Victoria. Victoria's first living-related liver transplant was also completed successfully in 2008.
- Austin Health's Infection Control team were recognised when the Australian Commission on Safety and Quality in Health care awarded a contract to Austin Health to undertake the National Hand Hygiene Initiative that will lead to a national model for hand hygiene.
- Being awarded the Premier's Award for Metropolitan Health Service of the Year, Victorian Public Health care Awards, 2006.
- Austin Health researchers collected two of the seven 2008 NHMRC Excellence Awards, proving its status as one of Australia's top research precincts.
- Austin Health researchers have been awarded almost \$15 million in grants available from the Victorian Neurotrauma Initiative for projects to improve the quality of life of people with spinal cord injury. One of these grants is to investigate exercise in people with spinal cord injury, including the potential to recover neurological function.

**The health care needs of our community and the way in which health care is provided is changing rapidly. We will respond to these challenges and will strive to meet the health care needs of our community while we continue to improve the services we provide. Whilst we share many of our challenges with other health services, some are unique to Austin Health.**

## **An ageing population**

- Demand for health services is increasing as the population grows, lives longer, and experiences more chronic and disabling conditions as a result of population ageing and lifestyle risk factors such as obesity. New approaches to meeting the needs of this growing and increasingly complex patient population will be required.

## **Rising expectations**

- Rising consumer expectations and growing health literacy will increase the focus on partnering with patients to ensure they are adequately informed to make decisions and manage their care, understand their treatment, have access to advance care planning, open disclosure and other options for engagement.
- The funding available for health services, new service models and new technologies will continue to be constrained. A focus on emergency and elective access will continue.
- Federal government policy directions such as reducing the focus on private health insurance and the current global economic pressures are likely to shift demand to public hospital services.
- A capped funding environment will require a strong focus on providing best value for money and the best use of our resources.

## **Technological change**

- The ability to diagnose and treat a much broader range of medical conditions will continue as a result of rapid growth and sophistication in health technologies.
- Information technology, business intelligence and clinical information systems – such as the electronic medical record - are expected to drive substantial changes in the way services are delivered.

## **Workforce**

- An increased demand for health care workers will be challenged by anticipated workforce shortages.
- There will be a need to support and train greater numbers of new health care workers as the workforces ages and retires.
- New workforce roles must continue to be developed as one approach to workforce shortages and to ensure job satisfaction for all clinical staff.

## **Infrastructure and our environment**

- Austin Health has ageing infrastructure at each of its three main sites. Funding for replacement and redevelopment will be actively sought.
- Protection of our environment and the efficient use of our natural resources is a responsibility of all organisations, including Austin Health.

## **Our local community**

### **The primary catchment is characterised by:**

- An older population with fewer people aged under 18 years
- A fairly stable population with projected growth of 2.1% from 248,359 in 2006 to 253,451 in 2016.
- Social disadvantage in parts of Heidelberg and Preston
- A diverse cultural mix with over a quarter of residents of Darebin born overseas in non-English speaking countries
- A significant Aboriginal community.

Austin Health also serves an extended catchment which is expected to grow to 1,173,976 people by 2016 – a growth of 6.6% from 2006. This population growth is largely driven by development on the urban fringe at Whittlesea and Hume. While these areas will continue to attract young families, the number of older people is also projected to increase significantly.

## What you told us

**Our staff, community and other service providers were asked for advice about our future challenges and direction.**

**We want Austin Health to be:**

- A leader in specialist services
  - Innovative, flexible and focused on continuous improvement
  - Consumer focused and involving, and responsive to consumer feedback.
  - Internationally renowned for research and teaching with strong links to our university partners
  - A consistent provider of accessible, timely, high quality and evidence-based health care
  - Focused on providing well coordinated and seamless care to our consumers, regardless of where that care is provided
- An employer of choice that values and supports staff
  - Environmentally responsible and progressive
  - Supported by modern and well integrated information technology systems
  - Supported by equipment that enables modern, evidence-based care
  - Housed in modern facilities that are well maintained and appropriate for their function
  - Focused on best value for money.

## Government directions

***Victoria. A better state of health (2005) recognised the challenges facing the Victorian health system and the need not just for additional resources, but also for an enhanced ability to meet the health needs of Victorians in a sustainable way.***

As a policy statement, it encouraged innovation and cooperation between health services, government and citizens and a focus on smarter, holistic health care provision.

**Five overarching principles were articulated:**

- The best place to treat
- Together we do better
- Technology to benefit patients
- A better patient experience
- A better place to work

This and other key policy directions were considered in determining our priorities for the future.

## Clinical services plan

***The Austin Health Strategic Services Plan was commissioned by Austin Health and the Department of Health in 2008 to describe the future role and function of our clinical services to maximise our value to our community.***

The plan was informed by extensive consultation and analysis and concluded with 31 recommendations to guide the direction of our clinical services and focus future development.

# Our priorities for the future

**Our strategic priorities flow from an understanding of our challenges, our ambitions and our fundamental desire to provide the very best care to our community.**

These priorities and objectives highlight the direction which Austin Health will pursue to advance its mission, focus strategic actions at all levels of the organisation and guide effective allocation and use of the available resources.

Building our culture, capability, infrastructure and ensuring coordinated action for improvement will be focused around the following strategic priorities:

- Better, safer, faster care
- Working through partnership and participation
- Leading in research and education
- Investing in our staff
- Building a strong and sustainable future
- Advancing leadership and innovation.

# Our priorities for the future

## 1. Better, safer, faster care

**We will provide safe, timely, high quality care that is based on the best available evidence. We will deliver services that strive to meet the growing and changing needs of our community.**

Austin Health will focus on delivering the best possible health care to our community with the resources we have available. Everyone has the right to expect timely health care that is comprehensive and well-coordinated, based on the best available evidence and delivered by health professionals with the appropriate expertise.

Austin Health is committed to ensuring the best outcomes for our patients. Despite our efforts things can go wrong in health care with a range of adverse events including medication errors, falls and the failure to identify the deteriorating patient or to reliably provide care that is known to be effective. Austin Health will ensure systems and processes are in place to continually monitor the outcomes of care, ensure that clinical risks are identified and managed and that we compare our care to other world class services.

### **What we have already achieved**

We have undertaken a number of programs to improve the care we provide including:

- In 2008, Austin Health introduced a pilot residential care in-reach program whereby nursing home patients can receive acute care at their place of residence, negating the need to go to the hospital emergency department. This has avoided approximately two hospital admissions per day, resulted in faster care and positive feedback from general practitioners who continue to manage residents following review by the in-reach team.
- A campaign to improve sterile technique when inserting intravenous lines resulted in a 43% reduction in the number of patients with an infection between 2006 and 2008.
- The Austin Health Strategic Services Plan was finalised in 2009, describing the proposed role and function of our clinical services over the coming years.

### **Objectives**

1. Drive a focus on evidence-based care across Austin Health through systemic use of peer-review, clinical audit, benchmarking and clinical outcomes monitoring.
2. Improve the safety and quality of the care we provide by targeting and reducing adverse events.
3. Achieve Department of Health access targets by providing care in clinically appropriate time frames.
4. Streamline the transition of care from hospital, to extended care and to community care or home.
5. Plan our services to meet the needs of the community, including the implementation of the recommendations of the Strategic Services Plan.
6. Maintain accreditation across all areas.

## 2. Working through partnership and participation

**We will work in partnership with our patients, carers and their families to ensure the care we provide is responsive to the needs of our community. We will collaborate with other health service providers and our university and other partners to facilitate optimal outcomes.**

The experience of the patient is a critical aspect of the quality of care we provide. Optimal patient care is achieved by respecting the patient, preserving their dignity and through taking the time to understand what matters most. Joint decision making with the patient, their carers, families and ensuring health care professionals work effectively with one another will ensure our patients get the best possible outcomes.

The way individuals and groups of health care workers relate to each other and share expertise and resources has a profound impact on the quality of the care our patients receive. Formation of strong and flexible staff networks facilitates sharing of knowledge, expertise and resources, and enables coordinated and comprehensive care for our patients.

Responding effectively to the growing and changing health care needs of our community will require coordinated planning with our neighbouring health services. Strengthening our research and education capability will require productive relationships with our university and research partners.

### **What we have already achieved**

- Consumer advice was used to design patient administrative and care processes in the new Surgery Centre at Heidelberg Repatriation Hospital. Staggered admission times and improved privacy measures were two positive outcomes.
- Austin Health has joined with Eastern Health, Northern Health and Mercy Hospital for Women to establish the North Eastern Metropolitan Integrated Cancer Service (NEMICS). As a member of NEMICS, Austin Health has introduced a new, evidence-based multi-disciplinary model of care for people with cancer.
- Austin Health's highly regarded Respecting Patient Choices program has worked with the Royal Australian College of General Practitioners and LaTrobe University to introduce a new online learning activity to support general practitioners and other health professionals to help patients express wishes about their future health care.

### **Objectives**

- 1.** Plan our services from the perspective of the patient and improve patient satisfaction with the services provided.
- 2.** Develop internal partnerships and links to enhance communication, care coordination and optimise efficiency.
- 3.** Promote consumer participation in decision making about their care through access to information, informed consent, advance care planning and open disclosure.
- 4.** Engage external stakeholders, health and government partners in service planning and evaluation.
- 5.** Support consumer and community participation in quality, safety and service improvement initiatives with a special focus on disadvantaged groups.

## 3. Leading in research and education

**Austin Health will provide excellence in education, teaching and training. We will lead in advancing basic, clinical and translational research through Austin LifeSciences (ALS). We will continue to work with our university partners to enhance teaching and research.**

Research builds knowledge which informs clinical practice. It is important in driving a focus on evidence, health outcomes and improvement. Austin Health has an important role in training doctors, nurses, other health care professionals and researchers.

A strong research profile attracts the best trainees. A positive training experience attracts the best graduates. A strong reputation in research attracts top class clinicians, who in turn attract other high calibre staff.

Austin Health will grow its reputation as a leading academic medical centre by building upon its academic links, seeking to attract the best and the brightest and valuing the role of teaching and research. Austin Health will remain outward-looking and forward-thinking in contributing to international health knowledge.

### **What we have already achieved**

ALS was established in 2008 to strengthen research partnerships internally and with our university partners. The newly created Office for Research of the ALS provides a research portal to promote and support cutting-edge collaborative research, to build and manage the infrastructure and attract resources.

Our strong partnership and onsite relationship with the University of Melbourne and La Trobe University has enhanced the learning experience for students and fostered their allegiance to Austin Health. In 2008 we were rewarded with 100% of our new medical and nursing graduate positions being filled by nurses and doctors that put Austin Health as their first preference for employment.

### **Objectives**

- 1.** Raise the profile of Austin LifeSciences as a leader in translating research into better health.
- 2.** Develop a research strategy that continues to build our reputation as a centre of research excellence.
- 3.** Continue to develop research infrastructure to provide world class facilities.
- 4.** Increase our focus on excellence in education and training of clinical staff by providing appropriate infrastructure, support and working closely with our university partners.
- 5.** Promote clinical training opportunities that embrace an integrated, multidisciplinary approach to education and training.

## 4. Investing in our staff

**We will attract, retain and value all of our staff through professional development, ensuring a safe and supportive work environment while seeking to address current and future workforce challenges.**

Attracting and retaining high quality staff is essential to providing excellent health care. Our partnership with our staff is strengthened by providing a safe and supportive workplace, listening to our staff, valuing their ideas and supporting their development. In this way we not only improve the quality of our services but continue to build a strong and committed workforce.

We need to make better use of the skills and experience of our staff and to improve staff satisfaction. This will require a continued focus on clinical engagement, fostering of clinical leadership, strong internal communication and changes to traditional roles to meet the challenges of modern health care.

### **What we have already achieved**

Our focus on workforce development has seen more than a third of our Division 2 nurses undertaking additional training to administer patient medication: a role previously undertaken only by Division 1 nurses. Senior Division 1 nurses in ICU have also undertaken training to insert radial arterial lines: a role previously only undertaken by medical staff. These changes have been supported by medical and nursing staff alike.

**An Austin Improvement Survey in 2008 demonstrated high levels of staff satisfaction, and prompted the introduction of a range of workplace improvement initiatives. These improvements have included:**

- A new and improved staff performance management program to foster a performance culture through employee engagement
- A training course for clerical staff to facilitate career development, and
- Commencement of work on a bullying prevention strategy.

### **Objectives**

- 1.** Develop and maintain a values driven performance orientated culture through clear roles, accountabilities and performance management.
- 2.** Lead the implementation of new and flexible work roles that extend practice, build capability and release skilled staff from lower value tasks.
- 3.** Establish appropriate processes and opportunities to develop our staff to reach their full potential.
- 4.** Pro-actively recruit and retain high calibre staff.
- 5.** Provide a safe, healthy working environment for our staff.

## 5. Building a strong, sustainable future

**We will enhance our efficiency, sound financial management and environmental sustainability. We will continue to plan and develop modern facilities appropriate to our community's needs.**

The cost of health care continues to rise in the face of constrained budgets. This requires a sharper focus on improving efficiency, reducing waste and ensuring best value for money. This will include targeting our services to those that make best use of the skills and infrastructure of a tertiary hospital while ensuring our local community receives appropriate hospital services.

While Austin Health is fortunate to have the new tower block, many of the facilities within Austin Health have not been upgraded. We will actively seek funding for further redevelopment on the Austin Hospital and Heidelberg Repatriation Hospital sites. Upgrading key facilities and equipment so they are fit for their purpose is central to the provision of good quality services.

At Austin Health we have a strong commitment to reducing our carbon footprint and diverting waste from landfill. This will contribute to the protection of our environment for future generations.

### **What we have already achieved**

The mental health facilities on the Austin Hospital site have been redeveloped to include 55 mental health beds as part of an expanded mental health precinct. This includes 19 adult acute psychiatry beds (including High Dependency Unit), five beds for eating disorders, six beds for parents and infants, and 25 secure extended care beds.

Planning is well underway for the Olivia Newton-John Cancer and Wellness Centre. The centre will provide a comprehensive range of services and facilities to support cancer care. It will house ambulatory and inpatient facilities for acute and palliative care patients, a radiotherapy centre, Ludwig Institute for Cancer Research laboratories, a clinical research centre, an education and resource centre, and a Wellness Centre, which will feature a range of patient-centred complementary therapies.

Our commitment to environmental sustainability has been supported by the appointment of a Conservation and Waste Management Officer in 2008. A waste audit identified opportunities for recycling and better waste management, and an Environmental and Resource Efficiency Plan has been developed to guide action for resource efficiency and recycling initiatives within Austin Health.

### **Objectives**

1. Achieve a balanced budget and pursue additional sources of funding to support reinvestment.
2. Develop a master plan for the Austin Hospital and Heidelberg Repatriation Hospital sites and pursue appropriate redevelopment of the Heidelberg Repatriation Hospital site.
3. Develop a capital plan to upgrade equipment and facilities to meet modern standards, particularly theatres, pathology and diagnostic imaging.
4. Pursue opportunities to reduce our environmental impact in capital planning and through waste reduction, improved efficiency and increased recycling.

## 6. Advancing leadership and innovation

### **We will promote a strong culture of clinical and management leadership and innovation to advance service delivery.**

Austin Health has a proud reputation for leadership and innovation. Continuing to respond effectively to the challenges confronting us will require flexibility and adaptability to develop innovative solutions and strong leadership and commitment to see them implemented. We will continue to support modern information technology, communication and information systems as key enablers in world class care.

We will build the capability in our staff to see opportunities to improve and we will support their efforts to continuously improve our systems and processes. This will include support to audit our processes and practices against best practice, benchmark with others and quickly respond to changing needs and new opportunities.

### **What we have already achieved**

The Austin by Design Unit was established in 2008 to drive improvements in systems and processes for health care delivery and build staff leadership skills in process redesign for improvement. This includes the Care by Design program which is assisting nursing staff to reclaim valuable time for patient care and reduce time lost looking for equipment, people, keys, linen, medicines and information.

A web-based emergency surgery booking system has been developed enabling staff to better track patients waiting for surgery. Its use has improved transparency and has reduced theatre waits and length of stay.

A new emerging leaders program was introduced in 2008. This program seeks to develop the key leadership skills of senior staff such as nurse unit managers and senior clinicians.

### **Objectives**

- 1.** Build staff skills, knowledge and capacity in systems redesign to improve quality, value and efficiency.
- 2.** Provide contemporary clinical and business information systems that support excellence in decision making, patient care and accountability.
- 3.** Continually enhance information technology and communication systems to keep pace with modern standards.
- 4.** Identify and develop future leaders at every level through leadership development and talent management for key business critical roles.
- 5.** Recognise the contribution of staff across the health service, acknowledge and celebrate our successes.

## Next steps

This strategic plan sets the strategic direction and agenda for our health service for the next four years. These objectives will be translated into programs of work with clear accountabilities and timelines that will be reflected in the annual Austin Health business plans over coming years. These plans will be

actioned at all levels of the organisation through the executive and through the development of departmental quality and business plans. Implementation and performance will be monitored and reported regularly to the Austin Health Board.



# Appendix 1: Our community and services

This section describes the populations served by Austin Health, and the services and activity provided by Austin Health.

## Our community profile

Austin Health's primary catchment<sup>1</sup> includes the local government areas (LGA) of Banyule and Darebin. The primary catchment population is projected to grow by 2.1% from 248,359 in 2006 to 253,451 in 2016<sup>2</sup> (see Table 1).

Austin Health also serves an extended catchment across the north east including the LGA of Manningham, Nillumbik, Whittlesea, Boroondara, Moreland, Hume and Whitehorse. This extended catchment population is projected to grow by 6.6% from 1,100,848 people in 2006 to 1,173,976 people by 2016 (see Table 1).

The primary catchment covers approximately 116 km<sup>2</sup>. The extended catchment covers approximately 1800 km<sup>2</sup>, extending from densely populated inner urban and residential settings to sparsely populated rural areas and national parks.



<sup>1</sup>It should be noted that the Department of Health (DH) estimate of Austin Health's primary and secondary catchments differs slightly from Austin Health's estimate, as DH used an earlier base year. The DH-defined primary and secondary catchments for Austin Health are as follows:

- Primary catchment: Nillumbik (S) – South, Banyule (C) – North, Darebin (C) – Preston, Nillumbik (S) - South-West, Nillumbik (S) Bal, Banyule (C) – Heidelberg
- Secondary Catchment: Gr. Bendigo (C) - Inner West, Manningham (C) – East, Manningham (C) – West, Whitehorse (C) - Box Hill, Yarra Ranges (S) – North, Whittlesea (C) – North, Whittlesea (C) – South, Darebin (C) - Northcote

<sup>2</sup>Victoria in Future, 2008.

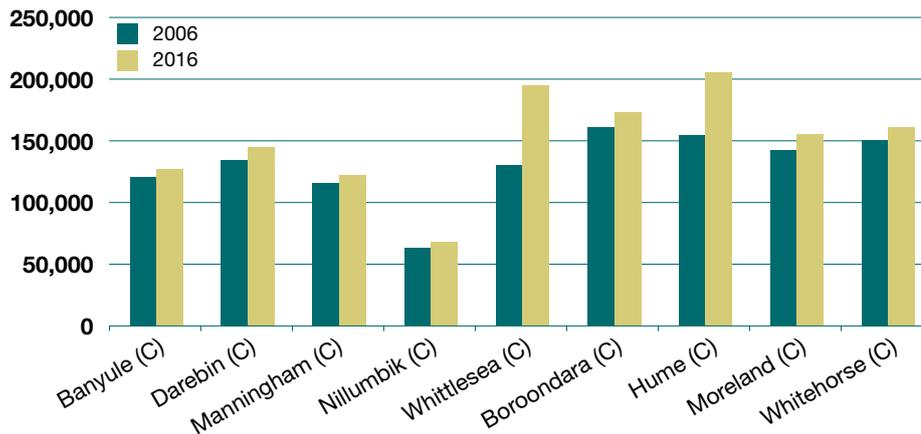
# Appendix 1: Our community and services

## The primary catchment population is characterised by:

- An older population with fewer people aged under 18 years
- A relatively stable population with projected growth of only 2.1% from 2006 to 2016
- Social disadvantage in parts of Heidelberg and Preston
- A diverse cultural mix with over a quarter of residents of Darebin born overseas in non-English speaking countries
- A significant aboriginal community.

The projected population growth in Austin Health's extended catchment is largely driven by development on the urban fringe at Whittlesea and Hume. While these areas will continue to attract young families, the number of older people is also projected to increase significantly.

## Projected population 2006-2016



## The health profile of our community is characterised by:

- Males in Darebin experience a significantly lower life expectancy at birth than the Victorian average.
- Cancer and cardiovascular disease account for the most years of life lost to premature death in the northern region. Injuries and chronic respiratory disease are also significant.

- Mental disorders, particularly depression account for the most years lived with a disability.
- Tobacco use, obesity, high blood pressure and high blood cholesterol are key risk factors which contribute to the burden of disease.

Whittlesea and Hume have significantly lower numbers of GPs per 1000 population than the Victorian average. The rest of the catchment is relatively well served.

## Appendix 1: Our community and services

Table 1: Population and hospital activity projections for Austin Health catchments

LGA	Population 2006 <i>actual</i>	Population 2016 <i>projected</i>	Population change %	Total public hospital 2007-08 <i>separations</i>	Austin Health 2007-08 <i>separations</i>	Austin Health as % of public hospitals	Public Hospital forecast 2016-17 <i>separations</i>
<b>Primary catchment</b>							
Banyule (C)	118,780	120,802	1.7	36,197	22,897	63%	31,304
Darebin (C)	129,579	132,649	2.4	43,743	18,096	41%	22,523
<b>Primary catchment - Total</b>	<b>248,359</b>	<b>253,451</b>	<b>2.1</b>	<b>79,940</b>	<b>40,993</b>	<b>51%</b>	<b>53,827</b>
<b>Secondary catchment</b>							
Boroondara (C)	109,098	111,630	2.3	20,731	1,917	9%	2,321
Hume (C)	150,624	169,980	12.8	47,655	2,810	6%	4,943
Manningham (C)	115,756	121,407	4.9	23,588	8,324	35%	13,481
Moreland (C)	138,180	144,185	4.3	43,273	3,260	8%	4,354
Nillumbik (S)	60,940	62,212	2.1	8,314	4,315	52%	6,509
Whitehorse (C)	147,636	154,368	4.6	34,670	1,901	6%	2,844
Whittlesea (C)	130,255	156,743	20.3	36,503	8,267	23%	14,849
<b>Secondary catchment - Total</b>	<b>852,489</b>	<b>920,525</b>	<b>8.0</b>	<b>214,734</b>	<b>30,794</b>	<b>14%</b>	<b>49,301</b>
Other				1,098,506	13,884	1%	18,709
<b>Primary and secondary catchments - Total</b>	<b>1,100,848</b>	<b>1,173,976</b>	<b>6.6</b>	<b>1,393,180</b>	<b>85,671</b>	<b>24%</b>	<b>121,838</b>

Data source: Population data from the Victorian Department of Sustainability and Environment; projected hospital activity data for 2016 from the Victorian Department of Human Services forecast model, 2008.

Table 2: Austin Health hospital admissions by location and sites, 2007-08

LGA	Austin Hospital	HRH	RTRC	AH Total	% Overall Total
Austin Health Catchments	57,115	14,292	380	71,787	84%
Other metro	7,219	1,810	127	9,156	11%
Rural	3,805	195	67	4,067	5%
Interstate	616	19	26	661	1%
Non-Catchment Sum	11,640	2,024	220	13,884	16%
<b>Overall Total</b>	<b>68,755</b>	<b>16,316</b>	<b>600</b>	<b>85,671</b>	<b>100%</b>

Data source: Hospital activity data, 2007-08 from the Victorian admitted episode dataset.

### In 2007-08:

- Austin Health provided approximately 50% of the public hospital admissions for residents of its primary population
- Austin Health provided approximately 14% of the public hospital admissions for residents of its secondary population
- There were 85,671 admissions to Austin Health, of which 40,993 were for residents of Austin Health's primary catchment and 30,794 were for residents of Austin Health's secondary catchment
- 13,884 admissions to Austin Health (16% of admissions) were of residents of other catchments. Of these, 29% were for residents of rural Victoria, 66% were for residents of Victorian metropolitan areas and 5% were for residents from interstate or overseas. Overall, rural Victorians accounted for 5% of Austin Health's admissions (see Table 2).

### Austin Health also provides a range of specialist outpatient clinics. In 2007-08 across the three campuses of Austin Health there were:

- 152,474 attendances to over 271 specialist outpatient clinics
- 80,114 attendance to a range of allied health outpatient clinics (including physiotherapy, occupational therapy, social work, nutrition, speech pathology, podiatry and orthoptics).

### In addition, Austin Health also provides a broad range of outreach programs:

- The sub-acute care service for which there were 15,593 occasions of service utilised by 4011 clients in 2007-08
- The post-acute care service for which there were 2064 referrals in 2007-08
- The Hospital Avoidance Risk Program (HARP) which was utilised by 2,297 new clients in 2007-08, and for which there was an average of 596 other active clients per month during that same year
- 19 Transition Care beds in partnership with a local residential facility utilised by 267 patients in 2007-08
- 25 home-based Transition Care beds utilised by 120 patients in 2007-08
- 20 Extended Aged Care at Home (EACH) packages utilised by 26 patients in 2007-08
- 30 Community Aged Care packages utilised by 39 patients in 2007-08
- 20 Extended Aged Care at Home Dementia (EACHD) packages utilised by 38 patients in 2007-08.

Austin Health services are networked across three sites: Austin Hospital in Heidelberg, Heidelberg Repatriation Hospital in West Heidelberg and the Royal Talbot Rehabilitation Centre in Kew. An outline of the services and inpatient and outpatient activity provided at each campus is presented below.

# Austin Hospital

Initially established in 1882, Austin Hospital was significantly redeveloped in 2005 with two new hospital towers, one occupied by Mercy Hospital for Women.

The redeveloped Austin Hospital now features:

- Over 400 acute beds
- A new intensive care unit
- One of the state's largest adult emergency units and a specialist six-bed unit for children
- A purpose-built, 26-bed high-tech spinal unit to serve all of Victoria and Tasmania
- Infectious diseases isolation rooms in each ward
- Almost a quarter of rooms as single-bed rooms
- En suite facilities in all rooms
- Additional and refurbished operating theatres

- An expanded mental health precinct with 55 mental health beds
- A unique teaching, training and research precinct including a teaching space and laboratory on each level of the Austin Hospital Tower

Austin Hospital is also home to a number of state-wide services.

Hospital admissions activity is provided in Table 3.

Table 3: Austin Hospital admissions activity 2004-05 to 2007-08 financial years

Data item	2004-05	2005-06	2006-07	2007-08
Separations – Multi-day	22,536	25,523	26,224	28,556
Separations – Same day	33,587	34,726	37,634	40,200
<b>Separations - Total</b>	<b>56,123</b>	<b>60,249</b>	<b>63,858</b>	<b>68,756</b>
Separations - % Non-Elective	78.63%	82.87%	85.31%	80.44%
Separations - % Elective	21.37%	17.13%	14.69%	19.56%
WIES per Separation	0.90	0.91	0.88	0.89
Ave LOS (Days)	3.31	3.24	3.38	3.26
ED Presentations	41,834	48,484	53,501	56,888
Beds - Acute multi day		429	436	443
Beds - Acute same day		99	115	120
Beds - Mental Health		24	79	79

# Heidelberg Repatriation Hospital

**The Heidelberg Repatriation Hospital has a proud history of caring for Veterans and War Widows. Originally built in 1941, the hospital became part of Austin Health in 1995.**

Today the Heidelberg Repatriation Hospital continues to treat Veterans and War Widows and also provides services to the wider community including, day surgery, palliative care, mental health services, aged care, and a range of outpatient services including radiotherapy, nuclear medicine, radiation oncology and radiology.

Hospital admissions activity is provided in Table 4.

Table 4: Heidelberg Repatriation Hospital admissions activity  
2004-05 to 2007-08 financial years

Data item	2004-05	2005-06	2006-07	2007-08
Separations – Multi-day	3,261	3,362	2,914	1,889
Separations – Same day	16,564	17,312	17,744	14,420
<b>Separations - Total</b>	<b>19,825</b>	<b>20,674</b>	<b>20,658</b>	<b>16,309</b>
Separations - % Non-Elective	83.78%	81.53%	82.19%	98.80%
Separations - % Elective	16.22%	18.47%	17.81%	1.20%
WIES per Separation	0.20	0.15	0.14	0.06
Ave LOS (Days)	3.53	3.21	3.06	3.34
Beds - Acute multi day		11	0	0
Beds - Acute same day		48	24	24
Beds - Mental Health		81	25	25

# Royal Talbot Rehabilitation Hospital

**The Royal Talbot Rehabilitation Centre is a specialist provider of intensive rehabilitation programs, providing a comprehensive and coordinated range of medical, nursing, therapy and support services to people with a wide range of disabilities.**

Areas of specialty include acquired brain injury rehabilitation, amputee rehabilitation, neurological rehabilitation, spinal cord injury rehabilitation, orthopaedic rehabilitation and orthotic and prosthetic services.

Services are provided on an inpatient and day patient basis.

Hospital admissions activity is provided in Table 5.

**Table 5: Royal Talbot Rehabilitation Hospital admissions activity  
2004-05 to 2007-08 financial years**

<b>Data item</b>	<b>2004-05</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>
Separations – Multi-day	959	724	610	605
Separations – Same day	7	6	1	2
<b>Separations - Total</b>	<b>966</b>	<b>730</b>	<b>611</b>	<b>607</b>
Separations - % Non-Elective	98.34%	97.40%	96.89%	98.19%
Separations - % Elective	1.66%	2.60%	3.11%	1.81%
WIES per Separation	0.00	0.00	0.00	0.00
Ave LOS (Days)	32.99	31.53	36.98	37.61
Beds - Mental Health		33	33	33

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