Mission, Vision, Values and Goals

Osborne Park Hospital

1 July 2014 – 30 June 2015

This paper summarises the Mission, Vision, Values and Goals for Osborne Park Hospital and is aligned to the Sir Charles Gairdner Osborne Park Health Care Group’s Strategic Goals.

In fulfilling this vision and the goals outlined below, the Sir Charles Gairdner Osborne Park Health Care Group wishes to be recognised as a:

- leading healthcare provider in WA and Australia
- preferred place of employment for all staff
- centre for research, publishing, teaching and training
- preeminent academic centre associated with relevant universities
Mission
To improve, promote and protect the health of Western Australians within the North Metro Health Service catchment by:
- Caring for individuals and the community
- Caring for those who need it most
- Making the best use of funds and resources
- Supporting our team.

Vision
Committed staff, Clever researchers – Caring for Patients

The Vision encompasses intents such as:
- Future orientated
- Excellence, being the best
- Academic, Research & Teaching
- Patient Focused (Customer focused), Centre for Care
- Efficient
- Safe
- Vibrant
- Dedicated
- Great place to work

Values
- Care
- Excellence
- Respect
- Integrity
- Teamwork
- Leadership

These values are congruent with NMHS and WA Health values
## Strategic Objectives

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Strategic Objectives</th>
<th>Target</th>
<th>Reporting Frequency</th>
<th>Source</th>
</tr>
</thead>
</table>
| Caring for individuals and the community (Safety and Quality)         | 1.1 Hand Hygiene Compliance                                                          | >70%  

| 1.2 Staphylococcus Aureus Bloodstream infections (per 10 000 OBDs)     | 2                                                                                   | 6/12                    | HISWA Report                      |
| 1.3 Hospital Acquired MRSA rate (per 10 000 OBDs)                      | 0.7  

| 1.4 Clostridium Difficile infection rates (per 10 000 OBDs)            | <2.39  

| 1.5 Number of medication errors resulting in an adverse event          | <peer benchmark 0.02  

| 1.6 Number of inpatient falls (per OBDs)                               | <peer benchmark 0.77  

| 1.7 Number of inpatients who develop > 1 pressure injury during        | <peer benchmark 0.12  

| 1.8 Total number of SAC1 events (includes Sentinel events)             | 0  

| 1.9 SAC1 events notified to DoH within 7 days                          | 100%  

| 1.10 SAC1 investigation reports to DoH within 28 days of event         | 100%  

| 1.11 Deaths with a completed review within 4 months                    | 90%  

| 1.12 Complaints responded to within 30 days                            | >80%  

| 1.13 Hospital Standardised Mortality Rate                               | <0.8  

| 1.14 Number of ‘Not Met’ criteria on accreditation survey reports      | 0  

| 2.1 Patient/client satisfaction (mean score or percentage)            | >80  

### Reporting Frequency

- 4/12
- 6/12
- Monthly
- 3/12
- Every 2 yrs
- Annually (DoH)

### Source

- Site Infection Control
- HISWA Report
- ACHS Clinical Indicator Report – Hospital Wide Set
- ACHS Clinical Indicator Report – Hospital Wide Set
- ACHS Clinical Indicator Report – Hospital Wide Set
- Datix CIMS
- Datix CMS
- CIMS
- Site Records
- Department of Health Performance Management Report
- Site Accreditation Reports
- DoH /Press Ganey Patient Satisfaction Reports

Reviewed by OPHEC Dec 2014
<table>
<thead>
<tr>
<th>Pillar</th>
<th>Strategic Objectives</th>
<th>Target</th>
<th>Reporting Frequency</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access)</td>
<td>2.2 Promote research at OPH</td>
<td>&gt;2 per year</td>
<td>Annual</td>
<td>Department of Research, SCGH</td>
</tr>
<tr>
<td></td>
<td>2.3 Compliance with achievement of strategies to improve disability access and inclusion (as per OPH DAIP 2012 – 2017)</td>
<td>95%</td>
<td>Annual</td>
<td>OPH DAIP Report</td>
</tr>
<tr>
<td></td>
<td>2.4 Increase Staff Cultural Awareness Training participation rates</td>
<td>100%</td>
<td>6/12</td>
<td>Lattice</td>
</tr>
<tr>
<td></td>
<td>2.5 Decrease Did Not Attend rate for Aboriginal patients</td>
<td>5% decrease</td>
<td>6/12</td>
<td>TOPAS</td>
</tr>
<tr>
<td>Making the best use of funds and resources (Finances)</td>
<td>3.1 Meet annual operating budgets</td>
<td></td>
<td>Annual</td>
<td>Finance Reports</td>
</tr>
<tr>
<td></td>
<td>3.2 Complete capital developments within agreed budgets</td>
<td></td>
<td>Annual</td>
<td>Finance Reports</td>
</tr>
<tr>
<td>Supporting our team (People)</td>
<td>4.1 Increase employee satisfaction</td>
<td>75th percentile</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.2 Reduce annual staff turnover</td>
<td>&gt;7%</td>
<td>3/12</td>
<td>Workforce Reports</td>
</tr>
<tr>
<td></td>
<td>4.3 Reduce lost time injuries per 1,000,000 hrs</td>
<td>15.58</td>
<td>3/12</td>
<td>Workforce Reports</td>
</tr>
</tbody>
</table>

Key:
1 Hand Hygiene Australia
3 No state/national target. Benchmark taken from ACHS Clinical Indicator Peer Report (1 Jul – 31 Dec 12)
4 SCGOPHCG set target
5 Clinical Incident Management (CIM) Policy – DoH WA
6 WA Review of Mortality (WARM) Policy - DoH WA
7 Complaint Management Policy – DoH WA