



Te Omanga Hospice
Te Whare Manaaki Tangata

STRATEGIC PLAN
FOR 2007 TO 2010

PHILOSOPHY

To assist the terminally ill to make the most of their life that remains and to ensure that patients die comfortably, with dignity and in their own home if that is their wish; To provide support and care for the family and close friends during the patient's illness and in bereavement.

VISION

We continue to provide a quality hospice palliative care service to those with a terminal illness requiring specialist support in the Hutt Valley and Wairarapa. We remain independent of the District Health Board by ensuring the community continues to provide financial support and voluntary services to the hospice.

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VALUES

Compassion, Dignity, Partnership,
Professionalism

SERVICE DELIVERY

- 1) We will enhance palliative care in the hospital setting, reduce the instance of inappropriate referrals to the hospice and facilitate smoother transition for patients to aged care facilities/home.

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This will be achieved by appointing one F.T.E experienced palliative care nurse in Hutt Hospital and one experienced palliative care doctor to work in the hospital 3 days/week.

A similar service will be researched for Masterton Hospital.

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Actions

- We will seek funding from the D.H.B
- We will write a job description and employ an experienced hospice nurse who will work on site in the hospital but report to and be supported by the hospice.
- We will employ another part-time doctor to release an experienced hospice doctor for the hospital sessions.

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- 2) We will have improved the delivery of ~~quality~~ palliative care to all patients dying in aged care facilities in the Hutt Valley and established good working relationships with the G.Ps and staff in those facilities.

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This will be achieved by employing an experienced palliative care nurse (1 F.T.E) to provide advice, support and education to all the aged care facilities in the Hutt Valley.

Actions

- We will seek funding from the D.H.B
- We will write a job description and employ an experienced hospice nurse who will be based at the hospice but be responsible for overseeing the palliative care needs of all patients dying in aged care facilities in the Hutt Valley.
- We will consider the requirements for this position e.g office space, car

- 3) We will have a “GP Support” service in place for non-cancer patients whose condition is stable at the time of referral and are not requiring specialist palliative care at that time.

Deleted: Shared Care

This model allows for sharing care with the G.P who is responsible for providing all the care but the patient is reviewed by a hospice doctor every 3 months. These patients are not visited by the homecare nurses and are not eligible for any callouts. The G.P can request review and referral to the full programme at any time.

Actions

- We will formalize the ‘GP Support’ service model in consultation with the D.H.B and the GPs.
- We will consult with the D.H.B re funding for G.P education
- We will provide an advisory service to the G.Ps
- We will provide a formalized programme of education for the GPs to increase their knowledge in palliative care which will attract CME points.

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Deleted: <#>We will set up an education programme for G.Ps attracting C.M.E points¶

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4) We will continue to build stronger relationships with other health providers.

Actions

- We will continue to write letters of explanation and be available for telephone discussions/ consultations
- We will develop our I.T communication
- We will arrange more regular meetings with other providers
- We will arrange opportunities for other health professionals to spend time at the hospice to meet the team and learn about how we function.
- A local palliative care network will be established.

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PUBLIC RELATIONS/MARKETING

- 1) We will be better known and respected within the hospice community.

Actions

- We will promote Te Omanga's model of care through articles in journals and presentations at conferences
- We will participate in collaborative audits and research.
- We will encourage Hospice NZ to be more representative of our needs by giving them focused advice on our needs.

- 2) We will be better known and respected within the wider Hutt Valley and Wairarapa communities.

Actions

- We will develop the range of information available to the community, particularly in regard to minority groups such as the Maori and Pacific Island communities.
- We will develop information brochures that sensitively inform the public of the actual cost of hospice services.
- We will use the internet and our website to communicate more.
- We will promote Te Omanga's services through articles in the press and presentations to local service groups.

INTERNAL CAPABILITY AND FUNDING

- 1) We will have a fully integrated IT system with contracted support.

Actions

- We will implement the Information System Strategic Plan
- We will contract with a company to provide IT support
- We will purchase the necessary IT equipment
- We will purchase the necessary computer software
- We will educate the team in the use of the equipment and software
- We will ensure there is ongoing education and support.

- 2) We will develop the facilities to meet the identified needs.

Actions

- We will prepare a list of identified needs and proposed ideas and circulate it to staff/trustees for feedback and prioritisation.
- We will have an architectural plan drawn up if necessary.
- We will apply for funding.

- 3) We will ensure that we have enough professional staff to fulfil all the needs so that there is a seamless continuity of key roles.

Actions

- We will develop a dedicated HR role.
- We will identify people within the team who could, with education and training, fulfil key roles.
- We will be proactive in offering courses to individuals to meet gaps in knowledge
- We will ensure that robust systems, protocols and manuals are in place that will allow someone to step into a key role.

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- 4) We continue to attract volunteer support for identified services.

Actions

- We will appoint a Volunteer Liaison Officer.
- We will advertise the hospice in the community as a place needing volunteer support through articles in the media, by talking with service groups and through our own brochures.
- We will develop recruitment policies for volunteers that are open to accepting short-term placements.
- We will promote the hospice to the local business community as an avenue for their staff to provide voluntary support.

- 5) We have achieved 60% of our annual budgeted funding needs from the Ministry of Health contract.

Actions

- We will contract with an economist to undertake a study of the cost of providing Te Omanga's model of care compared with the DHB.
- We will seek agreement from the DHB on the methodology to be used in the study.
- The study will identify the cost benefits of our service for the Hutt and Wairarapa DHBs
- We will understand our strengths and our vulnerabilities.
- We will share the results of the study with Hospice NZ with a view to extending this out to all hospices in NZ.

EDUCATION AND RESEARCH

We will provide an expanded programme of education to our staff and to the community that is self funding and extends our mana in the community.

This will be achieved by employing another full time educator and a 0.5 FTE administration support person.

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- 1) We will employ one full time educator and one 0.5 administration support person to support the expanded programme of education being offered by the hospice.

Actions

- Avenues of funding will be explored.
- A job description will be drawn up for each position
- Applicants will be interviewed and appointments made.

- 2) We will expand the range of education courses available to health professionals in the Hutt Valley and Wairarapa communities.

Actions

- We will provide formalised education to general practitioners on a fee for service basis on end of life care issues.
- We will ensure that the education sessions attract CME points for GPs.
- We will increase our outreach to aged care facilities by providing education sessions on end of life and palliative care issues on a fee for service basis.
- The hospital palliative care team will be providing education to health professionals within the public hospital setting.

- 3) We will provide education to caregivers of family members and friends providing care in their own homes.

Actions

- We will ensure that all family members and caregivers are offered the opportunity to attend this focused training.

- 4) We will provide education to the wider community on what palliative care is and the services the hospice provides to normalise the process of death.

Actions

- We will advertise these sessions through brochures, articles in the media and presentations to service groups.

- 5) We will expand the staff development programme provided to our staff to include palliative care to patients with chronic illnesses.

Actions

- We will invite staff specialising in chronic illnesses to present to our staff.
- We will access sessions provided by the Hutt and Wairarapa DHBs.

- 6) We will increase the training provided to the volunteer staff.

Actions

- Volunteer training will be more formalised and compulsory.
- Training will be relevant and focussed on areas of service provided.

- 7) We will appoint a person to lead research projects undertaken by the hospice staff.

Actions

- We will seek volunteer support for a coordinator's position from appropriately qualified people.
- We will encourage staff to be involved in research projects by providing 50% of the required funding.
- We will present our research to the palliative care community and submit articles to recognised publications.

- 8) We will increase the number of registrations for courses run by the hospice through improved website capability.

Actions

- We will advertise the hospice education programme on the website.
- We will ensure that course registrations can be made on the website.
- We will ensure that course material is available on-line.