

Our vision

To be the leading provider of health care that improves the health and wellbeing of women and newborn babies.

Our mission

To provide quality health services that meet the needs of women and newborn babies especially those requiring specialist care.

These services are informed by research and are provided within an environment of innovation, education and advocacy. The contributions of our employees, consumers, diverse communities and other agencies that share our goals are fundamental to our success. Our resources are committed to health services that are ethically, socially and financially responsible.

Our strategic intent

The Royal Women's Hospital has determined six strategic directions. These provide us with our overall objectives and purpose; they underpin what we do and guide the way we work.

Our directions are to:

- 1 Deliver quality clinical services
- 2 Improve our consumers' experience
- 3 Optimise access to our health services
- 4 Develop our workforce
- 5 Build our future
- 6 Strengthen our leadership, education, research and advocacy role



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The Royal Women's Hospital Strategic Plan 2006-2010

Deliver quality clinical services

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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.

Our current environment

Delivering safe, appropriate clinical health services is our core purpose. The Women's believes that focussing on clinical quality and safety improves the health service and clinical outcomes and this is demonstrated by our better than benchmark performance.

Four year goals (2006-2010)

- 1.1 Deliver women's health and newborn services that are relevant to community needs
- 1.2 Demonstrate clinical and service excellence through measures of clinical outcomes and service performance which are compared at state, national and international levels
- 1.3 Improve the quality and safety of health services through the ongoing development of our quality and safety programs
- 1.4 Undertake research that is relevant to our service goals
- 1.5 Create a culture which supports patient safety and manages our risks effectively

Historical perspective

Throughout our history, our clinicians have strived for better results to improve the health outcomes for women and newborns. They have achieved this through research and evidence based practice.

Improve our consumers' experience

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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.

Our current environment

The way consumers want to utilise health services is changing and expectations are increasing; effective consumer participation, quality consumer information and transparency about the scope and accessibility of services is a priority.

Four year goals (2006-2010)

- 2.1 Identify the needs and expectations of our diverse communities and seek to meet these
- 2.2 Differentiate our services by adapting our models of care in response to community feedback and by acknowledging the social determinants of health
- 2.3 Involve woman as active participants in decisions about their care
- 2.4 Communicate effectively with women and their families

Historical perspective

Our social model of health has enabled the Women's to respond to changes in consumer and community needs throughout periods of immigration and cultural change.

Optimise access to our services

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

Our current environment

The Women's has always provided care for the most disadvantaged women, from low social economic backgrounds, women from culturally and linguistically diverse backgrounds and women who experience drug and alcohol abuse. Consistent with community trends, we are seeing increasing numbers of women whose health and wellbeing is compromised by issues such as social isolation, mental health, experience of violence, financial insecurity, unemployment and lack of social support.

Four year goals (2006-2010)

- 3.1 Improve access for women who typically have poor access to services by developing programs in mental health, older women's health, for younger women, and women who have experienced violence
- 3.2 Improve access for women with complex health and social needs, including indigenous women, refugee women and asylum seekers
- 3.3 Participate in interagency collaborations and partnership ventures to improve access to specialist services across Victoria
- 3.4 Evaluate and manage current and emerging service demands
- 3.5 Provide access to new and emerging technologies

Historical perspective

The Women's has always led in the development of new services to improve access to health care for Victorian women and newborn babies.

Develop our workforce

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

Our current environment

A committed and highly-skilled workforce is essential to achieving our vision. Globally, there is a reduction in the availability of trained health professionals, making it increasingly difficult to attract skilled employees.

Four year goals (2006-2010)

- 4.1 Create a culture that values excellence, leadership, collaboration and accountability
- 4.2 Recruit and retain highly skilled professionals across diverse disciplines, to meet the needs of our consumers, our services and our future development
- 4.3 Respect and care for our staff
- 4.4 Develop a workforce that better reflects our community
- 4.5 Provide education and training for local, regional and international health professionals in multiple disciplines related to the health of women and newborn babies

Historical perspective

The Women's has recognised the value of a diverse workforce since its early years. The traditional workforce of doctors, nurses and midwives rapidly expanded to include, for example, the first appointed pathologist in 1886, first almoner in 1929, first dietician in 1952 and first language interpreter in 1955. We remain committed to a multidisciplinary team approach as a means for providing the best care.

Build our future

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

Our current environment

We recognise our autonomy is valued by our performance, profile and reputation as a stand-alone hospital specialising in women's health. Our new hospital, located in Parkville, will strengthen our partnerships with the Parkville precinct health and research organisations.

Four year goals (2006-2010)

- 5.1 Safeguard long-term independence and autonomy by enhancing our profile and building our reputation
- 5.2 Manage successfully our move to a new state-of-the-art hospital
- 5.3 Optimise the physical environment for our consumers and staff and ensure business continuity through transition
- 5.4 Maintain financial sustainability over the longer term
- 5.5 Utilise reliable, contemporary technologies to support health service delivery

Historical perspective

Initially known as the Melbourne Lying-in Hospital and Infirmary for Diseases Peculiar to Women and Children, the hospital was renamed The Women's Hospital in 1884. The royal title was conferred in 1955 by Queen Elizabeth II. Our identity as a specialist and dedicated women's hospital is important to our community and differentiates us from generalist providers.

Strengthen our leadership, education, research and advocacy role

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

Our current environment

As the number of stand-alone women's hospitals in Australia decreases, the risk that women's health service and research issues are not prioritised in the healthcare system increases. It is essential that The Women's establishes national and international links to strengthen the development of comprehensive women's health services.

Four year goals (2006-2010)

- 6.1 Provide expert opinion and public comment on a range of contemporary women's health and wellbeing issues to influence policy development
- 6.2 Support other agencies and professionals to provide best practice care to meet the specific needs of women
- 6.3 Undertake collaborative public, social, clinical and basic research relevant to the health of women and newborn babies
- 6.4 Advance the cause of women's health by raising awareness of the impact of gender on health, and the gender and health inequalities

Historical perspective

The Women's was established in 1856 by socially responsible philanthropic leaders to protect and improve the health of women and babies from poor and disadvantaged communities. Their energies were fuelled by the clear recognition that women's health is fundamental to the welfare of families and the community as a whole. The Women's has a long and proud history of leading and advocating for women's health.