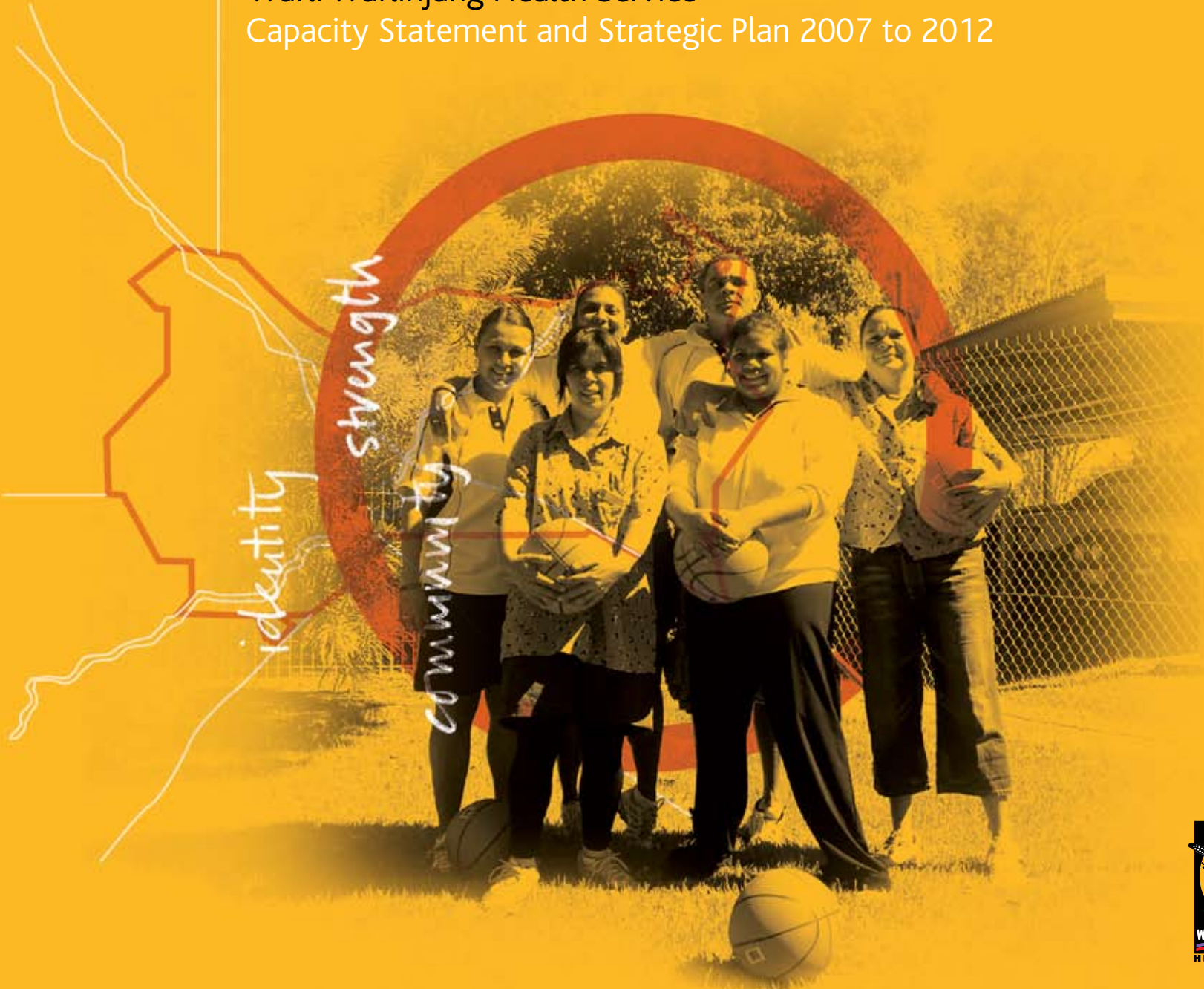


Wurli Wurlinjang Health Service
Capacity Statement and Strategic Plan 2007 to 2012



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1.0 Organisational Context

1.1 Legal Entity

The official title of this Incorporated body as an Aboriginal Association under the Aboriginal Councils and Associations Act 1976 is Wurli-Wurlinjang Aboriginal Corporation. The registered business name is Wurli Wurlinjang Health Service. The Wurli Wurlinjang Health Service, otherwise referred to in this document as Wurli Wurlinjang or the Health Service, is currently located at 23 Third Street, Katherine. Wurli Wurlinjang has owned the property title of 23 Third Street, its main operating premises, since 30 July 2004.

1.2 Location

Wurli Wurlinjang is located in the township of Katherine, approximately 312 km from Darwin and 1184 km from Alice Springs. The geographical reach of the Health Service is approximately a 40 kilometre radius of the Katherine township.

In addition to the location of the Health Service's main clinic, which is located in Third Street, Wurli Wurlinjang provides clinical consultations through a range of outreach locations, including from the various town communities located in the region, aged care facilities within Katherine (Kalano Aged Care, Kalano Pensioner's Units, Rocky Ridge and Red Cross Nursing Homes, The Home of Compassion (Little Sister's)), and through visits to Sommerville and the holding cells at the Katherine Police Station and the local Court House. Wurli Wurlinjang also on a case by case basis provides home visits.

1.3 History of the Service

Wurli Wurlinjang began in 1972 with its name coming from the land where the clinic was initially located, the Jawoyn land, which is associated with the mosquito dreaming path.

There are twenty-seven (27) language groups in the Katherine region including three (3) main Aboriginal language groups – Jawoyn, Wardaman and Mialli. Apart from those people living within the township of Katherine, people from these language groups live at Mialli Brumby (Kalano), which is the largest living area located alongside the northern side of the Katherine River; Rockhole, located 15 kilometres from the town centre of Katherine; Walpiri and Jodetluk (Gorge) Communities, Binjari Community, Werunbun Community, which are located near Edith Falls, as well as a number of temporary living areas situated around the Katherine township.

In 1983, Wurli Wurlinjang relocated to Mialli Brumby and in 1995 the Health Service moved again to its current premises in order to be more accessible to all Aboriginal people living in the region.

1.4 Key Health Issues within the Community of Interest

We currently have a population of over 2,300 clients on our database who are considered regular clients of the Wurli Wurlinjang based on their attendance at the Health Service at least once in the previous 12 months (2006 – 2007). During this period the Health Service provided approximately 16,000 occasions of care to Indigenous and non Indigenous people of the region.

Of the Aboriginal and Torres Strait Islander population 11.5 percent have diabetes, and an additional 8.5 percent have other chronic diseases.

1.5 External Strategic Frameworks

National Indigenous Australian's Sexual Health Strategy 1996-1997 and 1998-1999.
Year: 1997

Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.
Year: 2002

National Drug Strategy - Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003 - 2009. Year: 2003

National Strategic Framework for Aboriginal and Torres Strait Islander Health. Year: 2003

Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009.
Year: 2004

National Indigenous Pneumococcal and Influenza Immunisation Program. Year: 2004

A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009. Year: 2004

Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005 - 2008. Year: 2005

National Aboriginal and Torres Strait Islander Safety Promotion Strategy. Year: 2005

2.0 Capacity Statement

2.1 Board of Directors

Wurli Wurlinjang Health Service is governed by sixteen (16) community members of the Incorporated Association, which make up the Board of Directors of Wurli Wurlinjang Health Service. The elections of members to the Board of Directors occur every two years and a nominated number of positions on the Board are reserved for each of the communities within the Health Service's community of interest thereby ensuring all communities have a voice on the Wurli Wurlinjang Health Service Board of Directors.

The five specified communities which have representation on the Board are: Jodetluk Aboriginal Living Area (2 positions); Katherine township (4 positions); Mailli Aboriginal Living Area (4 positions); Rockhole Aboriginal Living Area (4 positions); and Walpiri Aboriginal Living Area (2 positions).

2.2 Delegations of Authority

Management of operational and financial responsibilities are delegated to the position of the Chief Executive Officer (CEO).

Delegations of authority are outlined in a range of documents relating to service agreements, financial accounts, expense accounts, and other documents where it is necessary to communicate internally or to an external party relevant delegations of authority.

2.3 Workforce

Wurli Wurlinjang Health Service employs forty-nine (49) full-time staff, which includes eight (8) trainees. The ratio of clinical staff to corporate and support staff is 37:12.

In all areas of the Health Service, qualified and professional staff are employed, however, Wurli Wurlinjang recognises the need to provide training and other professional development opportunities to all staff in an ongoing way. In particular, we seek to develop training and career opportunities for Aboriginal and Torres Strait Islander people in all aspects of health care and to this end Wurli Wurlinjang works in collaboration with educational facilities, such as the Bachelor Institute, Flinders University and the University of Queensland, to provide onsite clinical training and health administration, including management training.

The current members elected to the Board and their respective positions and the communities they represent are:

Suzi Berto	President	<i>Katherine Town</i>
Ian Woods	Vice President	<i>Jodetluk Aboriginal Living Area</i>
Mundy Cleary	Secretary	<i>Mialli Brumby</i>
Selena Walker	Treasurer	<i>Katherine Town</i>
Robert Campbell	Executive Member	<i>Katherine Town</i>
Angela Rosas	Executive Member	<i>Katherine Town</i>
Alan Runyu	General Member	<i>Jodetluk Aboriginal Living Area</i>
Juanita Heparia	General Member	<i>Mailli Aboriginal Living Area</i>
Noel McDonald	General Member	<i>Mailli Aboriginal Living Area</i>
Peter Wesley	General Member	<i>Mailli Aboriginal Living Area</i>
Noelene Andrews	General Member	<i>Rockhole Aboriginal Living Area</i>
Nancy Warren	General Member	<i>Rockhole Aboriginal Living Area</i>
Samara Andrews	General Member	<i>Rockhole Aboriginal Living Area</i>
Kevin Rogers	General Member	<i>Rockhole Aboriginal Living Area</i>
Ned Poulson	General Member	<i>Walpiri Aboriginal Living Area</i>
Marjorie Gibson	General Member	<i>Walpiri Aboriginal Living Area</i>
Jack Hogan	Honorary Member	<i>Mialli Brumby</i>

2.4 Quality Management

The Wurli Wurlinjang Health Service participates in the following external Quality Assurance Review Processes:

- Accreditation with the Australian General Practice Accreditation Limited (AGPAL). Wurli Wurlinjang was last reviewed against the RACGP Standards 21 September 2004 and was awarded accreditation to 21 September 2007. At the time of printing (October 2007) the organisation is currently undergoing re-accreditation with AGPAL.
- Reviewing its performance against the OATSIH Continuous Quality Improvement (CQI) Review checklist. Wurli Wurlinjang initially participated in a review against the OATSIH CQI Checklist in April 2007 and is currently implementing a range of strategies, identified through the review, which are designed to strengthen internal quality management systems in order to improve the Health Service's performance.

Additionally, Wurli Wurlinjang recognises the need to evaluate the Health Service's performance against recognised guidelines, which include:

- CARPA Manual
- Nursing Competency Guidelines

And to ensure all profession registration requirements for clinical staff are maintained.

2.5 Financial Management

Accounting practices are in accordance with the Australian Accounting Standards and the annual audited statement is presented to the Annual General Meeting.

For the past five (5) years, the annual audited statement for Wurli Wurlinjang Health Service has been unqualified. This is an achievement Wurli Wurlinjang is committed to maintaining.

Annual budgets are drafted and monthly expenditure is reported to the CEO and variances of budget reported to the monthly Board of Director's meetings presented by the Finance Manager.

2.6 Partnerships

- Wurli Wurlinjang Health Service has formal partnerships with the following agencies:
- Wurli Wurlinjang is a current executive member of AMSANT (Aboriginal Medical Service Alliance Northern Territory).
- Wurli Wurlinjang is a current member of the Board of the Centre for Remote Health, a subsidiary of the Flinders University School of Medical Research.
- Wurli Wurlinjang in collaboration with Flinders University provides onsite placements for trainee general practitioners.
- Wurli Wurlinjang is one of 16 agencies in the Top End which is formally participating with Menzies School of Health in the ABCD (Audit and Best Practice for Chronic Disease) Project. The Project aims to assess the impact of the quality improvement process on organisational systems and on the quality of care directed at the prevention and management of chronic disease.
- Wurli Wurlinjang is also on the executive of Katherine Regional Aboriginal Health and Related Services (KRAHRS), a forum with a collective voice on Indigenous health in the Katherine Region.
- Wurli Wurlinjang has a Memorandum of Understanding (MOU) with the Katherine District Hospital to provide after hours medical care to Wurli Wurlinjang's clients.
- Wurli Wurlinjang is also formally participating in the Northern Territory Government's 10 year Chronic Preventable Disease project.
- Wurli Wurlinjang has a formal agreement with St Johns to provide regional eye care services and to train two (2) additional eye care coordinators.
- Wurli Wurlinjang has a formal MOU with ICEE (International Centre for Eyecare Education) to support ICEE in the provision of a regional eye care specialist service.

2.7 Funding Agreements

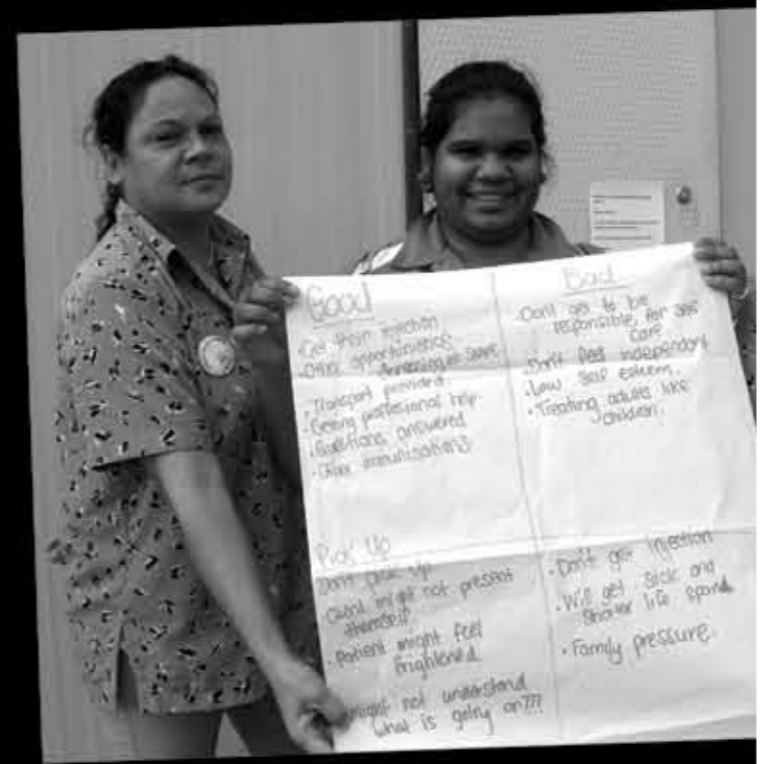
- Wurli Wurlinjang has an agreement with DHCS (Department of Health and Community Services) to provide primary health care service to the Katherine township.
- Wurli Wurlinjang has a range of agreements with the Department of Health and Ageing, through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) to provide a primary health care service; participate in the Healthy for Life program; and to provide a range of social and emotional wellbeing services.



strength
identity



together we see
VISION



3.0 Strategic Plan (2007–2012)

3.1 Mission

To provide a high quality and progressive health service to the Katherine community that is culturally appropriate for Indigenous Australians.

3.2 Vision

Together as one people we will create a vision of our own. If we continue to ignore this, we will remain lost. Our freedom will begin with a clear purpose for our survival i.e. the shaping of a vision for our children's future.

To do this we must understand that we will never be able to change the past or our history.

We can recognize the negative impact upon us as individuals and us as people. But then, we must move forward, positively.

As Aboriginal people we must work together towards reconciliation with each other. To accept and to respect that we may have different beliefs and that we come from a diversity of cultures.

If we learn to share those differences with each other as people, we will become spiritually whole.

We must learn to forgive if we are to grow stronger in mind and body. We must work together to make things happen.

3.3 Purpose

Wurli Wurlinjang Health Service's primary purpose is to improve the health and the quality of life of Aboriginal and Torres Strait Islander peoples living in the Katherine region in order to give Aboriginal and Torres Strait Islander peoples the opportunity to reach levels of health similar to non-Indigenous Australians.

Wurli Wurlinjang provides culturally appropriate Comprehensive Primary Health Care Services, including antenatal care, specialised women's and men's health, immunisation, aged care, regional eye health, ear health, child health, chronic disease management, as well as a range of health promotion programs.

3.4 Preamble

The inherent values within Aboriginal tradition, culture and customs recognize the importance of sustainability, and the need to ensure cultural security and maintenance of the principles of social responsibility.

Consistent with this, we recognize equality in health will not be achieved over the short term but will require generational change, which means we must commit absolutely to our social responsibility to achieve sustainability and long term viability for the Health Service.

We will pursue the following five (5) organisational goals which aim to realise equality in health as a reality rather than as an ideal.

1. Improve the effectiveness, efficiency, quality, and range of primary health care services, ensuring services remain culturally appropriate, and are accessible to all Indigenous people of the Katherine community.
2. Empower the community by fostering good governance and demonstrating leadership by example, ensuring strength and cultural security of members is engendered through mutual respect, integrity, fairness and equality.
3. Foster staff aspirations - encourage a desire to develop and enhance their professional careers, and support this through the provision of personal and professional development which offers genuine career security and opportunity.
4. Strengthen organisational capacity and capability, ensuring sustainability, and enabling us to maximize the benefits which can be realized from enhancements in financial and human resources.
5. Develop and strengthen partnerships with other service providers, understanding that effective collaboration at the local, regional, state, and national level will underpin the effort in improving Indigenous health.

In demonstrating Wurli Wurlinjang Health Service's commitment to improving the health of our people, we will strive to become a leading example of best practice health care, and a model of which Aboriginal and Torres Strait Islander peoples can be proud.

Our achievements against these Strategic Goals will be monitored quarterly and evaluated annually based on performance indicators and benchmarks outlined in our annual Service Delivery Reporting Framework (SDRF) action plans.

3.5 Strategic Plan (2007 – 2012)

1. Improve the effectiveness, efficiency, quality, and range of primary health care services, ensuring services remain culturally appropriate, and are accessible to all Indigenous people of the Katherine community.

Strategies

HEALTH PROMOTION

- We will significantly increase our activity in the area of health promotion and education, ensuring that programs are well planned, are developed in collaboration with other regional organisations and interest groups, are innovative but appropriate, and are evaluated for their effectiveness.
- While particular health promotion activities will be targeted at groups which are at greater risk and/or which are 'underserved', we will ensure that health promotion activities are developed in consultation with all areas of the Health Service so that the benefits of the activities can be maximised.

CLIENT ACCESS TO HEALTH SERVICES

- We will improve access to all health services provided by Wurli Wurlinjang by reducing client waiting times¹ and by developing efficiencies and enhancements in our transport service.

ACUTE CARE (CLINICAL) SERVICES

- We will improve the effectiveness of acute care (clinical) services by ensuring clinical staff take the opportunity to provide educational information to clients during consultation.

1. It must be noted that in attempting to reduce waiting times, we will not sacrifice the quality of care provided to clients. While it is important to consider waiting times (and consider them in conjunction with the overall number of clients seen), it is critically important that clinical staff continue to spend as much time with each individual client as necessary to ensure high quality care is provided and comprehensive client data is collected.

SEXUAL HEALTH

- We will increase our activity in relation to screening for Sexually Transmissible Infections (STIs) by increasing the number of population based programs and the number of well-persons health checks.
- We will be active in the use of Hepatitis B vaccination, and other vaccinations pertaining to sexual health if and when they become available.
- While we will continue to employ specialist health workers within the sexual health program, we will increase our focus on developing our broader workforce, ensuring it is adequately trained and equipped to provide sexual health education and preventative programs.

CHRONIC DISEASE (AS PART OF HEALTHY FOR LIFE)

- We will improve access to chronic disease services by making a dedicated chronic disease clinic available to clients five days per week.
- We will increase our focus on prevention and early detection of chronic disease by increasing the number of well-persons checks conducted.
- To further aid in the prevention of chronic disease, we will increase community awareness of chronic disease and the lifestyle factors which impact upon it by increasing our activities associated with education and health promotion which are specific to chronic disease, ensuring that these activities are provided at both a clinic and community level, and are delivered in collaboration with other areas of the Health Service.
- We will increase our focus on developing our workforce, to ensure all clinical staff understand the importance of early detection of chronic disease, and have the skills and knowledge to be able to deliver brief interventions and educational information during standard consultations.
- We will continue to review and develop the Patient Information Recall System to ensure maximum effectiveness of the service in terms of prevention, early detection, and management of chronic disease.

CHILD AND MATERNAL HEALTH (AS PART OF HEALTHY FOR LIFE)

- We will increase our focus on infant birth weights, endeavouring to ensure that babies are born within a healthy weight range – we will work towards developing partnerships with pregnant women (and families) to assist in ensuring awareness of the factors which influence birth weight (both positive and negative), and of the life-long implications on health of dealing with these factors appropriately.
- We will improve access to child and maternal health services by making a dedicated child and maternal health clinic available to clients five days per week.
- We will increase the number of first antenatal visits in the first trimester, and improve regular antenatal attendance thereafter, by increasing our activities associated with education and health promotion which are specific to child and maternal health, ensuring that these activities are provided at both a clinic and community level, and are delivered in collaboration with other areas of the health service.
- We will increase the number of child health checks undertaken.
- We will maintain / increase childhood vaccination and immunisation rates as necessary, working collaboratively with external organisations as appropriate.
- We will continue to review and develop the Patient Information Recall System to ensure maximum effectiveness of child and maternal health services.

WOMEN'S HEALTH

- We will be active in advocating for greater client access to Paediatric and Gynaecological services, and other specialist services as appropriate.
- We will increase the number of well-women's checks undertaken, increasing, thereby our activity in relation to cervical screening, breast examination, STI screening, and alike.
- We will continue to develop ways of promoting the importance of, and improving access to, female contraception.

MEN'S HEALTH

- We will establish a dedicated Men's Health clinic, and thereby increase our activity in relation to STI prevention, screening and treatment, and enhance our ability to provide well-persons checks, and health promotion and educative programs which target substance misuse and health issues specific to male clientele.
- We will be active in advocating for greater access by male clientele to specialist care such as family support services, mental health services, and substance abuse programs.

EAR HEALTH

- We will increase access to ear health services by increasing the number of hours a dedicated ear health clinic will be available to clients.
- We will improve client management of ear health by reviewing and developing the Patient Information Recall System, and by ensuring staff within ear health enhance their linkages and work collaboratively with other areas of the health service, particularly health promotion and child and maternal health.

REGIONAL EYE HEALTH

- We will improve client management of eye health by reviewing and developing the Patient Information Recall System, and by ensuring staff within eye health enhance their linkages and work collaboratively with other areas of the health service, particularly health promotion and chronic disease.
- We will increase our focus on the regional aspect of eye health services by building stronger relationships with the other health services in the region, and ensuring these services have access to client information as appropriate

DENTISTRY

- We will endeavour to make dentistry services available to our clients, undertaking feasibility studies to ensure that this is able to be done in a cost effective and sustainable way.

SOCIAL AND EMOTIONAL WELL-BEING

- We will continue to encourage and support training and skill development within the Unit, ensuring an increase in both the range and quality of services provided.
- We will develop a range of policies, procedures, and protocols pertaining to the Unit, ensuring that these accurately describe the services provided, the processes involved in providing these services, and guidelines which protect the interests of clientele.
- We will develop and enhance linkages with other areas of the health service as appropriate, understanding that a coordinated approach will enable us to provide a more comprehensive level of care to our clients.
- We will continue to work with other health service providers and agencies within the community to develop frameworks which will provide for effective and appropriate sharing of information and treatment protocols.
- We will increase our focus on the medium of group work, understanding that it is an effective means of providing education, mutual support, and therapeutic activities.

- We will develop a computerised Patient Information System, ensuring total confidentiality of client information, and statistical report writing capabilities.

SYSTEMS AND INFORMATION TECHNOLOGY

- We will continue to develop and enhance Patient Information Recall Systems, ensuring that meaningful statistical data is readily available for feedback to staff, and as epidemiological information upon which future decisions pertaining to health services can be made.
- We will enhance access to, and security of, patient records by ensuring all client data is stored electronically.

PATIENT TRAVEL

- We will continue to review and develop our patient travel services, ensuring all clients are able to travel safely and with timeliness to receive health care which is referred, but which is unable to be provided within Katherine.
- We will continue to strengthen our linkages with external agencies which are involved in the transportation of our clients as part of patient travel services.

2. Empower the community by fostering good governance and demonstrating leadership by example, ensuring strength and cultural security of members is engendered through mutual respect, integrity, fairness and equality.

Strategies

- We will continue to strengthen the governance of the organisation by ensuring that governance policies are reviewed and updated and governance training is provided as required, and by developing accountability processes across the organisation which are fair and reflect the level of professionalism which is expected by our members.
- We will continue to be active in protecting the interests of our members, taking a leading role at all levels on issues which effect their health, well-being and future security.

- We will embrace the value of leadership, dispersing it throughout the community by encouraging staff and members of Executive Council to take the opportunities to attend leadership development and enhancement courses and seminars as appropriate.
- We will embed the principles of continuous quality improvement (CQI) into governance structures, policies and practices.

3. Foster staff aspirations - encourage a desire to develop and enhance their professional careers, and support this through the provision of personal and professional development which offers genuine career security and opportunity.

Strategies

- We will access the knowledge and expertise which exists within the organisation in the provision of high quality in-house training, understanding that this training is able to be tailored to specific and immediate skill requirements.
- We will expand and enhance the level of knowledge and expertise which is able to be drawn upon from within the organisation by ensuring human resource policies emphasise the importance of recruiting highly and appropriately qualified and experienced professionals.
- We will ensure that the funding available to provide external personal and professional development is allocated appropriately, after careful assessment of the needs of the organisation and of the individual.
- We will engender a culture of "multi skilling" throughout the organisation, thereby enhancing the organisation's capacity and capability, and safeguarding it from particular risks associated with skills shortages.
- We will increase our support of Indigenous staff of the organisation in their study towards a degree level qualification in an appropriate area of health by establishing the Wurlu Wurlinjang Honorary Scholarship Fund.

4. Strengthen organisational capacity and capability, ensuring sustainability, and enabling us to maximize the benefits which can be realized from enhancements in financial and human resources.

Strategies

- We will ensure that the principles of Continuous Quality Improvement (CQI) are intrinsically woven into management practices at all levels of the organisation.
- We will ensure that Financial Management responsibilities continue to be performed in accordance with Australian Accounting Standards and best practice guidelines, and are supportive of the interests of funding bodies, key stakeholders, and member communities.
- We will undertake the development and review of Human Resource policies, procedures, and practices, ensuring that the key areas of recruitment, performance management, staff development, and reward are clearly aligned to the strategic goals of the organisation.
- We will actively pursue opportunities which broaden current income streams, including Medicare, and reduce our dependence on government funding.

5. Develop and strengthen partnerships with other service providers, understanding that effective collaboration at the local, regional, state, and national level will underpin the effort in improving Indigenous health.

Strategies

- We will advocate for the establishment of a Regional Health Committee, with representation from a broad range of organisations and interest groups, to address not just those issues which are directly related to health, but also the environmental determinants of health such as housing, education, and employment.
- We will be active participants in local and regional forums, and represent the organisation and the interests of our members and community with our involvement in peak bodies such as KRAHRS, AMSANT, NACCHO and alike.
- We will strengthen our relationships with sister services (Sunrise Health Service, Katherine West Health Board, Kalano Community Association, and Jawoyn Association), ensuring that as appropriate, health programs are delivered collaboratively and at a regional level.
- We will ensure accountability and transparency in our conduct, and in our relationships with key stakeholders such as the Office for Aboriginal and Torres Strait Islander Health and the Department of Health and Community Services.

3.5 Moving Forward

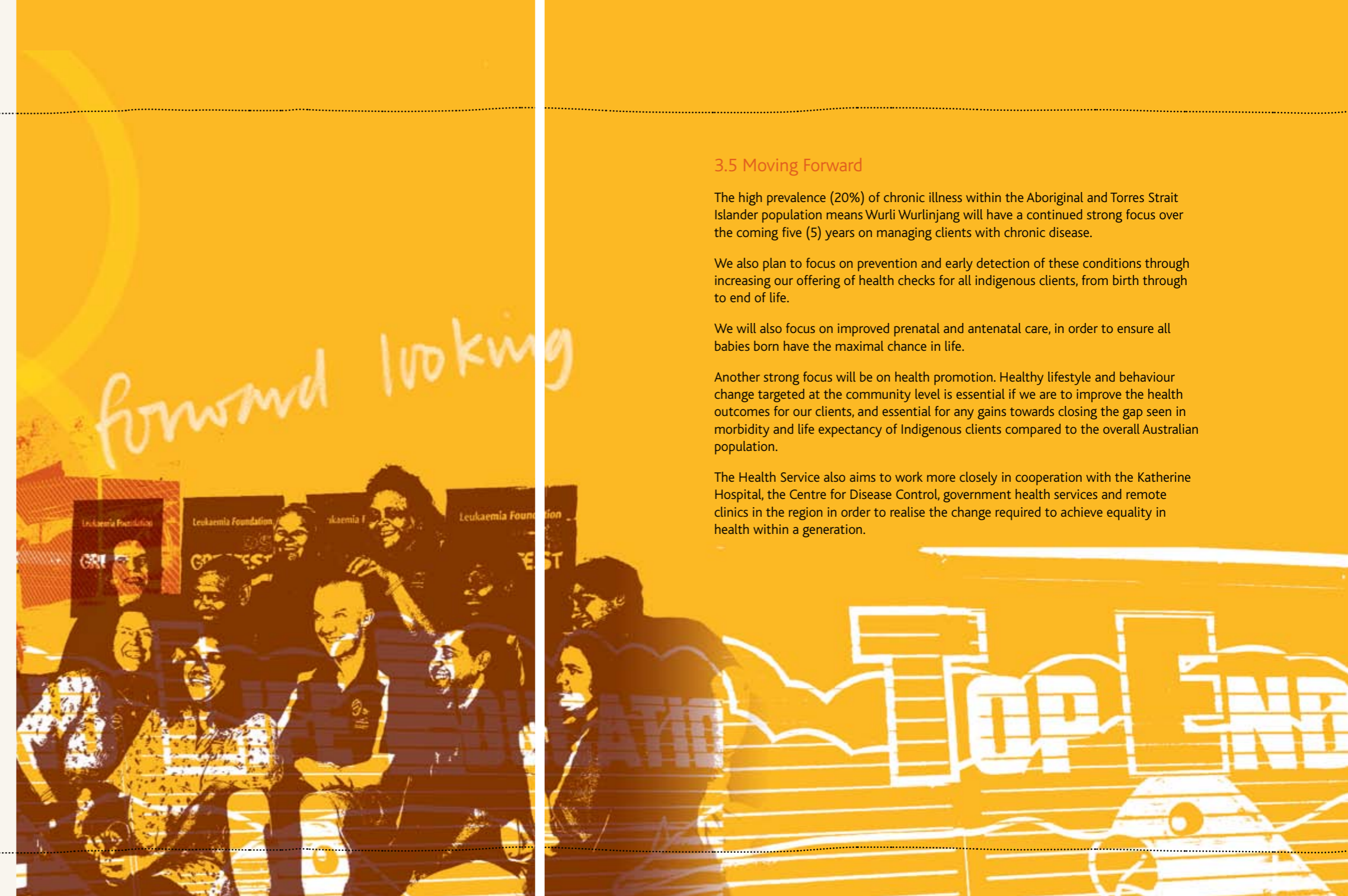
The high prevalence (20%) of chronic illness within the Aboriginal and Torres Strait Islander population means Wurli Wurlijang will have a continued strong focus over the coming five (5) years on managing clients with chronic disease.

We also plan to focus on prevention and early detection of these conditions through increasing our offering of health checks for all indigenous clients, from birth through to end of life.

We will also focus on improved prenatal and antenatal care, in order to ensure all babies born have the maximal chance in life.

Another strong focus will be on health promotion. Healthy lifestyle and behaviour change targeted at the community level is essential if we are to improve the health outcomes for our clients, and essential for any gains towards closing the gap seen in morbidity and life expectancy of Indigenous clients compared to the overall Australian population.

The Health Service also aims to work more closely in cooperation with the Katherine Hospital, the Centre for Disease Control, government health services and remote clinics in the region in order to realise the change required to achieve equality in health within a generation.



community
VISION

