



Workforce Collaboration

VHA - Collaboration
The Key to Better Health

The ability to work successfully in collaboration with others comes from a number of strategic, operational and cultural elements being in place

- In many ways summed up by a quotation from John Fitzgerald Kennedy



“Efforts and courage are not enough without purpose and direction” -- JFK

If we start from the premise that:

- Health professionals have a tendency to be passionate and committed to their clients and profession and value “doing” their work.

However this does not mean that collaboration will occur without the other elements that can provide direction and purpose

The Elements that provide Purpose and Direction

- **Strategic Priorities**
 - integration of care etc.
- **Annual Deliverables Statement**
 - turns the strategy into action and an organizational wide commitment
- **Departmental Work Plans**
 - list actions and projects that deliver on these priorities and makes day to day sense to the staff

The Elements that provide Purpose and Direction

- 7 Core Principles

Person Centred:

We ensure that we place our consumers and community in the centre of our decision making and engage individuals in all aspects of their care delivery

- Therefore the client is front and centre and for them to achieve the best outcomes we believe we must collaborate internally and externally – it becomes the natural way to work

The Elements

- 7 Core Principles
Collaborative

We will take a consultative approach to ensure essential partnerships and relationships to enhance community access and enhance design of our health services.

Others:

- Visionary
- Innovative
- Knowledge
- Integrity
- **Adaptable**

But they cannot just be words.

- The principles need to be embedded in the core culture of the organisation.
- This requires leadership and resourcing
- Staff must be truly:
 - Person centered – this is a skill
 - Trust each other
 - Share information
 - Be flexible and adaptable
 - Be comfortable with change
 - Be supported by the correct processes

There are a number of issue with the sharing of information

- The willingness to share
 - Shared purpose
 - Control!!
- Have the ability to share information or the system to share
 - Technology as an enabler where possible
- Guidelines to protect privacy but enhance care
- The team to be part of the design of the system

Staff do need to be generally motivated:

- Staff wellbeing program
- Measure staff satisfaction(SSA results)
- Demonstrable evidence that collaboration improves outcomes
 - Evaluation Framework
- Bring together the groups that have a common purpose
- Risk Management Strategy/Succession Planning element – these issues can then become discussable.

Internal Examples

- Client “one stop shop”
 - Share information for better assessment of the client
 - S2S technology
 - Trust assessments/respect for others skills
 - Bring staff together/case management
- Use frontline staff to “bring in” information
 - have a place for this information to be shared

Further Examples

- Sharing training and education
 - consistent skills and knowledge
 - Builds awareness of others knowledge
- Acute Models of Care
 - Partners in care
- Models in the Medical Clinic
- Organisational interdisciplinary wide projects

External Examples

- Orbost Early Years Reference Group
- Moogji
 - Aboriginal Health Workers
- Outreach in partnership with others
- Consortia's



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