



**DERBARL
YERRIGAN**
HEALTH SERVICE

Strategic Directions

2019 - 2024



Our Vision

To be a successful Aboriginal owned service provider and a leader in health and wellbeing business for the next forty five years and beyond to one hundred years from now.

In 1974 recognition that Aboriginal people had unique health needs was crystallised. The Noongar community commenced on a journey to heal their people and spread the word. Our logo reflects the Swan River winding through country and the pure water drops represent the healing of Noongar communities and families.

From the initial seed, a tree of solidarity has been growing. Noongar heritage and culture, client centred service delivery and achieving excellence drives the organisation forward.

This Strategic Plan continues to value the holistic care provided to the Noongar community whilst aspiring to further broaden Derbarl's influence. The extensive work to be done is drawn into focus with three goals. These goals are underpinned with key indicators to shape the way forward and gauge achievements.

Derbarl's organisational structure is shaped by a myriad of governing features. The changes introduced by adoption of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* has led to significant benefits. As Derbarl continues to wind through Noongar communities, benefits will flow. Our unique organisation will continue to lead the way in Aboriginal health care with its vision.

Goal 1

Protect, create and deliver key stakeholder value and benefits



Strategies	Priorities	Performance Indicators
1.1 Sustain independent control of DYHS for the members.	Ensure a strong financial position is maintained by the organisation.	Liquidity ratio of 1.1 is maintained at all times.
	Diversify the primary sources of funding for the organisation.	Financial position remains in surplus at the end of each financial year.
	Ensure continuity of leadership at the Board and Executive Management Team levels.	DYHS is a registered provider of disability services under the NDIS. Executive Management Team turnover rate is under 20% each year. DYHS maintains two Independent Directors on the Board of Directors. Vacant positions on the Board of Directors are filled within six weeks.
1.2 Improve business systems and productivity.	Invest in information management and technology to become a leader in Indigenous digital health.	ISO 9001: 2015 Quality Assurance Accreditation is attained and maintained.
	Embed a strong culture of risk management and compliance.	The Risk management plan and compliance plan is tabled at each Finance, Audit and Risk Management - Board Sub-Committee meeting. A Risk and Compliance Manager is recruited. A comprehensive risk management plan is in place.
	Increase self-generated income provided through Medicare and/or other means.	95% of all claimable Medicare items are processed by the service. The finance and reporting system is reviewed and upgraded.
1.3 Improve management and support of clinical operations and the cultural model of care.	Ensure best practice approach to chronic disease management, consistent with requirement of the National KPIs for Closing the Gap.	Accreditation against the RACGP and NSQHS Dental Health Standards is maintained.
		60% of patients with CVD, COPD, renal disease and/or diabetes have had a GP management plan (721) developed in the past 2 years (2019 = 439).
		65% of patients with CVD, COPD, renal disease and/or diabetes have had a GP management plan review in the past 6 months.
		25% of patients with type 2 diabetes have diabetes annual cycle of care plan in place.
		Increase Aboriginal Child Health checks (715) from 46% in 2019 to 70% by 2024.
		Maintain current coverage of Aboriginal Adult Health Checks (715) - 80% in last two years at 2020.
		6,000 Aboriginal Health practitioner or nurse follow ups after health checks (10,987) are conducted each year.
	Become a leader in Aboriginal respiratory health in Australia.	80% of all patients with COPD or asthma have a lung function test when referred to respiratory health physician. Respiratory health research is prioritised and DYHS is published as co-author.
	Improve health outcomes for mothers and children.	Immunisation rates for 12-24 months are 85%, for 24-36 months - 90% and for 60-72 months - 95% Birthweights are recorded in clinical notes for 80% of the female clients who give birth each year. Implement a model of care for ear health.
	Ensure best practice approach to OH&S in a health environment.	Team works together to ensure effective OH&S strategies.

1.4 Develop and implement an enabling HR Policy and strategy framework.	Become an employer of choice for Aboriginal medical, allied and health graduates.	DYHS is accredited GP Registrar Training Post with WAGPET. Formal MOUs established with all Perth Universities for health and medical related training.
	Build leadership capability across the entire organisation.	A DYHS Leadership Development Programme for leaders at all levels of the organisation is implemented. A new electronic Human Resource information system is implemented.
	Improve retention of staff across the organisation.	Staff satisfaction surveys are completed annually.
		All DYHS staff positions are classified as either 50D or 51C according to the Equal Employment Opportunity Act.
		Organisational staff attrition rates remain below 15% each year.
		At least 10% of all vacancies each year are filled from internal hires.
1.5 Improve communication and information sharing.	Develop communication channels with patients and community representatives to ensure client-focussed care.	Client satisfaction surveys completed annually to ascertain areas for focus/improvement.
1.6 Promote DYHS to attract and retain more client business.	Enhance the clinic environment client experience at each site.	A net promoter score of 70% is achieved in the annual DYHS client survey.
		WiFi is available to client at all sites.
		Minor capital refurbishments are completed at the Maddington, East Perth and Mirrabooka clinics.

Goal 2

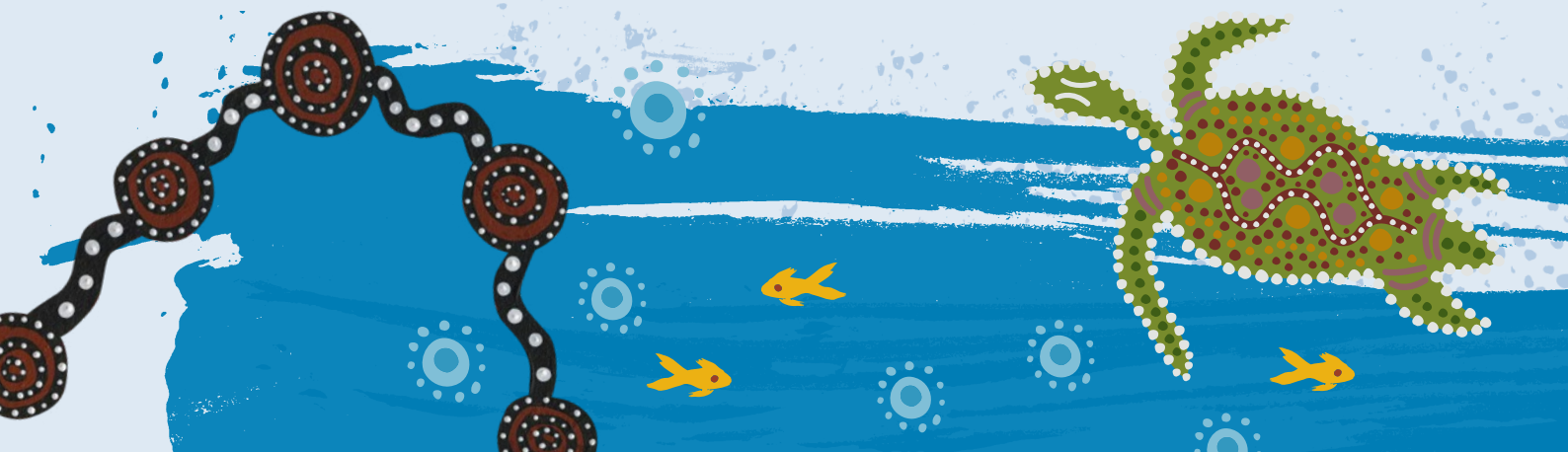
Achieve and sustain the leading edge on health and wellbeing impact and outcomes

Strategies	Priorities	Performance Indicators
2.1 Fully optimise the services provided for clients tailored to their needs.	Provide more specialist services at all DYHS clinics.	DYHS provides 60,000 episodes of care each year. DYHS services 13,000 clients each year.
2.2 Strengthen the clinical governance system and use it to improve effectiveness, safety and quality, team performance, demonstrated results for clients and growth in revenue.	Best practice approaches to provision and continuity of care are maintained.	All outstanding urgent and critical diagnostic investigations are completed within one month of the request. All results of urgent and critical investigations are reviewed by a GP within two working days, non-urgent within 5 days. Six DYHS Clinical Governance Meetings held each year.
2.3 Develop, implement and grow a Centre of Excellence initiative.	Establish a Centre of Excellence in Aboriginal Oral Health in the Perth metropolitan area.	Feasibility plans conducted on East Perth and Boomerang House sites for location of the future. Establishment and ongoing funding is identified for establishment of the centre. Aboriginal oral health research is prioritised and DYHS is published as co-author.
2.4 Define and enshrine culture in the organisation and service settings – how it is going to be practiced and can be experienced by clients and staff.	Develop a cultural governance framework for the organisation that intertwines with clinical and corporate governance.	Create culturally safe yarning space for group sessions at East Perth site.
		Complete an independent cultural safety audit of the organisation annually.
		All new DYHS employees complete cultural competency within first 3 months of starting.
		At least 70% of all staff members are Aboriginal and/or Torres Strait Islander people. An Aboriginal Advisory Sub-Committee to the Board of Directors meets at least 4 times per year.

Goal 3

Position Derbarl Yerrigan for long term success, knowledge, leadership and influence

Strategies	Priorities	Performance Indicators
3.1 Develop and pursue an expansion and growth program – a bigger network of clinical services, new business and profit centres to diversify income and progressively achieve financial self-reliance.	Rename and transform DYHS to become a regional Health Service that can provide services across all Noongar country and communities.	DYHS Constitution is successfully changed to allow for membership and health service provision outside of the metropolitan area.
	Expand the provision of services across the metropolitan area.	Increase capacity for DYHS to provide primary health care to 15,000 patients annually by 2024 (10,000 in 2019).
	Seek to own DYHS clinics that are currently leased.	A comprehensive property strategy is developed. DYHS owns, or is in the process of purchasing, the Midland clinic from which it operates after 2021.
3.2 Promote and leverage DYHS's competitive edge – increased physical presence, profile/ awareness, connectivity/ linkages and relevance.	Raise the profile of Derbarl Yerrigan Health Service as a leader in Aboriginal health particularly regarding: oral health, respiratory health.	The role of DYHS Patron is established to help raises the profile of the organisation.
		A new DYHS website is launched.
		A comprehensive social media strategy is developed.
3.3 Structure to the organisation's operations and business across governance, senior management, operation management and executive leadership to best enable the strategic priorities and future directions.	Establish Key Performance Indicators for Executive Managers that focus on providing high quality of care and increasing services provided to the community.	Establish a Chief Operations Officer, Chief Medical Officer and Chief Finance Officer role within the organisation.
3.4 Engage with the membership – enshrine the unified 'Team Derbarl'.	Ensure open communication channels between the organisations: Directors, Staff and Members to ensure a strong and cohesive Aboriginal organisation.	Six DYHS newsletters are sent to Members each year.
		Six community engagement meetings are held each year with Board of Directors.



THE STORY OF THE YIRRA KURL ARTWORK

BY THE ARTIST
DEBORAH NEUENHEM
(WOODS FAMILY)

Our journey from the initial seed that was planted recognising that more health and medical support was desperately needed for all Aboriginal people – not just the young. The seed grew within the Noongar Community and as a priority the next phase of the journey began. The word spread to the Noongar people and they formed the (NEAF) New Era Aboriginal Fellowship Committee. Our tree of support represents all the contributions, community support, offers, sponsorship, donations and financial support. The swan river winding through our country/communities and the pure water also represents our healers, the traditional healers. They have healing hands.

Our white doctors are also healers with new modern medicine. They are gifted people who are able to heal our people. So we have combinations of both traditional Noongar healers and Wadjella (white) doctors. From the healers hands – the pure water flows and drops in circles to heal our families. Derbarl Yerrigan is Narlak (Swan) Beeliar (River) which is understood to refer to fresh water or brackish water turtle dreaming along with river. The fresh water turtle was very important to us for medicine. DYHS is the place of the long neck turtle.



Our seed



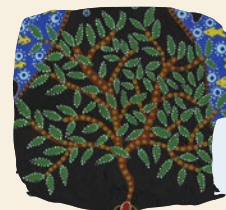
The Swan River



Spreading
the word



Pure water drops



Tree of
support



Turtle dreaming



Healing hands



New Era Aboriginal
Fellowship Committee



Country and communities



**DERBARL
YERRIGAN**
HEALTH SERVICE

East Perth Clinic & Head Office

156 Wittenoom Street, East Perth WA 6004
Phone: 08 9421 3888

Maddington Clinic

Unit 1/3 Binley Place, Maddington WA 6109
Phone: 08 9452 5333

Midland Clinic

6 Centennial Place, Midland WA 6056
Phone: 08 9374 1400

Mirraboooka Clinic

22 Chesterfield Road, Mirraboooka WA 6061
Phone: 08 9344 0444

DYHS.ORG.AU