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Alpine Institute accommodation

Date completed: 8 February 2013

Background and context

The integration of workforce planning with service planning is of primary importance to the successful implementation of the strategic development of Alpine Health. Workforce development has a key role in Alpine Health’s ability to align service delivery with the expectations of our community and to the continual improvement of services that is necessary to ensure their relevance and their sustainability. In order to continue to foster a meaningful recruitment and retention strategy, Alpine Health needs to remain committed to the primary aim of this project (as above) options and as outlined in the Hume Clinical Placement Network (CPN) profile.

Alpine Health remains one of largest employers within the Alpine Shire and contributes to the economic and social health and wellbeing of the Shire on a large scale. Alpine Health is located in north–eastern Victoria and is 270 kilometres from Melbourne. The major towns within its catchment are Myrtleford, Bright and Mount Beauty.

The catchment area of the Alpine Shire covers an area of 4885 square kilometres, of which a significant part is forest and national parks (Mount Buffalo and Alpine National Parks). Geography has a major influence on service development in the Alpine Shire. It features a mountainous topography and narrow bands of fertile valley flats, which influences transport routes, population movement and town development as well as creating challenges in terms of student travel and therefore accommodation issues.

Myrtleford and Bright are in the Ovens River Valley in the western sector of the Shire and relate naturally to Wangaratta as the regional support centre, while Mount Beauty is in the Kiewa River Valley in the eastern sector, annexed by the Tawonga Range, and relates to Wodonga and Albury. Alpine Health’s relative proximity creates both an opportunity and challenge in terms of access to student populations and thus, student access.

Student placements at Alpine Health are very much viewed as an opportunity to contribute to the health, learning and vibrancy of the organisation and as a consequence, the community. Students have challenged and continue to challenge the way we do things and positively influence the emergence of Best Practices in care and innovative approaches to service redesign.

Currently Alpine Health hosts a number of students from a range of disciplines on a regular basis. The descriptions that follow do not include work experience students or defence force students, whom we do host but whose placements are not usually affected by accommodation challenges.

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| 2010 snapshot |
| Melbourne University | Medical students rural health rotation | Twelve students annually |
| Charles Sturt University | Bachelor of Nursing | Four students |
| Charles Sturt University | Primary health students | Ten students |
| La Trobe University  | Bachelor of Nursing | Four students |
| Deakin University | Bachelor of nursing | One student |
| Go Tafe | Certificate III Aged Care | Eight students |
| Go Tafe | Certificate III Business | One student |
| Swinburne Tafe  | Certificate III Community | One student |
| The Centre | Certificate III Personal Care | Two students |
| Yarrawonga Neighbourhood House | Certificate III Aged Care | Three students |
| Alpine Health | Initial registration of overseas nurses | Twelve students |

With a head count of current AHPRA registered nurses in Alpine LGA of 214 (75 enrolled and 140 registered) and with over 62% of Hume CPN nurses aged 45 and over, Alpine Health has identified the need to further recruit nurses to our workforce. Clinical placement is seen as essential for giving potential workforce a quality clinical training experience. To this end, Alpine Health is committed to increasing capacity of clinical placements and our recent participation in the Hume CPN Multilateral Negotiation (MLN) meetings has resulted in a 40% increase in planned nursing placements for 2012. From the MLN process, new partnerships with education providers have also been established, opening further opportunities for workforce recruitment.

Alpine Health is now planning for this increase in capacity and a high priority is to ensure suitable accommodation is available as required for nursing and other students.

Despite some existing but limited onsite investment in accommodation, Alpine Health has had a limited ability to host student placements due to the prohibitive cost of accommodating students within its towns and most specifically Myrtleford, which manages the vast majority of student placements. Being a popular tourist destination and an area where available accommodation lags behind need, the cost of any suitable accommodation is forced upwards. Many older rural hospitals have converted nurses’ quarters into low‑cost accommodation for students and/or visiting practitioners, and this remains an option at Alpine Health Myrtleford with the availability of a space that is ripe for refurbishment.

Indeed element 6: ‘Appropriate resources and facilities’, as identified in the revised BPCLE Framework 2011, supports the establishment and maintenance of appropriate student accommodation for the purposes of student recruitment and retention. Alpine’s application addresses both the concern for existing space and a framework to develop an accommodation solution (with support) as well as the notion that accommodation be equitable in terms of access for a range of disciplines. This would be supported by Alpine Health providing dedicated access to training and development facilities adjacent to the proposed accommodation for the purposes of further advancing the principle of equitable resource access such as that between students and regular staff for adjuvant learning resources.

With an increased emphasis on student recruitment and placement, Alpine Health have been able to develop relationships with the University of Melbourne as well as local general practices in terms of housing limited numbers of medical students; an important initiative in terms of attracting medical staff back to rural settings. Alpine has also developed student relationships with local TAFEs and universities for the placement of nurses and allied health staff, so has a successful track record of managing student placements. Accommodation that is proximal to the health service continues to be an issue in student recruitment and retention, both from a cost perspective and quality perspective. Alpine Health is partners in the M2M project that will see medical interns spend time in rural settings. This is an example of an initiative that will need the support of defined and appropriate accommodation. Alpine Health currently maintains a private rental accommodation for students in order to allow student placement to continue to be built as a strategy at the health service. This accommodation creates a recurrent out of pocket expense for Alpine Health after recoupment of reasonable costs.

Alpine Health’s approach to a focus on student accommodation as a method of supporting student placements enables a commitment to those findings and recommendations falling out of the Victorian Healthcare Association’s Community Health and Small Rural Clinical Placement Development Program Project Review June 2011, as well as leads to a best practice clinical learning environment.

This project examined clinical placements in community health services and small rural health services and uncovered a number of barriers to increasing capacity and quality, including issues around infrastructure, staff, students, agencies, educational institutions and placement coordination.

Key strategies included:

* Centralising placement coordination within agencies and including placements in annual,
* Planning cycles,
* Streamlining application and orientation processes for students,
* Promoting the value of placements in the sector to staff and students,
* Providing clarity around placement expectations for students,
* Providing supervision training and support to staff,

Including placement supervision in all relevant position descriptions.

This initiative will allow Alpine Health to increase both real numbers of students by an estimated 10% across disciplines above as well as certainty of clinical placements for students as well as training planning. In addition to this, there is an increased benefit of having a multidisciplinary residential component to clinical training and development with respect to cross fertilisation of relationships, intra as well as interprofessional relationships.

Project objectives and expected impacts

* Contribute to our strategy of improved organisational effectiveness through the continued development of a defined undergraduate, graduate and post graduate strategy
* Develop improved opportunities for student accommodation in the small rural health setting in order to aid recruitment and retention of student numbers

Establish facilities that will allow Alpine Health to continue to compete in the student placement market in order to build local workforce planning capacity into the future.

Project activities

The Learning Centre project was established out of strategic investment in Alpine health’s workforce development. This provided not only scope for the project but also established it within Alpine Health strategic planning process and meant that governance level support existed from the beginning of the project.

Scoping the project consisted of the formation of a team of people within Alpine Health who have responsibility for workforce development, building maintenance, business development, human resource development, professional development of nurses and financial management (the Project Steering Group). The scoping process also involved leveraging an existing working relationship with an external Registered Training Organisation (RTO). Final project scoping involved the drawing of concept/concept design with an architect and a building surveyor to ensure that initial ideas were physically possible and operationally safe.

Procurement of preferred tender took place utilising the Victorian Government Purchasing Board Guidelines, and an open tender approach was chosen, from which a short list of tender respondents were identified and shortlisted. Reference checks and comparison of tenders occurred against a set of KPIs established by the Project Steering Group.

Project work was commenced against scoped building contract utilising Australian Standard General Conditions of Contract (AS2124-1992), given the financial value of the project. Project was practically completed in January 2013 and formally utilised as a student accommodation and learning centre on Monday, 18 February.

Project management

Governance

A defined Steering Committee was established to oversee the implementation of this project made up of Alpine Health’s Business Development Manager, Finance and Corporate Services Manager, Human Resource Manager, Staff Development Officer, Health Services Manager – Myrtleford site and the lead contact from the preferred contractor. Regular meetings were held and copies of these meetings are contained in the project completion folder with one copy housed in Corporate Services and a second copy held by the Site health Services manager – Myrtleford. Progress has been reported through to Alpine Health’s Strategic Planning Implementation Group and subsequently Alpine Health’s Board of Management.

Stakeholder engagement and consultations

Additionally to the steering group defined above, extensive consultation into design and fit-out of the learning space occurred with current teaching staff and students.

Budget

The project was managed within budget. Alpine Health has contributed significantly to this as a funding partner. Additional and necessary works were carried out in other parts of the building during the Alpine Learning Centre works as an adjunct to enhancing the safety and usability of our buildings.

Timelines

Timelines were met generally but were affected due to supply of goods over the Christmas 2012 break and in terms of the installation of fire and safety equipment and the commissioning of that.

Project performance against stated deliverables

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| Project activity | Project deliverable/target | Due date | Status |
| Multipurpose learning space | Multipurpose learning space | January 2013 inclusive of contract variation time | Completed |
| Kitchenette/tea room | 1 Kitchenette/tea room | January 2013 inclusive of contract variation time | Completed |
| Bedrooms | 5 bedrooms | January 2013 inclusive of contract variation time | Completed |
| Kitchen | 1 kitchen | January 2013 inclusive of contract variation time | Completed |
| Dining area | 1 dining area | January 2013 inclusive of contract variation time | Completed |
| Common room | 1 common room | January 2013 inclusive of contract variation time | Completed |
| Bathroom/toilet/shower | 1 bathroom, 2 toilets and 2 showers | January 2013 inclusive of contract variation time | Completed |

Project outcomes

Alpine Health has, as a direct result of the project funding, been able to establish three key outcomes consistent with the aims of the project. Firstly, Alpine Health has now defined a dedicated building space for the purposes of training and development for students and staff, equipped with a range of information and communication technology support equipment which enables the enhancement of in-house training and education and enables out-of-house access to distant training and education. Having the dedicated space has created efficiencies in set up time for teaching and has reinforced Alpine Health’s commitment to training as a core component of business. Secondly, as a result of a tangible investment in training and development in a dedicated space, Alpine health feels more confident of attracting student placements and learning partners into our business. This has meant that we have been able to increase our student intake capacity from thirty-nine students in 2010 to upwards of two hundred student placements in the current year. Finally, the establishment of a student accommodation space adjacent to the learning space has also enhanced our capacity to attract students and maintain them in a secure environment, proximal to their theoretical and clinical learning spaces. This has enhanced the collegiate nature of placements and promoted a learning culture both for students and our teaching staff.

Evaluation

Positive aspects

* Created the financial catalyst to act on a key component of workforce strategy.

Others as listed such as improved teaching/learning relationships internally and externally/more attractive placement for students/more efficient lesson planning by educators/capacity to permanently and uninterruptedly access a defined learning space.

Difficult aspects

* Refurbishment of an existing space is very difficult to accurately cost especially if the space is conjoined with existing parts of the business. Issues such as interruption to existing workers, unforseen delays in waiting for external contractors to line work arrangements up, adjunctive works that are not within project scope but either need to be completed off or advisable to be completed off as a result of the scoped works.

Scoped project ran within budget (including additional funding provided by Alpine Health). However adjunctive works and some variations to unforseen works, significantly contributed to the cost of total works completed at the time the project was completed off.

Key learnings

* Refurbishing an existing space has unforseen costing associated with it;
* Tight project control and monitoring is necessary to contain budget and quality of works;
* Clear expectations made explicit to the organisation is necessary throughout;

Linking project work deliberately with organisational strategy is paramount in terms of maintaining scope and purpose of works.

Conclusion

This project has provided for the delivery of those objectives defined within the project application. Already, whilst not singularly responsible, it has seen the confirmation of a substantial increase in student numbers and enabled education relationships internally and externally to be further developed.