



Redcliffe Hospital

Clinical Services

Plan 2017–22



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ARTWORK

ARTIST – Tracy Heaydon

Redcliffe Hospital is the main Health Facility within the Moreton Bay Shire, with many community networks referring our people through for treatment and specialist appointments.

The centre symbolises the Redcliffe Hospital while the outer circles represent Communities who use the hospital

The background represents Moreton Bay.

This artwork was commissioned by Redcliffe Hospital to welcome and acknowledge the Aboriginal and Torres Strait Islanders



A. Introduction

Redcliffe Hospital is a 300 bed regional hospital located on the Redcliffe peninsula, approximately 28 kilometres north of the Brisbane central business district. Established in 1965, Redcliffe Hospital has a proud history of service provision for the local community, and now delivers a diverse range of health care services including emergency, medical, surgical, orthopaedic, cancer care, renal dialysis, maternity, paediatric and neonatal, rehabilitation, older persons care, and palliative care. The hospital provides care both to a local primary catchment and to a broader catchment of the northern region of Metro North Hospital and Health Service (MNHHS). Redcliffe Hospital is one of five hospitals in the MNHHS network of health care services.

Redcliffe Hospital is facing significant demand pressures and challenges that are affecting both our patients and staff, including population growth, patients with complex health and social needs, and ageing hospital infrastructure that is negatively affecting service access and quality.

It is within this context The Redcliffe Hospital Clinical Service Plan 2017-22 (the plan) has been developed. The Plan identifies service development priorities that can occur over the next five years to respond to the changing health care needs of a growing population within current infrastructure constraints. Recognising projected health service demand cannot be met by the current aged Redcliffe Hospital infrastructure this Plan complements work also underway to plan for infrastructure improvements at Redcliffe Hospital.

The priorities described in the Plan were informed by consultation with Redcliffe Hospital staff, consumers, and other key stakeholders, and align with overarching strategic directions of Queensland Health and MNHHS outlined in documents including *My health, Queensland future: Advancing health 2026*, the *MNHHS Strategic Plan 2016-20*, and the *MNHHS Health Service Strategy 2015-20* and MNHHS clinical service plans.

B. Our patients

The Redcliffe Hospital primary service catchment encompasses the Redcliffe peninsula as well as the surrounding suburbs of Deception Bay, North Lakes, Murrumba Downs, Kallangur, and Brighton. The Redcliffe Hospital catchment population numbered 142,658 persons in 2015.



Between 2011 and 2015 the rate of growth in the Redcliffe Hospital primary service catchment population was nearly double that for the total MNHHS population (12.6 per cent versus 7.6 per cent). The primary service catchment population for Redcliffe Hospital is projected to increase grow by a further 11.2 per cent (18,263 persons) between 2016 and 2021, which is also higher than that for MNHHS (8.0 per cent) and Queensland (8.2 per cent). High population growth rates are also projected for the Caboolture region and residents of this region also access services at Redcliffe Hospital.

Older persons aged 65 years and over currently make up 15.2 per cent of the Redcliffe Hospital primary catchment compared to 13.5 per cent for MNHHS. The rate of increase in the number of people aged over 65 years between 2016 and 2021 is projected to be the highest for all age groups in the Redcliffe Hospital primary catchment. Growth in the number of people aged up to 14 years is also projected to be higher than for the total MNHHS population in the same period.

The Aboriginal and Torres Strait Islander population represented 3.0 per cent (4751 persons) of the Redcliffe Hospital primary catchment population in 2015, which was higher than the MNHHS average of 2.2 per cent. In contrast to the total Redcliffe Hospital catchment population, 59.1 per cent of the Aboriginal and Torres Strait Islander persons living in the Redcliffe Hospital primary catchment were aged less than 25 years, while only 1.3 per cent of persons were aged 70 years and over.

In the Redcliffe Hospital primary catchment 22.1 per cent (31,770) of residents were born overseas, with 1.7 per cent reporting that they have difficulties speaking English. Redcliffe Hospital catchment residents born in non-English speaking countries were most likely to be from the Philippines, Germany, and The Netherlands, with a growing community of residents from Pacific Island nations.

The Redcliffe Hospital primary catchment population has a higher prevalence of socioeconomic disadvantage compared with other areas of MNHHS, and private health insurance rates are low. Similarly, self-reported health status is relatively low, with 17.6 per cent of residents in the Redcliffe Hospital primary catchment rating their health as poor or fair. The proportion of Redcliffe Hospital catchment residents reporting high or very high levels of psychological distress is higher than any other region in MNHHS and the rate for Queensland as a whole. Smoking rates in the Redcliffe Hospital primary catchment residents are also higher than the rate for Queensland.

C. Our services

Redcliffe Hospital provides general services with a growing number of sub specialty services. Table 1 details the services currently provided at Redcliffe Hospital. The clinical service plan is structured in accordance with these service lines.

Table 1: Redcliffe Hospital clinical service lines

Critical Care, Women's and Children's Service Line	Allied Health Services
Maternity Antenatal clinic Birthing suites Maternity ward Paediatrics Paediatric ward Neonatal Special care nursery Emergency Emergency department Short stay unit Intensive care Intensive care unit	Social work Physiotherapy Dietetics Pharmacy Speech therapy Child protection Occupational therapy Clinical measurement Psychology Podiatry
Surgery Service Line	Medicine Service Line
Anaesthetics and Acute Pain Services Operating Theatre Services Day procedure units Operating theatres and bookings Sterilising department General Surgery Surgical Specialist Services Ear, nose, and throat Endoscopy Gynaecology Orthopaedics Urology Wound and stomal Surgical Wards Surgical ward level 5 west Orthopaedic ward level 6 west Specialist Outpatients	Medical Specialties Cardiology Cancer care Endocrinology Gastroenterology General medicine Geriatrics Infection management Neurology (including acute stroke) Rehabilitation Respiratory Rheumatology Medical Wards Level 4 west Level 4 east Level 5 east Geriatric and rehabilitation Home hospital Oncology
Clinical support services	Other services
Medical imaging Pathology	Renal dialysis Oral health Mental health

D. Issues and challenges

Redcliffe Hospital is facing a range of issues and challenges including:

Significant population growth

The Redcliffe Hospital local catchment population has experienced rapid growth in recent years, which is projected to continue at rates higher than other areas of MNHHS and the State average. Redcliffe Hospital also provides acute services to the Caboolture Hospital catchment. The Caboolture Hospital catchment population is also projected to continue to experience rapid growth, which is likely to drive demand for these services at Redcliffe Hospital.

Increasing urban development

Contributing to the population growth is increasing urban development. The total number of dwellings in Redcliffe Hospital catchment increased 39.7 per cent from 2001 to 2011 and the area is projected to accommodate an additional 84,000 dwellings by 2031 (Queensland Government, 2009). Redcliffe has been identified by the Queensland Government as a priority area for development designed to provide diversity of employment and services that contribute to a vibrant local economy. Careful infrastructure planning - including hospital and health services - will be critical to sustainably manage projected population growth for this catchment.

Population growth occurring in age groups that are high service users

Within the hospital catchment the age groups that experienced the fastest growth rates were the 65 to 69 years and 70 to 74 years age groups (29.0 and 22.8 per cent respectively). Older persons tend to have greater care complexity as the result of longer disease histories, a greater prevalence of comorbidities, and increasing frailty.

The number of children aged 0 to 14 years will increase by 13.2 percent over the next five years. This population cohort is a high user of hospital services, particularly emergency services.

Redcliffe has pockets of the community who are socioeconomically disadvantaged

In 2011, the average Socioeconomic Index for Areas (SEIFA) score for Redcliffe Hospital catchment residents was 985, compared with 1002 for Queensland. Eighty per cent of Redcliffe Hospital residents fall within the three quintiles of most disadvantage, and 60 per cent within the bottom two quintiles. In general, people in socioeconomically disadvantaged areas are more likely to experience poorer health and shorter life expectancy.

Increasing patient complexity

Patient complexity is increasing across all services, arising from an interaction of poor physiological, psychological, and socioeconomic factors prevalent in the Redcliffe Hospital catchment population. These factors, in combination with the growing and ageing catchment population, will interact to continue to drive demand for health care at Redcliffe Hospital.

Increasing demand for services

Over the past three years admissions at Redcliffe Hospital increased by up to 15 per cent per annum for some service groups. The highest growth was for the service related groups of orthopaedics, urology, rehabilitation, general surgery, intensive care unit, and gastroenterology. Activity in outpatient services, particularly paediatrics, has also increased in the last three years. Service projections indicate the growth in service demand will continue over the next five years. Total admitted patient activity at Redcliffe Hospital is projected to grow by 4.4 per cent per annum and ED presentations by 3.4 per cent per annum.

Poor local access to some services

Despite the increases in service activity, the proportion of local catchment residents who are treated at Redcliffe Hospital has been decreasing as demand exceeds the supply. Redcliffe Hospital catchment residents are therefore required to travel to other MNHHS facilities for health services.

The rates at which Redcliffe Hospital catchment residents access services are lower than the Queensland average for cancer care, dentistry, public ophthalmology services, maxilla surgery, and plastics and reconstructive surgery. Some of these services are not provided at Redcliffe Hospital.

Limited community based health services

There is a limited range of community-based health services in the region and referrals to existing services from Redcliffe Hospital are relatively low. Given the higher prevalence of patients with complex needs in the region, the lack of community based resources is contributing to increasing demand for Redcliffe Hospital services.

Capacity of infrastructure maximised and under significant demand pressures

Redcliffe Hospital is currently operating at maximum bed capacity with minimal flexibility to respond to peaks in demand. High occupancy levels increase strain on staff workloads and can compromise patient safety and quality delivery of health services. Planning is currently underway for an additional 26 beds to be established following the relocation of Cancer Care and Kidney Health ambulatory services. The additional bed stock is expected to be operational mid-2018. These new beds will not meet current demand and there will continue to be severe capacity limitations, with flow-on effects to patient care, research, service development, and staff satisfaction and well-being.

Access to onsite car parking for patients and staff is limited, which presents an access barrier for patients, especially those with functional limitations, contributing to poorer patient experience, high failure to attend appointment rates and reduced staff satisfaction.

Poor infrastructure quality and outdated layout

The majority of buildings at Redcliffe Hospital are exhibiting signs of deterioration and the asset condition is impacting the functionality, safety and sustainability of health service provision. The poor condition and age of the buildings is impacting on the delivery of health services in a variety of ways, including:

- inefficient and outdated layouts preventing the implementation of efficient and contemporary models of service delivery
- no MRI on site, meaning patients must travel or be transferred for standard care
- workplace health and safety risks due to lack of space
- poor compliance with current legislation, for example disability requirements
- challenges with unreliable emergency generator systems, nurse call systems
- poor alignment with modern healthcare provision, for example outdated operating theatres, medical imaging and procedural rooms.

Workforce capacity and capability

Clinical service provision has increased without a corresponding increase in workforce capacity. There are difficulties recruiting some key clinical positions and a coordinated approach to workforce planning and succession management to support sustainable services is required. Clinical staffing levels for existing services across many inpatient and outpatient services are reported to be below peer benchmarking in some professional groups. As a result, workforce projections indicate the need for significant development and recruitment activities over the next five years.

Patient experience

Patients requiring hospital admission from the emergency department are likely to wait longer than clinically recommended to be moved to an inpatient bed, thus increasing the risk of adverse events, such as falls, pressure injuries, along with poor patient experience.

Readmission rates at Redcliffe Hospital are high. In 2016, 9.8 per cent of Redcliffe Hospital inpatients represented to hospital within 28 days of discharge, with representation rates highest for medical patients aged 65-79 years and for conditions of acute myocardial infarction, chronic obstructive pulmonary disease, congestive heart failure, pneumonia, and angina. Patients with frequent presentations at Redcliffe Hospital (more than five per year) accounted for a total of 2463 separations in the 2015-16 financial year.

Service integration and coordination

Relationships and responsibilities between Redcliffe Hospital and other MNHHS or local service providers are not always clear and there is limited connectivity with other local service providers such as general practitioners, non-government organisations, and aged care facilities. Patient pathways and referral processes within Redcliffe Hospital are also unclear and/or require updating.

E. Our future state

Providing excellent high quality local care to people who live in Redcliffe and the surrounding northern area of MNHHS is a priority for Redcliffe Hospital. Whilst infrastructure constraints significantly challenge service provision now and will continue into the future Redcliffe Hospital is committed to:

- working with the community to improve health and wellness
- improving care coordination to support local people to be cared for in the community
- advancing new models of care based on best practice
- working as part of a broader service system across MNHHS to improve access to specialised services.

The new leadership structure at Redcliffe Hospital will provide a greater focus on improving the patient journey and outcomes, and a robust and transparent framework for decision making required to drive implementation of the plan.

Redcliffe Hospital will focus on consolidating the current clinical service profile and increasing capacity within infrastructure constraints through additional staffing, expanding operating hours, and other actions to improve service efficiency and throughput.

Steps will be taken to reduce pressure on infrastructure through targeted capital works projects on the Redcliffe Hospital campus and by providing more services offsite. At the same time, there will be greater engagement with local health care providers to develop connected service networks beyond the current campus that support patients on their journey between home, primary care, and secondary care.

Redcliffe Hospital will improve service quality and safety in partnership with consumers, through local clinical research and service development initiatives, to be recognised as a leader amongst peers. This will lead to improved patient outcomes and greater service efficiency required to meet the current and emergent challenges facing Redcliffe Hospital.

F. Service directions

The following directions have been identified to guide service development at Redcliffe Hospital over the next five years:

Redcliffe Hospital staff and consumers will feel engaged and valued

Meaningful and ongoing engagement with consumers in service development and governance is required for Redcliffe Hospital to provide health services that meet the needs of our patients, their families and the local community. Forming partnerships with consumers and improving their health literacy gives them a voice in decision-making enhances their ability to manage their health, and helps manage patient expectations. We will demonstrate value for our staff through increased staffing to manage workloads and provide capacity for participation in quality improvement activities, clinical research, and professional development, with clearly defined training and career development pathways. Improvements to staff amenities and facilities will also improve staff workplace experiences.

Redcliffe Hospital will have clearly defined service roles and delivers safe and sustainable services to our community

Clarifying the role of Redcliffe Hospital provides the basis for focussed investment in workforce, equipment, and infrastructure, to provide safe and sustainable services. It also facilitates integration, connectivity, and collaboration with other MNHHS and local community services to help meet the needs of complex patients and reduce demand for hospital services when that is not the optimal care environment.

Redcliffe Hospital will provide connected and integrated care from hospital to home in collaboration with other service providers

Redcliffe Hospital will work to develop integrated models of care that connect patients with the broad range of services required to manage the transition between home and hospital. Some patients, particularly those whose care needs are chronic and/or complicated by mental illness, frailty, end of life, or their social situation, may make this transition multiple times. Redcliffe Hospital service lines will work together, and with other local health care providers such as general practice, aged care facilities, and community services, to connect services with the patient instead of placing that burden on the patient. The clinical model will also extend beyond the boundaries of the campus, with the formation of partnerships with other service providers and utilisation of technologies such as telehealth to more effectively manage people's needs across the care continuum, and where possible to keep people healthy, manage their needs, and improve their quality of life within our community.

Redcliffe Hospital will create flexible system capacity to meet clinical priorities and the changing needs of our community

To support service development, Redcliffe Hospital will undertake a series of targeted infrastructure projects and investigate offsite locations for ambulatory services to create capacity on the Redcliffe Hospital campus and improve service connectivity. Extended hours for services, and shifting service models from overnight to same day, procedures from operating theatres to ambulatory services, and from inpatient to ambulatory settings, will increase patient throughput and reduce demand for current infrastructure. Operating theatre and outpatient clinic schedules will be reviewed to ensure resources are aligned with priority areas and areas of greatest clinical demand.

Redcliffe Hospital will actively look for ways to improve service value and outcomes

Redcliffe Hospital will aim to be a leader amongst peers in service quality and safety. This will be achieved through strategies such as benchmarking with peers, providing dedicated time for Redcliffe Hospital staff to engage in research, education and training, and local service improvement activities. Value based reviews of current services models and practices will be implemented and innovation in service redesign will be encouraged and recognised.

G. Service actions

Identified service actions have been grouped according to those that involve multiple service lines across Redcliffe Hospital, and therefore require stewardship from Redcliffe Hospital executive, and those that would be relate to specific service lines. Responsibility for the implementation of each action has been assigned to key parties, who will be required to involve stakeholders within Redcliffe Hospital, the local community, and across MNHHS, as needed to develop and implement sustainable solutions in line with the service directions articulated above.



Redcliffe Hospital Executive

1. Hospital wide

The following actions are applicable across Redcliffe Hospital and as a result are the responsibility of the hospital executive.

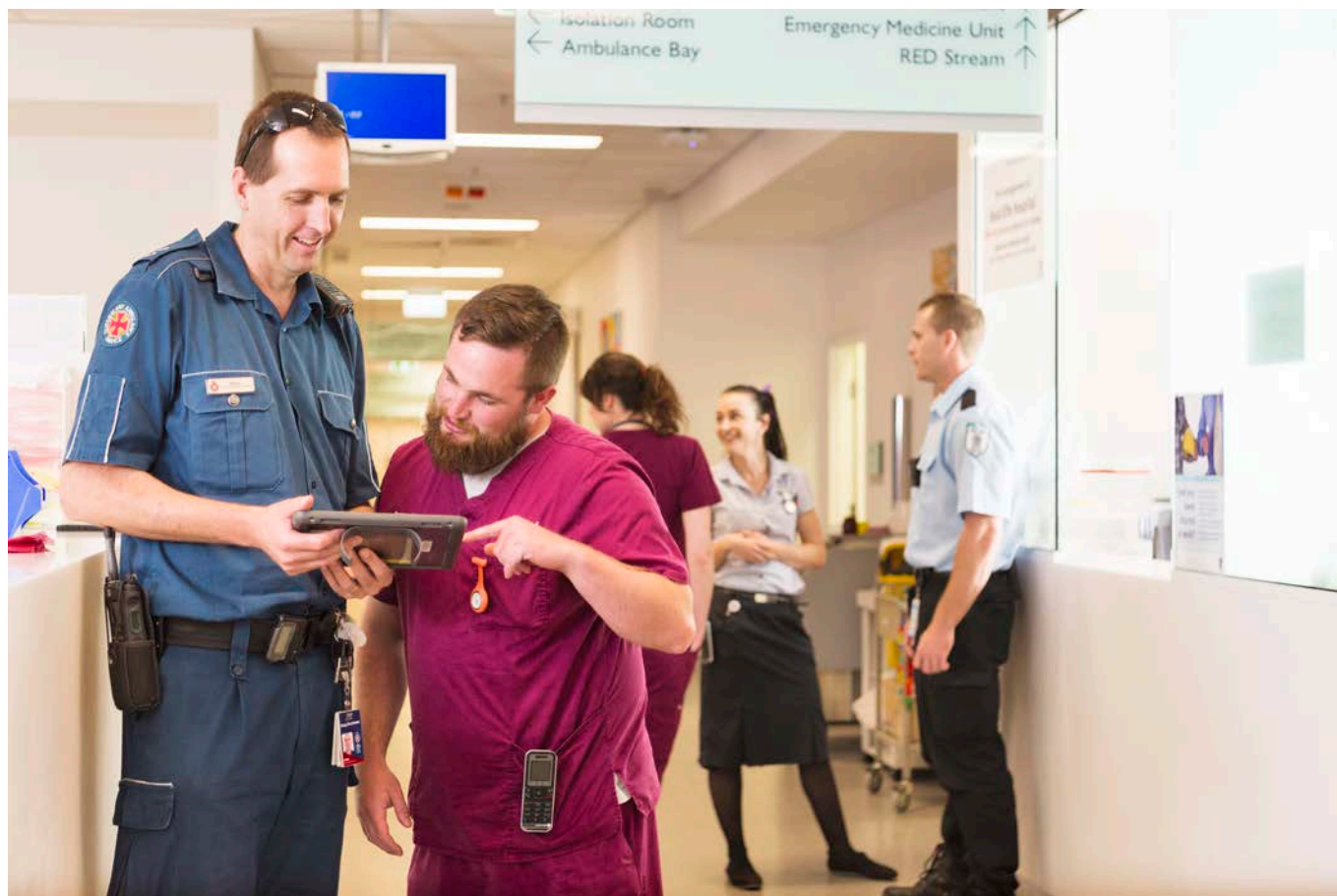
Priority actions		Responsibility
1.1	Extend hours of selected services to improve patient throughput: <ul style="list-style-type: none"> specialist outpatients operating theatre day procedure services 	Executive Director, Redcliffe Hospital
1.2	Change procedural service models to shift cases from overnight to day-only and from theatres to outpatient procedure rooms where appropriate	Medical Director and Nursing Director, Surgical Service Line
1.3	Review models that increase theatre capacity, such as: <ul style="list-style-type: none"> interim planned surgery on Saturdays extended hours and all day lists on weekdays 	Medical Director and Nursing Director, Surgical Service Line
1.4	Develop a comprehensive model of care for frail older persons that incorporates: <ul style="list-style-type: none"> a hospital-based older persons assessment team a residential care liaison service that acts as a single point of contact for external service providers to access support for older persons care a dedicated frail older persons ED team service coordination and navigation roles 	Executive Director, Redcliffe Hospital
1.5	Develop allied health service models that increase the effectiveness and efficiency of service delivery by: <ul style="list-style-type: none"> increasing the implementation of expanded scope models (eg. first contact outpatient and ED roles) developing interdisciplinary clinical roles enhancing delegation to allied health roles including developing advanced scope allied health assistant roles 	Director, Allied Health
1.6	Develop local systems and models of care in collaboration with Metro North CISS and partners to support avoidance programs and community-based services such as post acute care services (PACS), hospital in the home (HITH), Diabetes, Chronic Disease, Adolescent, Wound Management, Chronic Pain and Continence Services. Partnerships are also to include the transparency and clear responsibilities of services and governance along with access to the right information, both about the services and patient information.	Executive Director, Redcliffe Hospital
1.7	Investigate moving selected specialist outpatient clinics to a location off the Redcliffe Hospital campus and repurpose the space for services that must be provided onsite (other clinic services)	Executive Director, Redcliffe Hospital
1.8	Define a model of care (MOC) and staffing requirements for implementation within ward 6 East following refurbishment	Executive Director, Redcliffe Hospital
1.9	Develop and implement proactive consumer engagement processes for each service line/MOC/ redevelopment to improve the services provided for consumers and the community	Executive Director, Redcliffe Hospital
1.10	Coordinate the planning for the implementation/integration of new technologies to improve efficiency, productivity, and quality and safety (eg. electronic medical records, electronic medication management, telehealth, QFlow, MIS)	Executive Director, Redcliffe Hospital
2.11	Collaborate with primary care providers, CISS and QAS to develop models to support management of patients in the most appropriate setting for their needs	Executive Director, Redcliffe Hospital

Actions to be achieved within five years		Responsibility
1.12	Systematically enhance sub-speciality capacity, beginning with in cardiology and respiratory, gastroenterology and neurology, endocrinology, and rheumatology, in line with projected service demand	Executive Director, Redcliffe Hospital
1.13	Implement targeted infrastructure refurbishment projects to increase service capacity within the current Redcliffe Hospital campus footprint	Executive Director, Redcliffe Hospital
1.14	Establish new services at Redcliffe Hospital for: <ul style="list-style-type: none"> • inpatient haematology • paediatric specialist outpatient services (in conjunction with LCCH) 	Executive Director, Redcliffe Hospital
1.15	Increase mental health service capacity at Redcliffe Hospital through: <ul style="list-style-type: none"> • increasing consultation liaison service capacity within Redcliffe Hospital • integrating current and planned mental health positions within the ED • implementing a short stay mental health service model in the ED • strengthening links with local community-based mental health services 	Director, Medical Services

Critical care, women's and children's services

Priorities for Redcliffe Hospital critical care services are the refinement of emergency department models for targeted need groups to provide rapid access to patient centred care, to work with local stakeholders to develop service models that meet non-urgent care needs of patients in the most appropriate setting, and continue to develop the capability and quality of ICU services.

Maternity and neonatal services will aim to progress planned redevelopments to provide additional service capacity and contemporary service models.



2. Emergency department

Priority actions	Responsibility
<p>2.1 Supporting the organisational action to enhance model of care for the assessment and treatment of patients with mental health issues by:</p> <ul style="list-style-type: none"> strengthening connection with local mental health services including integration of new mental health nurse practitioner position within the ED consideration of developing a short stay model of care for mental health patients partnering with the Brisbane North PHN, MNHHS Mental Health Directorate, and NGOs to improve support for patients that have attempted suicide 	<p>Executive Director, Mental Health Services Directorate and</p> <p>Director and Nursing Director, Critical Care and Women's and Children's Services Line</p>
<p>2.2 Contributing to the organisational wide action of 1.4, develop a model of care for frail older persons to improve outcomes including reducing time spent in the emergency department and avoiding unnecessary admission to hospital</p>	<p>Executive Director, Redcliffe Hospital</p> <p>Director and Nursing Director, Critical Care and Women's and Children's Services Line</p>

2.3	Enhance the model of care for paediatric patients including reviewing opportunities for designated treatment space and maximising partnerships with the paediatrics team	Director and Nursing Director, Critical Care and Women's and Children's Services Line
2.4	Develop and implement model for managing patients with frequent ED attendances	Executive Director, Redcliffe Hospital Director and Nursing Director, Critical Care and Women's and Children's Services Line
2.5	Further develop models which support decision making within the accelerated chest pain risk evaluation (ACRE) pathway	Director and Nursing Director, Critical Care and Women's and Children's Services Line and Medical Director and Nursing Director, Medicine Service Line
2.6	Collaborate with CISS to enable rapid and seamless admission of ED patients to HITH service including reviewing opportunity to have HITH staff based in ED and broadening service criteria for HITH	Executive Director, Community, Indigenous and Subacute Services, MNHHS and Director and Nursing Director, Critical Care and Women's and Children's Services Line

Actions to be achieved within five years		Responsibility
2.7	Enhance models that support rapid assessment and management of low acuity presentations	Director and Nursing Director, Critical Care and Women's and Children's Services Line
2.8	Collaborate with inpatient service to develop admission prevention processes including access to follow up outpatient medical and surgical services	Executive Director, Redcliffe Hospital and Director and Nursing Director, Critical Care and Women's and Children's Services Line
2.9	Expand the 24-hour Short Stay Unit service to include: <ul style="list-style-type: none"> • greater involvement of consultants in SSU • dedicated SSU spaces for paediatric and older persons • telemetry capability with supporting models of care 	Director and Nursing Director, Critical Care and Women's and Children's Services Line

2.10	<p>Increase availability of allied health services within the ED to improve efficiency and effectiveness of service delivery including:</p> <ul style="list-style-type: none"> • increase social work services to 16 hours/day • increase physiotherapy presence to 16 hours/day and/or alter rostered hours to later in the day, with a primary contact role to enable timely assessment and management of musculoskeletal patients with decreased reliance on fracture clinic follow up • develop a skill shared occupational therapy role to support admission avoidance, complete early allied health screening for appropriate general medical admissions and facilitate appropriate admissions direct to GEM in liaison with GRLS • improved access for screening and/or assessment of swallow function 	Director and Nursing Director, Critical Care and Women's and Children's Services Line
2.11	<p>Improve management of vulnerable people with high social needs (eg homeless persons, older persons with changing social/care needs) through:</p> <ul style="list-style-type: none"> • developing partnerships with community services that provide support for vulnerable people • identifying options that do not use treatment spaces for supporting vulnerable persons while alternate care/social arrangements are made 	Director and Nursing Director, Critical Care and Women's and Children's Services Line
2.12	Investigate refurbishment options to repurpose non-clinical areas to clinical spaces to provide space for implementation of new or expanded models	Director and Nursing Director, Critical Care and Women's and Children's Services Line
2.13	Provide a treatment space in ED that allows insertion of lines for undifferentiated patients prior to transfer to ICU	Director and Nursing Director, Critical Care and Women's and Children's Services Line

3. Intensive care

Priority actions		Responsibility
3.1	Develop models of care which provide dedicated outreach support for MET calls, post intensive care unit (ICU) stepdown and deteriorating patients	Director and Nursing Director, Critical Care and Women's and Children's Services Line
3.2	<p>Investigate options to increase environment capacity for:</p> <ul style="list-style-type: none"> • office space for doctors, locker space for nursing • waiting room and interview rooms • larger waiting area and sleepover area for families • accommodation onsite for families of deteriorating patient • single rooms • equipment storage 	Director and Nursing Director, Critical Care and Women's and Children's Services Line
3.3	Maintain ICU outpatient follow-up clinic (post SEED trial) to improve patient adjustment following ICU stay	Director and Nursing Director, Critical Care and Women's and Children's Services Line

3.4	Continue to work and support Caboolture and Redcliffe Intensive Care Unit's (CRICU) sustainability with the plan to evolve to two separate services across Redcliffe and Caboolture Hospitals	Director and Nursing Director, Critical Care and Women's and Children's Services Line
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Actions to be achieved within five years		Responsibility
3.5	Increase resources to support growth and complexity of service provision: <ul style="list-style-type: none"> clinical nurse facilitator to support training for graduate nurses staffing levels to meet Australian College of Critical Care Nursing (ACCCN) guidelines 	Director and Nursing Director, Critical Care and Women's and Children's Services Line
3.6	Continue to develop paediatric ICU service in conjunction with Caboolture Hospital and increase recognition of service within MNHHS	Director and Nursing Director, Critical Care and Women's and Children's Services Line
3.7	Enhance allied health service provision to intensive care patients including: <ul style="list-style-type: none"> provide on-call physiotherapy and social work after hours to meet Clinical Services Capability Framework requirements for a Level 5 service enhance occupational therapy service to provide support around pressure care, positioning and patient activity enhance physiotherapy service to promote early rehabilitation/ mobility to limit delirium and reduce length of stay 	Director and Nursing Director, Critical Care and Women's and Children's Services Line

4. Maternity

Priority action		Responsibility
4.1	Collaborate with CISS to plan the expansion of diabetes service in line with service demand	Executive Director, Community, Indigenous and Subacute Services, MNHHS and Director and Nursing Director, Critical Care and Women's and Children's Services Line
4.2	Progress infrastructure redevelopment on level 3 providing: <ul style="list-style-type: none"> three inpatient beds relocation of Ante Natal Day Assessment Service (ANDAS)/Early Pregnancy Assessment Units (EPAU) a fifth birth suite reconfiguration of clinical storage space new patient assessment room 	Director and Nursing Director, Critical Care and Women's and Children's Services Line
4.3	Assess the antenatal environment and the demand for and availability of antenatal clinic space and review schedule and service delivery models including off campus antenatal care for some groups of women	Director and Nursing Director, Critical Care and Women's and Children's Services Line

4.4	Formalise resources and models of care for obstetrics patients requiring specialist obstetric medical care	Director and Nursing Director, Critical Care and Women's and Children's Services Line
4.5	Continue the development of the perinatal mental health service and consider formalising the role of a peer health worker in delivering antenatal care	Director and Nursing Director, Critical Care and Women's and Children's Services Line

Actions to be achieved within five years		Responsibility
4.6	Expand the social work model of care to cater for changing consumers preferences for engaging in healthcare e.g. digital communication such as web-based counselling	Director and Nursing Director, Critical Care and Women's and Children's Services Line
4.7	Establish antenatal and post-natal exercise classes to improve outcomes for mothers	Director and Nursing Director, Critical Care and Women's and Children's Services Line
4.8	Establish an outpatient dietetic service to address high risk pregnancies including obesity and other conditions not related to gestational diabetes	Director and Nursing Director, Critical Care and Women's and Children's Services Line

5. Neonatal

Priority actions		Responsibility
5.1	Progress Level 3 infrastructure redevelopment to ensure compliance with Australasian Health Facility Guidelines (AHFG) standards for floor area per cot	Director and Nursing Director, Critical Care and Women's and Children's Services Line
5.2	Collaborate with neonatal services at Royal Brisbane and Women's Hospital (RBWH) to establish telehealth capability within the special care nursery (SCN)	Director and Nursing Director, Critical Care and Women's and Children's Services Line
5.3	Explore enhanced models of care for neonatal services, including: <ul style="list-style-type: none"> early discharge of infants from the SCN standardised jaundice management neonatal abstinence syndrome babies midwife discharge checks 	Director and Nursing Director, Critical Care and Women's and Children's Services Line

5.4	Review referral process for access to speech pathology for conditions such as cleft lip and palate	Director and Nursing Director, Critical Care and Women's and Children's Services Line
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Actions to be achieved within five years		Responsibility
5.5	Identify and progress acquisition of equipment (particularly cardio-respiratory monitoring) in line with increasingly workload and patient complexity	Director and Nursing Director, Critical Care and Women's and Children's Services Line
5.6	Improve ophthalmology services and commence onsite retinopathy screening via retcam	Director and Nursing Director, Critical Care and Women's and Children's Services Line
5.7	Conduct a gap analysis to identify allied health staffing requirements for neonatal services including physiotherapy, speech pathology and occupational therapy	Director and Nursing Director, Critical Care and Women's and Children's Services Line
5.8	Expand the nurse practitioner model to adequately sustain the service across seven days and to avoid service non-availability during periods of leave	Director and Nursing Director, Critical Care and Women's and Children's Services Line
5.9	Increase special care nursery cot numbers from 10 to 15	Director and Nursing Director, Critical Care and Women's and Children's Services Line

6. Paediatrics

Priority action		Responsibility
6.1	Enhance the Child Protection Service shared across Caboolture Hospital and Redcliffe Hospital to provide capacity to divide the service and establish standalone services for each hospital	Director and Nursing Director, Critical Care and Women's and Children's Services Line
6.2	Expand child protection services available for patients of Redcliffe Hospital	Director and Nursing Director, Critical Care and Women's and Children's Services Line
6.3	Investigate options for increasing outpatient paediatric clinics to meet demand including utilising off campus space for outpatient consultations	Director and Nursing Director, Critical Care and Women's and

		Children's Services Line
6.4	Investigate opportunities for improving linkages with MNHHS Mental Health Directorate to support the provision of onsite mental health services for children and youth	Director and Nursing Director, Critical Care and Women's and Children's Services Line
6.5	Transfer current Children's Health Queensland dietetic outpatient service for enterally fed patients to Redcliffe Hospital to provide continuity of care	Director and Nursing Director, Critical Care and Women's and Children's Services Line

Actions to be achieved within five years		Responsibility
6.6	Review paediatric infrastructure; assessing the inpatient accommodation and capacity and the outpatient capacity and operating hours against the projected service demands.	Director and Nursing Director, Critical Care and Women's and Children's Services Line
6.7	Develop partnerships with LCCH to explore and where appropriate establish increased specialist paediatric outpatient services at Redcliffe Hospital for the local community for: <ul style="list-style-type: none"> • cardiology • dermatology • ophthalmology • rehabilitation • rheumatology • orthopaedics • endocrinology • respiratory 	Director and Nursing Director, Critical Care and Women's and Children's Services Line
6.8	Expand allied health services, including utilising full and expanded scope roles to better meet Redcliffe Hospital inpatient and outpatient demand including: <ul style="list-style-type: none"> • providing outpatient allied health services locally for children previously managed at LCCH wherever appropriate • increasing psychology outpatient services especially for children with behavioural issues • developing a senior therapeutic social work role within the outpatient service, including a family therapy clinic to address parental interactional and family issues 	Director and Nursing Director, Critical Care and Women's and Children's Services Line

Surgery services

Surgical services will be consolidated and expanded to meet a larger proportion of local demand. The focus of surgery service actions is increasing capacity to meet growing demand for surgery within current infrastructure, with targeted increases in operating theatres. This will include reviewing administrative practices and the allocation of available resources to areas of growing demand, refining models of care and hours of operation to increase service activity, and investigating opportunities to provide services off the Redcliffe Hospital campus.



7. General surgery

Priority actions		Responsibility
7.1	Improve integration between breast care nurses and surgery services	Medical Director and Nursing Director, Surgical Service Line
7.2	Review breast hook wire service model in consultation with Medical Imaging	Medical Director and Nursing Director, Surgical Service Line
7.3	Establish a pelvic floor service for assessment and treatment of functional bowel disorders	Medical Director, Surgical Service Line
7.4	Extend DPU hours to 10pm to support day only perioperative strategies	Medical Director and Nursing Director, Surgical Service Line
7.5	Investigate establishment of a 'hot clinic' for earlier assessment and intervention for patients who would otherwise wait for admission to a ward	Medical Director and Nursing Director, Surgical Service Line

7.6	Explore the establishment of a 23-hour surgical ward	Medical Director and Nursing Director, Surgical Service Line
7.7	Optimise continued care through increased referrals to PACS for wound management treatment	Medical Director and Nursing Director, Surgical Service Line

Actions to be achieved within five years		Responsibility
7.8	Assess, identify and implement allied health programs and resources: <ul style="list-style-type: none"> • pelvic floor dysfunction • continence clinics • musculoskeletal and high risk podiatry 	Medical Director and Nursing Director, Surgical Service Line
7.9	Establish a high acuity surgical service to offer better ward-based perioperative care for major surgical patients	Medical Director, Surgical Service Line
7.10	Implement ERAS principles (Enhanced Recovery After Surgery) to assist with patient length of stay and recovery	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health

8. Anaesthetics

Priority actions		Responsibility
8.1	Benchmark anaesthetic service staffing to support potential increases of resources to improve access to emergency surgery	Medical Director, Surgical Service Line
8.2	Review patient allocation on the theatre list to support best utilisation of day surgery cases and reduce cancellations	Medical Director, Surgical Service Line
8.3	Develop a model of care for nurse led day procedures sedations with supervision from a specialist	Nursing Director, Medical Services
8.4	Strengthen pre-anaesthetic service models with consideration of nurse-driven assessment and increased use of telehealth and phone consultations to reduced demand for in-person specialist review	Medical Director and Nursing Director, Surgical Service Line

9. Ear, nose and throat services

Priority actions		Responsibility
9.1	RBWH to conduct full clinical audit of waiting list allowing planning for future demand requirements at Redcliffe	Medical Director and Nursing Director, Surgical Service Line
9.2	Review process to improve screening for case selection transferred to Redcliffe	Medical Director and Nursing Director, Surgical Service Line
9.3	Review clinic appointment booking activity in line with surgery conversion rate to fully utilise surgical template capacity	Medical Director and Nursing Director, Surgical

		Service Line
9.4	Identify and purchase equipment required to expand the scope of ENT surgery at Redcliffe Hospital	Medical Director and Nursing Director, Surgical Service Line
9.5	Explore allied health models to support medical specialist case loads	Medical Director and Nursing Director, Surgical Service Line
9.6	Explore opportunities to outsource of hearing tests to the private sector	Medical Director and Nursing Director, Surgical Service Line

Actions to be achieved within five years		Responsibility
9.7	Review opportunities for expansion of audiology services, including primary contact models, cochlear mapping for outpatients and inpatient management of hearing devices	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health

10. Gynaecology

Priority actions		Responsibility
10.1	Evaluate value of Gynaecology Physiotherapy Screening Clinic model and explore expanded scope of the service	Clinical Director, Obstetrics and Gynaecology and Director, Physiotherapy

Actions to be achieved within five years		Responsibility
10.2	Increase access to theatre to support management of demand and reduction of external resources to support services (e.g. surgery connect)	Clinical Director, Obstetrics and Gynaecology
10.3	Investigate opportunities for extension of models of care incorporating physiotherapy	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health
10.4	Establish a urodynamic service	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health

11. Orthopaedics

Priority actions	Responsibility
11.1 Increase access to operating theatre sessions for orthopaedics services to align with demand for elective and emergency orthopaedic surgery	Medical Director and Nursing Director, Surgical Service Line
11.2 Establish model of care for Day 0 OT services for day procedure hand patients	Medical Director and Nursing Director, Surgical Service Line
11.3 Review and re-establish allied health team roles in OPSC for conservative management and treatment of patients	Medical Director and Nursing Director, Surgical Service Line
11.4 Review practices supporting pre-surgery fasting times, ensuring alignment with theatre booking practices	Medical Director and Nursing Director, Surgical Service Line
11.5 Develop and establish protocols, practices and training in orthopaedic ward for the identification and management of delirium, to safely retain them on the ward, and not transfer to DAFU	Medical Director and Nursing Director, Surgical Service Line
11.6 Develop an occupational therapy role in the orthopaedics screening clinic to work with physiotherapists and psychologists to provide conservative interventions that discharge patients from orthopaedics waiting lists	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health
11.7 Review the scheduling of consultant and allied health outpatient appointments with a view to provide a same day service model and reduce delays to treatment	Medical Director and Nursing Director, Surgical Service Line
11.8 Review the current outpatient model of care for care coordination to improve service efficiency	Medical Director and Nursing Director, Surgical Service Line
11.9 Review ability of allied health services for orthopaedic inpatient services to address demand identify strategies to meet increasing demand	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health
11.10 Review ability of outpatient services to address demand identify strategies to meet increasing demand	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health
11.11 Review the feasibility of 3D arm immobilisation processes to replace some of the current plaster service	Medical Director and Nursing Director, Surgical Service Line
11.12 To review the scope of the CNC Orthopaedic MOC to support OPD	Medical Director and Nursing Director, Surgical Service Line

11.13	Review models of care to optimise the role of podiatry services in managing wounds and other conditions, including offloading footwear post surgery and allied health led joint surgery follow up and fracture clinics	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health
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Actions to be achieved within five years		Responsibility
11.14	Identify patient cohorts that would benefit from early mobilisation on Day 0 with physiotherapy service post surgery, review staffing models to support 7 day services	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health
11.15	Establish an inpatient and post-surgical outpatient podiatry treatment services, including management of wounds, offloading footwear post-surgery, medical grade footwear	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health
11.16	In consultation with MNHHS Surgery Stream and RBWH, investigate opportunities for an orthotics services for the community	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health

12. Pain management

Priority actions		Responsibility
12.1	Review demand for acute pain management services at Redcliffe Hospital and support enhancement of services in line with demand	Medical Director and Nursing Director, Surgical Service Line
12.2	Review emerging modalities for analgesia administration to provide optimum patient treatment (eg. minipumps to facilitate patient mobility)	Medical Director and Nursing Director, Surgical Service Line
12.3	Formalise relationship with general practitioners for analgesia management using e-technology	Medical Director and Nursing Director, Surgical Service Line
12.4	Establish a capnography service for high risk patients to avoid respiratory arrest and earlier detection of type 2 respiratory failure, including the management of obstructive sleep apnoea (OSA) patients	Clinical Director, Anaesthetics

Actions to be achieved within five years		Responsibility
12.5	Expand the acute pain service model of care that is currently supported by a resident medical officer on weekends.	Medical Director and Nursing Director, Surgical Service Line
12.6	Embed opioid stewardship program to reduce the number of catchment residents with high opioid requirements.	Medical Director and Nursing Director, Surgical Service Line and Director, Allied Health

13. Urology

Priority actions	Responsibility
13.1 Use telehealth systems to connect to RBWH MDT, mortality and morbidity meetings, and developing professional networks	Medical Director and Nursing Director, Surgical Service Line
13.2 Develop workforce plan for recruitment of: <ul style="list-style-type: none"> • urologists with sub-specialty training in female urology, reconstructive work and paediatric urology • junior doctors to total one trainee and three PHO's 	Medical Director and Nursing Director, Surgical Service Line
13.3 Review and improve systems and processes for outpatient patient management to allow for seamless care between facilities	Medical Director and Nursing Director, Surgical Service Line
13.4 Increase research output and clinical audit by junior staff, particularly in field of prostate MRI and stone management	Medical Director and Nursing Director, Surgical Service Line
13.5 Develop and implement patient information questionnaire for new urology outpatients	Medical Director and Nursing Director, Surgical Service Line
13.6 In consultation with CISS, enhance management of complex catheters in community-based health care services to reduce the need to attend hospital	Medical Director and Nursing Director, Surgical Service Line
13.7 Review clinical prioritisation criteria for prostate specific antigen (PSA) to manage single elevated PSA reading.	Medical Director and Nursing Director, Surgical Service Line
13.8 Re-establish the Redcliffe Hospital urology MDT to discuss complex cases	Medical Director and Nursing Director, Surgical Service Line
13.9 Review processes for aligning theatre scheduling with radiographer and II available in operating theatres for urology sessions	Medical Director and Nursing Director, Surgical Service Line
13.10 Review the demand requirements for a pre-operative physiotherapy radical prostatectomy clinic and post-operative physiotherapy intervention for prostatectomy patients	Medical Director and Nursing Director, Surgical Service Line
13.11 Review and enhance current physiotherapy gynaecology continence services to include urology patients	Medical Director and Nursing Director, Surgical Service Line
13.12 Review options for increasing the procedural scope for nurse practitioners in specialist outpatients clinics (eg. stent removal)	Medical Director and Nursing Director, Surgical Service Line
13.13 In collaboration with CISS, review opportunities to provide Bacillus Calmette-Guerin (BCG) treatment or trial of voids in alternate settings	Medical Director and Nursing Director, Surgical Service Line

Actions to be achieved within five years		Responsibility
13.14	Develop Redcliffe Hospital urology service as a major urology training and teaching centre for the region to attract and retain doctors wanting to participate in the urology training program	Medical Director and Nursing Director, Surgical Service Line
13.15	Provide additional urology theatre sessions to match increasing service demand	Medical Director and Nursing Director, Surgical Service Line
13.16	Review scope of practice of urology services for opportunities to establish a urology led urodynamics service for males and females at Redcliffe Hospital	Medical Director and Nursing Director, Surgical Service Line
13.17	Expand nurse practitioner (NP) services to include NP candidate positions and/or CNC roles with expanded scope	Medical Director and Nursing Director, Surgical Service Line
13.18	In consultation with RBWH, establish agreements for access to robot procedures for Redcliffe Hospital patients and clinicians	Medical Director and Nursing Director, Surgical Service Line
13.19	Develop and establish a one-stop haematuria clinic and care plan with opportunities for increased that is more patient focussed and includes nurse practitioner screening and streaming to either medical review and flexi cystoscopy (if required) or discharge with management plan if conservative	Medical Director and Nursing Director, Surgical Service Line
13.20	Review demand for local stone services and extracorporeal shock wave lithotripsy and percutaneous nephrolithotomy, and plan for expansion of service at Redcliffe Hospital	Medical Director and Nursing Director, Surgical Service Line
13.21	Develop processes to enhance knowledge of PSA pathways within local GPs	Medical Director and Nursing Director, Surgical Service Line

14. Wound management and stomal services

Priority actions		Responsibility
14.1	The Wound Management and Stomal Therapy Nursing (WMSTN) service to be the clinical lead for future annual audits outside the Queensland Bedside Audit	Medical Director and Nursing Director, Surgical Service Line
14.2	Develop a structured approach to the management of pressure injuries through multidisciplinary meetings including WMSTN team, occupational therapy, physiotherapy, dietetics, the treating team, ward nurses and family members.	Medical Director and Nursing Director, Surgical Service Line
14.3	Identify opportunities to support the continuity of wound and stomal care through partnerships with CISS, NGOs and Brisbane North PHN.	Medical Director and Nursing Director, Surgical Service Line
14.4	Develop an inventory of preferred stock holdings and levels for each clinical unit to reduce waste and improve standardisation	Medical Director and Nursing Director, Surgical Service Line
14.5	Review demand for wound and stomal services at Redcliffe Hospital and identify resource requirements to support enhancement in line with demand	Medical Director and Nursing Director, Surgical Service Line
Actions to be achieved within five years		Responsibility
14.6	Establish models of care and service/scope to support the increasing prevalence of chronic diseases (eg. nurse practitioner models, chronic wound and stomal outpatient services)	Medical Director and Nursing Director, Surgical Service Line

15. Specialist outpatients

Priority actions		Responsibility
15.1	Review outpatient clinic schedule and room allocation to align with service demand and planned expansion of operating hours to include evenings and weekends where required	Medical Director and Nursing Director, Surgical Service Line
15.2	Conduct an analysis of clinical service demand versus supply to identify opportunities to improve access to surgery such as Surgery Connect and transfers to other facilities	Medical Director and Nursing Director, Surgical Service Line
15.3	Identify opportunities to provide clinics from locations off the Redcliffe Hospital campus that meet community and clinical service needs	Medical Director and Nursing Director, Surgical Service Line
15.4	Review outpatients services to identify those that could be provided via an alternative modality (eg. via telehealth, iPad) where clinically appropriate	Medical Director and Nursing Director, Surgical Service Line
15.5	Implement an electronic patient flow and room utilisation system	Medical Director and Nursing Director, Surgical Service Line
15.6	Establish criteria-based discharge protocols per specialty for outpatient clinics	Medical Director and Nursing Director, Surgical

		Service Line
15.7	Expand the general practitioner liaison officer role for Redcliffe Hospital	Medical Director and Nursing Director, Surgical Service Line
15.8	Develop comprehensive clinical models of care that support “one-stop” clinics that involve medical, nursing, allied health, and community providers	Medical Director and Nursing Director, Surgical Service Line
15.9	Develop General Practitioner with Special Interest clinic models in high need areas	Medical Director and Nursing Director, Surgical Service Line
15.10	Work with Management Information Systems (MIS) Queensland to improve and performance reporting for specialist outpatients	Medical Director and Nursing Director, Surgical Service Line

Actions to be achieved within five years		Responsibility
15.11	Review models of care for opportunities to optimise discharge to GPs including increasing nurse practitioner/CNC models and allied health models for discharge to GP that engage patients, GPs and community providers	Medical Director and Nursing Director, Surgical Service Line
15.12	Implement systems to support electronic discharge summaries from specialist outpatients	Medical Director and Nursing Director, Surgical Service Line

16. Operating theatres

Priority actions		Responsibility
16.1	Plan to provide infrastructure for a minimum of two additional operating theatres	Medical Director and Nursing Director, Surgical Service Line
16.2	Review operating theatre templates to match demand for specific surgical services	Medical Director and Nursing Director, Surgical Service Line
16.3	Review theatre lists to group same day and overnight cases and to schedule same day cases earlier in the day	Medical Director and Nursing Director, Surgical Service Line
16.4	Investigate appropriate staffing resources required to sustain twilight and weekend surgery sessions	Medical Director and Nursing Director, Surgical Service Line
16.5	Improve efficiency by increasing custom pack use within operating theatres	Medical Director and Nursing Director, Surgical Service Line
16.6	Develop a streamlined processes for loan set management across MNHHS	Medical Director and Nursing Director, Surgical Service Line

16.7	Consider alternate procedural spaces for low risk cases ie flexible cystoscopies, carpal tunnels.	Medical Director and Nursing Director, Surgical Service Line
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Actions to be achieved within five years		Responsibility
16.8	Explore opportunities for extended practice physiotherapy and nurse practitioner models within theatres	Medical Director and Nursing Director, Surgical Service Line

17. Day procedure unit

Priority actions		Responsibility
17.1	Review DPU hours of service to provide capacity for increased procedural throughput and safe care and discharge for patients following procedures	Medical Director and Nursing Director, Surgical Service Line
17.2	Review endoscopy templates to match demand	Medical Director and Nursing Director, Surgical Service Line
17.3	Explore the availability of an extra or alternate procedural room to support endoscopy and specialist outpatients services	Medical Director and Nursing Director, Surgical Service Line

18. Sterilising department

Priority actions		Responsibility
18.1	Develop an MOU with oral health services regarding sterilising and future growth	Medical Director and Nursing Director, Surgical Service Line
18.2	Extend Censitrack system to support additional clinical services external to theatre areas such as DPU and maternity	Medical Director and Nursing Director, Surgical Service Line

Medicine services

Medicine services will increase capability for the management of a local population with increasingly complex care needs, especially older persons. This will include continuing to provide Level 4 medicine services for the Redcliffe Hospital catchment and establishing subspecialty services in area of high activity such as cardiology and respiratory medicine.

Given that multiple providers are often required to meet the health care needs of the local population, specific actions focus on connecting services within Redcliffe Hospital and across the local community, and building capacity to assist patients navigate their care pathways. Redcliffe Hospital will increase the capacity for patients to access services in the local community, or their own home, which makes navigation easier for patients and reduces demand for limited hospital infrastructure.

Redcliffe Hospital will engage with consumers and lead the development partnerships with local health care providers to further increase local service capacity beyond the hospital campus.



19. Cardiology

Priority actions		Responsibility
19.1	In partnership with MNHHS Heart and Lung Institute, establish resources and models, including a permanent cardiologist, to begin building a multi-disciplinary cardiac service	Medical Director and Nursing Director, Medicine Service Line
19.2	Develop and implement comprehensive service models to manage demand for cardiology care in the Redcliffe Hospital catchment	Medical Director and Nursing Director, Medicine Service Line
19.3	Establish an five day per week onsite trans thoracic echocardiography service	Medical Director and Nursing Director, Medicine Service Line

19.4	Review models of care for cardiac rehabilitation and heart failure in collaboration with community-based services to improve Redcliffe Hospital patient access to services in a range of settings	Medical Director and Nursing Director, Medicine Service Line
19.5	Establish allied health led phase one cardiac rehabilitation	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
19.6	Plan and establish a dedicated inpatient cardiac care unit at Redcliffe Hospital	Medical Director and Nursing Director, Medicine Service Line

20. Cancer care

Priority actions		Responsibility
20.1	Review and evaluate the ED avoidance model for cancer patients	Medical Director and Nursing Director, Medicine Service Line
20.2	Develop multidisciplinary holistic cancer services and models with comprehensive medical, nursing and allied health staffing profile	Medical Director and Nursing Director, Medicine Service Line
20.3	Optimise and increase cancer care research activities and clinical trials at Redcliffe Hospital	Medical Director and Nursing Director, Medicine Service Line
20.4	Review cancer care coordinator model to inform alignment of with increasing service demand	Medical Director and Nursing Director, Medicine Service Line
20.5	Employ an additional cancer care coordinator	Medical Director and Nursing Director, Medicine Service Line
20.6	Embed lymphoedema pathway incorporating GP, private providers and NGO services and establish level one lymphoedema service to manage patients who are unable to access these services	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
20.7	Seek funding to support increased services provision supported by the existing unfunded four additional chemotherapy chairs within MBICC	Medical Director and Nursing Director, Medicine Service Line
20.8	Plan and establish a local digital mammography service in conjunction with Medical Imaging	Medical Director and Nursing Director, Medicine Service Line

20.9	Develop and establish an onsite haematology service for appropriate patient groups where clinically appropriate	Medical Director and Nursing Director, Medicine Service Line
20.10	Develop inpatient cancer care program supporting the growth in demand	Medical Director and Nursing Director, Medicine Service Line

21. Chronic disease

Priority actions		Responsibility
21.1	Promote the chronic disease model and nurse navigator role within Redcliffe Hospital to increase internal uptake	Medical Director and Nursing Director, Medicine Service Line
21.2	Enhance chronic disease expertise amongst nursing and medical staff through optimising educational opportunities	Medical Director and Nursing Director, Medicine Service Line
21.3	Engage and work more effectively with local community-based organisations to support ongoing care	Medical Director and Nursing Director, Medicine Service Line
21.4	Develop a consumer engagement strategy to support chronic disease management	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
21.5	Review chronic disease model of care for inclusion of allied health in service model particularly psychology, occupational therapy, and pharmacy	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health
21.6	Review heart failure component of the chronic disease service to identify future needs, models and requirements	Medical Director and Nursing Director, Medicine Service Line
21.7	Plan and establish expansion of the chronic disease model to incorporate a specialist stream for cardiac conditions	Medical Director and Nursing Director, Medicine Service Line

22. Endocrinology

Priority actions		Responsibility
22.1	In consultation with CISS, review model of care for patients with diabetes including options for: <ul style="list-style-type: none"> establishing diabetic education services for inpatients increased access to podiatry service to support high risk foot patients 	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health

Actions to be achieved within five years		Responsibility
22.2	Review demand requirements for inpatient consultation service and plan for required expansions	Medical Director and Nursing Director, Medicine Service Line

23. Gastroenterology

Priority actions		Responsibility
23.1	Build capacity within gastroenterology for a multidisciplinary sustainable service that can respond to emergency demands with models of care including: <ul style="list-style-type: none"> increased JHO levels to support senior clinician nurse led model for gastroenterology/irritable bowel disease (IBD) clinics for chronic disease inpatients and post discharge follow up 	Medical Director and Nursing Director, Medicine Service Line
23.2	Develop and implement an 'acute bleed' pathway operating as a cohesive surgical and medical gastroenterology service	Medical Director and Nursing Director, Medicine Service Line and Medical Director and Nursing Director, Surgical Service Line
23.3	Optimise and educate local physicians and ED about best-practice approach to IBD diagnosis, management and outcome	Medical Director and Nursing Director, Medicine Service Line
23.4	Develop and implement a multi-disciplinary IBD service for inpatients and outpatients, in conjunction with IBD service at North Lakes.	Medical Director and Nursing Director, Medicine Service Line
23.5	Update referral pathways from specialist outpatients to ensure equitable access to scopes for patients referred by medical and surgical pathways.	Medical Director and Nursing Director, Medicine Service Line and Medical Director and Nursing Director, Surgical Service Line
23.6	Review model of care and demand for surveillance across a range of conditions to determine additional capacity requirements	Medical Director and Nursing Director, Medicine Service Line and Medical Director and Nursing Director, Surgical Service Line
23.7	Review demand and model of care to determine endoscopy service requirements including after hours services when required	Medical Director and Nursing Director, Medicine Service Line and Medical Director and Nursing Director, Surgical Service Line

23.8	Through workforce planning identify and design training requirements for surgeons and nursing on gastroenterology endoscopy and medical management training.	Medical Director and Nursing Director, Medicine Service Line and Medical Director and Nursing Director, Surgical Service Line
23.9	Embed guidelines and KPI's into endoscopy practices.	Medical Director and Nursing Director, Medicine Service Line and Medical Director and Nursing Director, Surgical Service Line
23.10	Develop opportunities to share endoscopy workforce and activity across MNHHS facilities to improve patient access.	Medical Director and Nursing Director, Medicine Service Line
23.11	Review demand requirement for dietetics, psychology, and pharmacy within the model of care.	Medical Director and Nursing Director, Medicine Service Line
23.12	Further development of outpatient infusions model of care	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
23.13	Build the gastroenterology service to establish Royal Australian College of Physicians (RACP) accreditation for Gastroenterology advanced training	Medical Director and Nursing Director, Medicine Service Line
23.14	Build self-sufficiency within gastroenterology services to support hepatology sub specialty at Redcliffe Hospital	Medical Director and Nursing Director, Medicine Service Line
23.15	Plan and establish a dedicated inpatient gastroenterology unit at Redcliffe Hospital including an intern through the workforce planning process	Medical Director and Nursing Director, Medicine Service Line

24. General medicine

Priority actions		Responsibility
24.1	Review emergency admission criteria medical ward to facilitate timely access to inpatient care	Medical Director and Nursing Director, Medicine Service Line
24.2	Increase medical inpatient capacity to align with demand requirements including: <ul style="list-style-type: none"> optimising utilisation of onsite palliative care service capacity review medical assessment unit/home ward model and inpatient capacity requirements 	Medical Director and Nursing Director, Medicine Service Line

24.3	Develop and implement patient pathways to facilitate direct admissions to medicals ward for patients with chronically deteriorating clinical prognosis	Medical Director and Nursing Director, Medicine Service Line
24.4	Review and improve referral processes from medical ward to allied health to reduce rate of inappropriate referrals	Medical Director and Nursing Director, Medicine Service Line
24.5	Support and work in consultation with CISS to support patient flow across the care continuum	Medical Director and Nursing Director, Medicine Service Line
24.6	Through nurse workforce planning establish roles with a focus on key patient cohorts (e.g. dementia/delirium)	Medical Director and Nursing Director, Medicine Service Line
24.7	In consultation with CISS, develop and implement a model for management of infectious diseases within HITH	Medical Director and Nursing Director, Medicine Service Line
24.8	Continue further engagement with Brisbane North PHN and other local non-government services to support continuum of care and avoidance models	Medical Director and Nursing Director, Medicine Service Line
24.9	Improve the nursing admission tool to highlight possible swallowing difficulties, pre-admission diet and pre-morbid swallowing issues.	Medical Director and Nursing Director, Medicine Service Line
24.10	Establish Eat, Walk, Engage program including identifying opportunities for enhancing allied health assistant roles in reducing deconditioning of frail patients	Medical Director and Nursing Director, Medicine Service Line
24.11	Review need for outpatient physiotherapy services focused on falls prevention	Medical Director and Nursing Director, Medicine Service Line
24.12	Develop skill-shared allied health position in MAU to support timely patient discharge	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health

Actions to be achieved within five years		Responsibility
24.13	Further develop use of advanced allied health assistants in medical wards to undertake higher level tasks delegated by allied health practitioners	Medical Director and Nursing Director, Medicine Service Line
24.14	Increase medical ward capacity to manage non-invasive ventilation	Medical Director and Nursing Director, Medicine Service Line

25. Geriatrics

Priority actions		Responsibility
25.1	Review geriatric model of care to ensure alignment with patient complexity and requirements	Medical Director and Nursing Director, Medicine Service Line
25.2	Strengthen partnership and networks with CISS to support geriatric models of care	Medical Director and Nursing Director, Medicine Service Line
24.3	Establish a multidisciplinary geriatric assessment team to support the frail older patient.	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
25.4	Establish neuropsychology and clinical psychology services	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health
25.5	Establish appropriate levels of social work services	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health
25.6	Review need and implement behavioural management program with recreation officer on DAFU ward	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health
25.7	Review opportunity for expansion of memory clinic to include psychology and occupational therapy services	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health

26. Home connect service

Priority actions		Responsibility
26.1	Review model of care and service capacity to enhance timeliness of service response for earlier patient discharges	Medical Director and Nursing Director, Medicine Service Line
26.2	Review current scope and models within service for post acute patients to determine optimisation and future requirements	Medical Director and Nursing Director, Medicine Service Line

26.3	Review model of care to enhance link to wound management consultation and advice.	Medical Director and Nursing Director, Medicine Service Line
26.4	Provide alternative models to inpatient admission options	Medical Director and Nursing Director, Medicine Service Line

27. Infectious diseases

Priority actions		Responsibility
27.1	Review and evaluate current model of care for the management of infectious diseases	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
27.2	Develop the infectious diseases service and plan for the establishment of to include dedicated inpatient beds	Medical Director and Nursing Director, Medicine Service Line

28. Neurology

Priority actions		Responsibility
28.1	Establish electroencephalogram (EEG) and electromyogram (EMG) study services at Redcliffe Hospital in line with current and projected demand	Medical Director and Nursing Director, Medicine Service Line
28.2	In consultation with RBWH, establish endovascular clot retrieval pathways	Medical Director and Nursing Director, Medicine Service Line
28.3	Further development of outpatient infusions model of care	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
28.4	Identify opportunities to develop and establish models of care for allied health to support patients on wait list to improve quality of life provide assessment prior to neurologist review or negate need for neurologist review (e.g. neuropathy, carpal tunnel, vestibular)	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health

29. Rehabilitation

Priority actions		Responsibility
29.1	Participate in MNHHS review of service model and staffing profile for geriatric and rehabilitation liaison service (GRLS) to promote consistency in the capability and availability of the service across MNHHS	Medical Director and Nursing Director, Medicine Service Line

29.2	Collaborate to plan and develop consistent clinical and business processes for hypertonicity services across MNHHS	Medical Director and Nursing Director, Medicine Service Line
29.3	Collect and report Australasian Rehabilitation Outcomes Centre (AROC) data for all patients regardless of length of stay, with selected data reported according to AROC guidelines	Medical Director and Nursing Director, Medicine Service Line
29.4	Implement annual Rehabilitation Audit Team review of acute care wards at Redcliffe Hospital to monitor impact of delayed transfer to rehabilitation services	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
29.5	Plan and undertake refurbishments at Redcliffe Hospital within the rehabilitation ward to expand capacity of inpatient beds	Medical Director and Nursing Director, Medicine Service Line
29.6	Contribute to the development of mechanisms to ensure regular review of rehabilitation models of care and opportunities to trial and/or adopt new and emerging practices and technologies such as robotics and tele-rehabilitation	Medical Director and Nursing Director, Medicine Service Line
29.7	Participate in MNHHS trials of six or seven day per week inpatient rehabilitation service to optimise rehabilitation efficiency and length of stay	Medical Director and Nursing Director, Medicine Service Line

30. Respiratory

Priority actions		Responsibility
30.1	Develop and implement process to support the establishment of a respiratory service following appointment of respiratory physician	Medical Director and Nursing Director, Medicine Service Line
30.2	Develop and implement comprehensive service models to manage demand for respiratory care in the Redcliffe Hospital catchment	Medical Director and Nursing Director, Medicine Service Line
30.3	Establish local support groups for respiratory patients in conjunction with NGO's	Medical Director and Nursing Director, Medicine Service Line
30.4	In partnership with CISS explore alternate models for pulmonary rehabilitation	Medical Director and Nursing Director, Medicine Service Line
30.5	Develop one session per week bronchoscopy service	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
30.6	Establish a dedicated respiratory care inpatient unit at Redcliffe Hospital	Medical Director and Nursing Director, Medicine Service Line
30.7	Review need for outpatient physiotherapy respiratory services	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health

31. Rheumatology

Priority actions		Responsibility
31.1	Plan and establish an allied health rheumatology clinic in partnership with Australian Catholic University	Medical Director and Nursing Director, Medicine Service Line and Director, Allied Health
31.2	Further development of outpatient infusions model of care	Medical Director and Nursing Director, Medicine Service Line

Actions to be achieved within five years		Responsibility
31.3	Plan and establish a Redcliffe Hospital outpatient rheumatology outpatient service aligning to demand requirements including resources to support.	Medical Director and Nursing Director, Medicine Service Line

32. Palliative care

Priority actions		Responsibility
32.1	Review governance of Redcliffe Hospital palliative care service in line with directions provided by the MNHHS Palliative Care Plan 2017-22	ED CISS and Medical Director and Nursing Director, Medicine Service Line
32.2	Review of current models of care (inpatient and community) and align with Medical Service Line functions	Medical Director and Nursing Director, Medicine Service Line
32.3	Review the current referral form and associated referral processes, with consideration of a 'once only referral' concept.	Medical Director and Nursing Director, Medicine Service Line
32.4	Implementation of palliative emergency care management guidelines both within inpatient and community palliative care services	Medical Director and Nursing Director, Medicine Service Line

32.5	Review community palliative equipment management responsibilities by clinicians	Medical Director and Nursing Director, Medicine Service Line
32.6	Use of Palliative Care Outcomes Collaborative (PCOC) scores in determining appropriateness of equipment allocation	Medical Director and Nursing Director, Medicine Service Line
32.7	Consider single room provision within the palliative care unit and utilise idle space	Medical Director and Nursing Director, Medicine Service Line
32.8	Review schedule of consultation liaison service visits to Caboolture Hospital to ensure service continuity at Redcliffe Hospital	Medical Director and Nursing Director, Medicine Service Line
32.9	Implement structured multidisciplinary meetings to support early discharge planning, including referral to social work for aged care assessment team (ACAT) assessments	Medical Director and Nursing Director, Medicine Service Line
32.10	Review the 72 hour pass practice	Medical Director and Nursing Director, Medicine Service Line
32.11	Application of PCOC or similar quality scoring for all the consultation/liaison services with collation and reporting facilities, embedded in staff portfolios	Medical Director and Nursing Director, Medicine Service Line
32.12	Examine the scope of North Lakes Health Precinct and Chermside administration officer roles in relation to the Metro North Palliative Database and outpatients	Medical Director and Nursing Director, Medicine Service Line
32.13	Explore collection of mid-day census for palliative care unit target occupancy	Medical Director and Nursing Director, Medicine Service Line
32.14	Establish onsite bereavement services to achieve CSCF level 5 palliative care service	Medical Director and Nursing Director, Medicine Service Line

Allied health services

Redcliffe Hospital will increase allied health staffing, broaden the scope of practice of allied health roles, and improve integration of allied health roles within clinical service lines, to enhance access to best practice multi-disciplinary care for patients. The service enhancement will include the emergency department, specialist outpatient clinics, and inpatient care.



33. All services

Priority actions		Responsibility
33.1	Develop interdisciplinary models of care (involving skill sharing and delegation to assistants) in emergency department and MAU (eg frail older person response team).	Director, Allied Health
33.2	Review impact of establishment of National Disability Insurance Scheme (NDIS) in Redcliffe Hospital catchment and link with community service providers to improve outcomes for patients	Director, Allied Health

34. Pharmacy

Priority actions		Responsibility
34.1	Review demand requirements for pharmacy clinics (eg. heart failure, infectious diseases, antenatal, gastroenterology) and establish appropriate levels of services to meet demand	Director, Pharmacy and Directors, Service Lines
34.2	Review potential for in-house claiming of Pharmaceutical Benefits Scheme rebates for chemotherapy	Director, Pharmacy

Actions to be achieved within five years		Responsibility
34.3	Establish electronic medication management systems throughout the hospital	Director, Pharmacy
34.4	Establish the dispensing robot	Director, Pharmacy
34.5	Establish Pyxis machines for imprest	Director, Pharmacy
34.6	Investigate and implement portable devices to facilitate discharge, admission and electronic medication management	Director, Pharmacy and Director, Medical Services
34.7	Review demand for theatre and DPU pharmacist to reduce waste and improve compliance to legislation	Director, Pharmacy and Medical Director and Nursing Director, Surgical Service Line
34.8	Review demand for service in surgery and medicine and establish appropriate level of service	Director, Pharmacy and Directors SLs
34.9	Review demand for increase weekend service and establish appropriate level of service	Director, Pharmacy and Directors, Service Lines
34.10	Implement pharmacist prescribing research pilots	Director, Pharmacy

35. Podiatry

Actions to be achieved within five years		Responsibility
35.1	Establish a standalone podiatry department to provide inpatient and outpatient services	Director, Allied Health

36. Psychology

Priority actions		Responsibility
36.1	Review current psychology services to identify opportunities to realign psychology services to provide services to additional clinical areas at Redcliffe Hospital	Director, Allied Health

Actions to be achieved within five years		Responsibility
36.2	Review demand requirements for possible expansion into inpatient and specialist outpatient settings (e.g. orthopaedics, geriatric evaluation and management)	Director, Allied Health
36.3	Review opportunity to establish models of intervention utilising psychology intern placements.	Director, Allied Health

37. Social work

Actions to be achieved within five years		Responsibility
37.1 1	Investigate and implement different modality of service for patients and families i.e. telehealth	Director, Allied Health

38. Speech pathology

Priority actions		Responsibility
38.1	Establish sustainable training and service delivery model for Fiberoptic Endoscopic Evaluation of Swallow (FEES)	Director, Allied Health

Actions to be achieved within five years		Responsibility
38.2	Review viability of other outpatient speech pathology clinics (eg. ENT voice/FEES clinic)	Director, Allied Health
38.3	Trial a Dysphagia First clinic for specialist outpatient referrals including videofluoroscopic swallow study (VFSS) clinics as required	Director, Allied Health

Other services

There are a number of services provided on the Redcliffe Hospital campus or in the local catchment by other MNHHS Directorates. Representatives from these Directorates were consulted in the development of the actions listed below.



39. Medical imaging

Priority actions	Responsibility
39.1 Implementation of new RIS provides opportunity to improve access to patient imaging information, SMS confirmations for outpatient appointments, better integration with private radiology partners	Executive Director, Redcliffe Hospital and Executive Director, Medical Imaging
39.2 Implement short term strategies to manage CT demand	Executive Director, Redcliffe Hospital and Executive Director, Medical Imaging
39.3 Improved communication between hospital departments provides opportunity to improve service delivery, e.g. operating theatre services	Executive Director, Redcliffe Hospital and Executive Director, Medical Imaging
39.4 Transfer echocardiography function to clinical measurements to provide access to additional ultrasound sessions in medical imaging	Executive Director, Redcliffe Hospital and Executive Director, Medical Imaging
39.5 Investigate revenue opportunities associated with increased CT capacity	Executive Director,

Redcliffe Hospital
and Executive
Director, Medical
Imaging

Actions to be achieved within five years		Responsibility
39.6	Service expansion to match future growth including: <ul style="list-style-type: none"> • general x-ray • second CT • onsite MRI service 	Executive Director, Redcliffe Hospital and Executive Director, Medical Imaging
39.7	Expand interventional radiology service with same day bed capacity	Executive Director, Redcliffe Hospital and Executive Director, Medical Imaging

40. Pathology

Priority actions		Responsibility
40.1	Provide medical education regarding quality pathology ordering	Director, Medical Services

Actions to be achieved within five years		Responsibility
40.2	Provide pathology services as part of a same day outpatient oncology service to reduce travel burden so patients do not have to attend the hospital multiple times	Director, Medical Services

41. Drug and alcohol services

Priority actions		Responsibility
41.1	Strengthen relationships with MNHHS Alcohol and Other Drugs services	Executive Director, Redcliffe Hospital and Executive Director, Medical Health Services

Actions to be achieved within five years		Responsibility
41.2	Develop a specialist toxicology service at Redcliffe Hospital	Executive Director, Redcliffe Hospital and Executive Director, Medical Health Services

42. Mental health services

Priority actions		Responsibility
42.1	Reinforce and support Caboolture Mental Health Services (MHS) growth for inpatient beds to improve access for Redcliffe Hospital catchment residents	Executive Director, Redcliffe Hospital and Executive Director, Medical Health Services
42.2	Increase MHS consultation-liaison services for Redcliffe Hospital inpatients	Executive Director, Redcliffe Hospital and Executive Director, Medical Health Services
42.3	Increase access to psychiatrist services with inreach services at Redcliffe Hospital including education and training for staff on treatment plans	Executive Director, Redcliffe Hospital and Executive Director, Medical Health Services
42.4	Increase MHS support for patients with eating disorders in Redcliffe Hospital	Executive Director, Redcliffe Hospital and Executive Director, Medical Health Services
42.5	Strengthen the current partnership models within Redcliffe Hospital ED through streamlining processes for access	Executive Director, Redcliffe Hospital and Executive Director, Medical Health Services
Actions to be achieved within five years		Responsibility
42.6	Increase MHS services within ED and possible dedicated spaces for Mental Health patients	Executive Director, Redcliffe Hospital and Executive Director, Medical Health Services

43. Oral health services

Priority actions		Responsibility
43.1	Increase allocated general anaesthetic session frequency to meet increasing service demand	Executive Director, Redcliffe Hospital and Executive Director, Oral Health Services
43.2	Oral health to provide training to ED staff about management of oral health presentations.	Executive Director, Redcliffe Hospital and Executive Director, Oral Health Services
43.3	Increase awareness of the oral health service and access through the oral health call centre telephone number via posters/monitors within Redcliffe Hospital.	Executive Director, Redcliffe Hospital and Executive Director, Oral Health Services
43.4	Joint advocacy and marketing of the importance of water fluoridation, healthy eating, and smoking cessation by oral health services and Redcliffe Hospital in the hospital local (eg posters and monitors) and community.	Executive Director, Redcliffe Hospital and Executive Director, Oral Health Services

44. Renal medicine

Priority actions		Responsibility
44.1	Increase dialysis service capacity with additional dialysis chairs following move to Moreton Bay Integrated Care Centre	Executive Director, Redcliffe Hospital and Executive Director, RBWH

H. Implementation, monitoring and review

Implementation

Implementation of this plan will be led by Redcliffe Hospital in a staged process to allow ongoing refinement over the next five years, with consideration given to relevant national, state and local policy and plans.

The relevant service line has assigned responsibility to implementation of each service actions. Redcliffe Hospital service line operational plans should align with the service directions in the plan and incorporate each action within the proposed timeframe. The Redcliffe Hospital Executive Team will provide oversight to the implementation process.

The plan will provide a platform for Redcliffe Hospital to engage with MNHHS and other agencies around service issues. Redcliffe Hospital commits to working in partnerships with consumers, carers, and other organisations, to provide sustainable services solutions.

Progress monitoring and review

Monitoring and review of the plan's implementation will be integrated with current monthly performance reporting processes for the Redcliffe Hospital executive. A summary progress report will be developed annually at the end of financial year in line with MNHHS operational plan reporting.

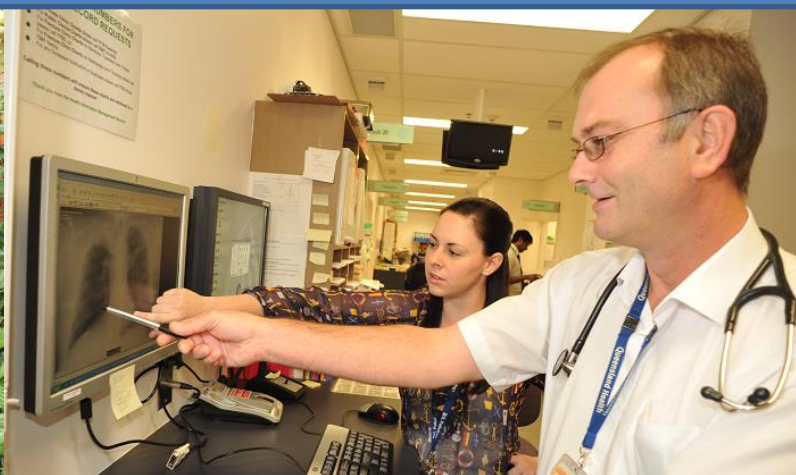
Resource implications

While the planning process did not include the development of financial costings, service actions were developed and prioritised with realistic expectations of resource availability within the planning horizon. Resources for implementation of the plan will need to be secured through the current Redcliffe Hospital budget and/or through MNHHS or other government budgetary processes.

Risks to successful implementation

The key risks of not achieving the actions include:

- constraints to access for service enablers such as infrastructure, workforce, support services
- insufficient allocation of resources to Redcliffe Hospital to meet increasing demand for clinical services
- changes to the organisation of clinical governance within MNHHS that changes responsibility for allocation of resources at Redcliffe Hospital
- insufficient engagement with local staff, service consumers, and/or local organisations, who are stakeholders in the implementation of actions.



Redcliffe Hospital
Metro North Hospital & Health Service
putting people first