



# The Prince Charles Hospital Clinical Services Plan 2017–2022



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# 1 Introduction

The Prince Charles Hospital (TPCH) is a 630-bed major tertiary referral hospital located at Chermside within Metro North Hospital and Health Service (MNHHS), 10 kilometres north of the Brisbane central business district. TPCH, is one five hospitals within MNHHS networked service system, with a proud history of delivering specialised care to the state e.g. heart and lung transplants. Other long established services provided at TPCH include cardiac surgery, cardiac and thoracic medicine, orthopaedics, care of the older person, palliative care, specialist sleep and mental health services. More recently, children's emergency, inpatient and outpatient services have also been introduced.

The configuration of health services at TPCH have served the community of MNHHS and the state well for many years. However growing and ageing catchment populations together with increases in chronic disease are resulting in increasing demand for health services at TPCH. To better manage this demand TPCH will need to redesign the way services are delivered.

The *TPCH Campus Framework for Renewal* (the Framework) details the aspirations and pillars that define the future of the TPCH campus over the next 30 years, while maintaining TPCH's healthcare commitment through the philosophy of: *Together, we provide excellent and innovative healthcare*. As the cornerstone document for three key strategies: Clinical services, Commercial and Academic strategies, the Framework guides a coordinated approach to planning on the campus.

The Prince Charles Hospital Clinical Service Plan 2016-21 (the Plan) is a five year plan that will assist TPCH to progress the aspirations contained in the Framework. Building on relevant national, state and local planning including *My health, Queensland future: Advancing health 2026*, *MNHHS Strategic Plan 2016-20*, *MNHHS Health Strategy 2015-20* and local health services plans, this Plan presents six objectives that will support TPCH to work towards the aspirations set out in the Framework. The six objectives include:

1. Optimise patient health and wellbeing through reducing unnecessary hospital admissions
2. Enhance service arrangements by advancing patient focused clinical service redesign and reorientating services to ambulatory settings including home where appropriate
3. Expand capacity and capability of selected services to meet the health needs of TPCH local, regional and statewide catchments
4. Introduce new services to support increasing health demand for the TPCH local, regional and statewide catchments
5. Enhance partnerships across MNHHS services, private and non-government health service providers to improve integration and coordination of patient care across the service system
6. Lead and promote innovation and research through educating and training our people and active partnerships with universities, industry and other research entities

The actions to achieve the objectives are described in this Plan based on the Program structure currently in operation at TPCH.

## 2 Our services

TPCH has a long-standing reputation for delivering excellence in health care in line with the Department of Health Clinical Service Capability Framework v3.2 (CSCF). TPCH provides specialised statewide cardiac services for Queensland and northern New South Wales (NSW) residents including complex interventional cardiology, structural heart disease, and cardiac electrophysiology. TPCH is also the hub for specialised statewide services of heart and lung transplantation and adult cystic fibrosis.

TPCH deliver services as part of MNHHS networked service system that includes Community Indigenous and Subacute Services, Royal Brisbane Women's Hospital, Caboolture and Redcliffe Hospitals. All services at TPCH participate in an annual self-assessment process to document CSCF service levels and identify improvement opportunities and risk mitigation strategies where all requirements are not met. This assessment can be viewed at [www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public/default.asp](http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public/default.asp)

Table 1 below details the services (in alphabetical order) currently provided at TPCH.

<b>Program</b>	<b>Service</b>
Anaesthetics and perfusion	Acute pain Anaesthetics Perfusion
Children and young People	Paediatric emergency Paediatric medicine Selected surgery
Critical care	Emergency (adult) Intensive care
Gastroenterology	Endoscopy Gastroenterology Hepatology
Heart	Adult congenital heart disease Advanced heart failure and heart transplant Cardiac surgery Coronary care and chest pain assessment service Echocardiography and cardiac investigations Electrophysiology and pacing General cardiology Interventional cardiology: coronary and structural
Lung	Bronchoscopy Cystic fibrosis Lung transplant Respiratory investigations Sleep disorder service Thoracic medicine Thoracic surgery
Medicine	General medicine Endocrinology Haematology Infectious diseases Medical oncology Neurology including acute stroke Rheumatology
Mental health and drug and alcohol	Acute mental health Secure mental health Community mental health Alcohol and drugs services
Sub-acute	Cognitive assessment and management Ortho geriatrics Geriatric evaluation and management Palliative care Rehabilitation
Surgery	General surgery Orthopaedics

Program	Service
	Plastic and reconstructive Vascular Urology
Support	Allied health Centralised sterilising Medical imaging including MRI Nuclear medicine Pathology Pharmacy Quality Effectiveness Support Team (QuEST)

### 3 Our patients

TPCH provides health services to three population catchments: a local population catchment, a regional population catchment of MNHHS and statewide population catchment including NSW for selected services. Some CSCF level 6 services, such as transplantation, may also be provided to a national catchment.

Each of the population catchments serviced by TPCH is expected to experience high growth rates over the next five years— including growth in the number of people aged over 65 years. People aged over 65 are high users of health services placing a greater proportional demand on health services. The children’s population in the local and regional catchments is also expected to experience considerable growth that will impact TPCH children’s services. Both the adult and child population characteristics are described for each catchment below.

#### 3.1 Our local catchment

The local catchment extends from Lutwyche in the south to Dayboro in the north-west. Approximately 60 per cent of admissions to TPCH are for people who live in the local catchment area.

The total TPCH catchment population in 2014 was 332,854 persons which represented 35.4 per cent of the total MNHHS population. The Aboriginal and Torres Strait Islander population represents 2.0 per cent (6522 persons) of the TPCH catchment population. In 2014 children aged 0-14 represented approximately 19 per cent of the catchment population, with the Pine Rivers area having the highest children’s population at 27,044.

TPCH local catchment is ageing and it is expected that, by 2026, the catchment population of people aged 65 years and over will grow by 60 per cent to 23,279 persons. The children’s population is expected to increase 16 per cent over the same period. The total number of people living in the TPCH catchment will grow to 373,785 (an increase of 56,002 or 17.6 per cent).

TPCH local catchment is diverse with most people living in areas of relative low levels of social and economic disadvantage. According to the Socio-Economic Index for Advantage (SEIFA) the areas of Chermside, Deagon, Lawnton, Stafford and Zillmere have high levels of disadvantage and greater potential for health inequality.

An analysis of health risk factors for the TPCH catchment population aged over 18 years indicates higher rates of obesity and people that are overweight compared to MNHHS total population.

The self-assessed health status of TPCH catchment residents indicated that 35.7 per cent are living with a respiratory system disease, 33.1 per cent are living with a musculoskeletal system disease and 19.5 per cent are living with a circulatory system disease.

#### 3.2 Our Metro North Hospital and Health Service catchment

As part of the MNHHS hospital service network, TPCH provides specialist services to patients from across MNHHS. Approximately 25 per cent of TPCH admissions are related to patients who live in the MNHHS catchment but outside of the local TPCH catchment. The total MNHHS catchment population is 941,563 persons. Similar to the TPCH local

catchment, the MNHHS population is expected to experience significant growth and ageing by 2026, increasing by 28.3 per cent or 250,119 persons. The fastest projected growth rate is expected to be for persons aged 65 years and over, increasing by 72.6 per cent.

An analysis of health risk factors indicates 27.4 per cent of the MNHHS population aged over 18 years reported being obese while 34.7 per cent of the population reported being overweight. Additionally, 16.7 per cent of those aged 18 years and over were current smokers. With the exception of persons who were reported as being overweight, all health risk factors were lower than the Queensland averages.

The self-assessed health status of the MNHHS catchment indicated that 16.7 per cent were living with circulatory system disease, 27 per cent were living with respiratory system diseases and 26.5 per cent were living with musculoskeletal disease.

### 3.3 Our statewide catchment

Approximately 14.4 per cent of TPCCH admissions are related to patients who live outside the MNHHS catchment. In 2014, Queensland had a total population of 4,722,447. By 2026 the Queensland population is projected to increase by 34.2 per cent (1,530,815 persons from 2011) and the population aged 65 years and over is expected to increase by 79.7 per cent. The expected growth and ageing of the statewide catchment will result in not only an increased demand on services due to increased patient volumes, greater survival rates and patient follow-up, but also a higher case mix of complex patients with comorbidities.

Coronary heart disease and lung cancer are in the top ten leading burdens of disease across Queensland. In addition, ageing has been described as the most powerful risk factor for cardio vascular disease, with the risk of stroke doubling every decade after the age 55 years.

In 2013, there were 796 persons reported to be living with cystic fibrosis in Queensland of which the average age was 20.2 years.

## 4 Issues and challenges

The configuration of health services at TPCCH has served the local community, MNHHS and the state of Queensland well for many years. However, there is a need to continually review and revise service models to ensure TPCCH continues to provide safe, effective and efficient care for all patients. The issues and challenges for TPCCH are:

### **Growing and ageing of population catchments (local, MNHHS and statewide)**

As identified above the total number of people living in the TPCCH catchments are growing. The TPCCH local catchment will increase by 17.6 per cent, the MNHHS population is expected to grow by 28.3 per cent and Queensland population is projected to increase by 34.2 per cent by 2026. The expected growth in the over 65 age cohort by 2026 for TPCCH primary hospital catchment is 60 per cent, with MNHHS 72.6 per cent and Queensland 79.7 per cent. This population cohort is often more unwell and has higher rates of chronic and complex conditions. Older people are also more likely to visit a number of health professionals. Providing care to complex patients across multiple clinical services is challenging and may result in fragmented patient care as evidenced by poor medication management, multiple testing and duplication, and poor discharge planning.

### **Rising rates of chronic disease including obesity, arthritis, diabetes, heart disease, respiratory disease and mental illness**

The TPCCH catchment population will have rising rates of diabetes, heart disease, respiratory disease and mental illness. Hospitalisations for these conditions are increasing with cardiology and respiratory conditions the top two reasons for admission at TPCCH.

### **Community expectations**

Understanding and responding to the community's expectations of health services is a critical component of all health service systems. Increasingly, consumers expect health services to inform and empower them, enabling self-management where possible and to provide timely and appropriate access to care when needed.

## Growing demand for services

The ability to meet local, regional and statewide service needs will challenge TPCH due to built infrastructure capacity constraints and availability of resources. Attendances at TPCH emergency department for adults have increased 16.5 per cent and children increased 65.5 per cent over the past three years. Inpatient separations for adult and children have increased by 9.6 per cent and outpatients services have also grown significantly over the same period.

## Access to services

Traditionally, TPCH has provided a range of complex statewide and specialist services to Queenslanders but did not have a full range of support service to meet the local need. This has resulted in the TPCH local catchment travelling to other MNHHS facilities to access selected acute inpatient and outpatient services. Local access to selected children's medical outpatient services and surgical inpatient and outpatient services is also low. Approximately 79 per cent of all children requiring inpatient surgical services (same day and overnight) travel out of MNHHS to receive surgical services—predominantly to Lady Cilento Children's Hospital.

## Fragmentation of care

Many speciality services are provided from TPCH, each having its own professional and functional flow, working groups as well as an internal culture, structure and perception regarding the services provided. Many speciality services value their autonomy and view the patient journey in segments relating primarily to the component of care that they are responsible for. Patients at TPCH are generally older and often have multiple illnesses and diseases. Care based on isolated subspecialties provides limited oversight of the total patient journey and risks poor coordination between services, increased likelihood of repeat testing, increased costs and delays in discharge.

## Service network connectivity across service settings

The connectivity between TPCH, primary care, community service providers and other MNHHS hospitals is not consistent. This impacts the ability for the right care to be provided in the right setting at the right time, creating inefficiencies and influencing health outcomes.

## Constrained and ageing infrastructure

The original hospital was opened in 1954 with major expansions undertaken in 2000 to the main acute hospital block. The age and design of the facility is no longer consistent with contemporary models of care. The redesign and expansion of services to meet the current and future requirements is limited by the age and physical constraints of the infrastructure. In addition, the infrastructure characteristics limit the ability to implement technology advances subsequently restricting innovation and enhancement of services.

## Ageing workforce

Selected workforce at TPCH has an aging profile. At present the average age of the TPCH medical workforce is 36.9 years, nursing workforce is 41.7 years, health practitioner workforce is 36.6 years and managerial and clerical workforce is 43 years. While life expectancy has increased and it is likely that people will also work longer, an aging workforce profile will lead to high retirement rates and potential skills shortages impacting the ability to recruit suitable workforce to meet service demand in the future.

# 5 Our future state

Through the philosophy of: **Together, we provide excellent and innovative healthcare**, TPCH will respond to population health needs and service challenges over the next five years by introducing service enhancements that deliver on the nine service aspirations described in TPCH Campus Framework for Renewal including:

- **Community** – Promote a dynamic system of engagement and communication with our community, staff and service partners in the pursuit of excellence in access, healthcare delivery and outcomes
- **Care, Compassion** – Provide safe, compassionate, high quality care to our patients and their families
- **People, Team, Culture** – Attract, retain and develop the best people, and promote a cohesive and supportive team culture
- **Teach, Learn, Develop** – Create a thriving environment for teaching, learning and continuing skills development



- **Collaboration, Partnerships** – Promote collaboration and foster partnerships with patients, families, community, service partners, government, and industry
- **Integration** – Integrate clinical services, education and training, research, technology and industry for the mutual benefit of each
- **Innovation, Enterprise** – Promote an environment of new and creative thinking which harnesses innovation across a spectrum of activities and harness the commercial value of this innovation
- **Research, Discover, Translate** – Shape the international research agenda and pioneer the rapid translation of our discoveries into the healthcare environment
- **Healthy, Connected Campus** – Enhance the connectivity of the campus with the community, natural environment and create spaces which promote health and wellbeing.

It is expected that once the Plan is implemented the outcomes achieved will include:

- an integrated and coordinated service system that is agile and can adapt to changing policy and practices
- a greater range of health services for adults and children in the local, regional and state catchments that are safe and sustainable, evidenced-based and delivered by high quality and dynamic staff
- enhanced collaboration between patients, families, other MNHHS facilities and services, government areas, non-government organisations and private health service providers across the care continuum
- recognition as a national and international leader in providing innovative clinical services, education and training
- the realisation of academic, research and commercial opportunities.

## The next five years

This Plan describes how TPCH, over the next five years, will actively work towards the nine aspirations described in the Framework for Renewal in an infrastructure and resource constrained environment. As demand for services continues to grow, this plan will enable TPCH to be innovative to manage this demand safely within the resources available. TPCH is committed to designing and delivering care around the needs of the patient rather than the needs of services. Current ways of providing care will be reviewed and redesigned presenting opportunities for locally led innovation.

TPCH is committed to supporting our staff, our local residents and our broader community to remain healthy and well. We will work in partnership with patients, families, community and other health service providers to champion health wellness across services and settings. Working as part of a network of services across MNHHS, TPCH will champion service system integration and connectivity to support people to get the right care, in the right service setting, when it is needed. This approach will also be a critical demand management strategy that will enable TPCH to continue to enhance service capacity.

Delivery of this Plan will require commitment and action from all TPCH staff, partners and the community. The following six objectives, each with its own series of actions, will guide the development of services at TPCH towards achieving these aspirations:

1. Optimise patient health and wellbeing through reducing unnecessary hospital admissions
2. Enhance service arrangements by advancing patient focused clinical service redesign and reorientating services to ambulatory settings including the home where appropriate
3. Expand capacity and capability of selected services to meet the health needs of TPCH local, regional and statewide catchments
4. Introduce new services to support increasing health demand for the TPCH local, regional and statewide catchments
5. Enhance partnerships across MNHHS services, private and non-government health service providers to improve integration and coordination of patient care across the service system
6. Lead and promote innovation and research through our people and partnerships with universities, industry and other research entities.

## Medium to long term future

In the medium to longer term (next 5 to 15 years), it is anticipated a new purpose built building to expand heart and lung services will be commissioned. This building will be home to the Heart and Lung Institute; the Institute will provide a physical location for TPCH to continue to be a statewide leader in providing highly specialised heart and lung services that are embedded with research and innovation. It will deliver an integrated model of care that provides strong links between clinical services, education and training, research and industry engagement. It will harness the skills and commitment of the people and teams working at TPCH to build on its reputation for delivering state leading clinical services, outcomes, pioneering research, and to bring together more expansive and multidisciplinary teams. This will contribute to exceptional patient care and patient outcomes, as well as provide teaching and research opportunities which will build the capacity of service providers locally, nationally and internationally.

Moving heart and lung services to the new Heart and Lung Institute building will provide access to infrastructure in the existing hospital building to enable the mix and breadth of services for the local catchment to expand. Services to expand or be introduced could include:

- emergency medicine
- general medicine - endocrinology, geriatrics, infectious diseases and renal medicine including in-centre renal haemodialysis
- surgery - supportive bariatric, breast, colorectal, ear nose and throat, gastrointestinal, intensive care, general surgery, orthopaedics and urology
- cancer services
- medical and surgical services for children and young people.

## 6 Objectives

Six objectives have been developed to enable TPCH, over the next five years, to actively work towards the nine aspirations contained in the TPCH Campus Framework for Renewal. To support the implementation of the Plan, the actions to achieve the objectives are described by TPCH Program areas.

### **Objective 1-** Optimise patient health and wellbeing through reducing unnecessary hospital admissions

Optimising patient health is a shared responsibility between the patient, families and carers, government agencies and community service providers. Building on work already underway, TPCH will actively work with partners including patients and their families, the Brisbane North PHN, community and primary care service providers to optimise patient health and reduce unnecessary admissions, particularly for people with complex and chronic care needs.

### **Objective 2-** Enhance service arrangements by advancing patient focused clinical service redesign and reorientating services to ambulatory settings including home where appropriate.

Through active clinical engagement and sponsorship, TPCH will review and, as required, redesign models of care based on the optimal patient journey. Redesigning care based on the patient journey rather than isolated specialised services will ensure care at TPCH is safe, effective and efficient. Through the redesign process, TPCH will also identify opportunities to provide care in different settings including ambulatory care, community and home settings. Increasing and expanding models of care such as Hospital in the Home and other ambulatory models will be a priority. For people who have treatment at TPCH but reside outside MNHHS, this approach to care will be undertaken in partnership with the patient and local HHS.

### **Objective 3-** Expand capacity and capability of selected services to meet the health needs of TPCH local, regional and statewide catchments.

TPCH is committed to ensuring that it has the capacity and capability to deliver a well-rounded suite of services that are safe, sustainable and meet the needs of each catchment population. As part of the MNHHS service network, including Community Indigenous and Subacute Services, Royal Brisbane Women's Hospital, Caboolture and Redcliffe Hospitals, TPCH will strive to expand selected services to increase access for residents close to home. TPCH will partner with other hospitals (including Holy Spirit Northside Private Hospital), to support expanding service capacity. TPCH also commits to ensuring clinical and non-clinical support services are expanded in conjunction with this service growth.

### **Objective 4-** Introduce new services to support increasing health demand for the TPCH local, regional and statewide catchments.

TPCH will actively pursue strategies to establish new services onsite to improve access for local, regional and statewide catchments. Establishing new services at TPCH will be challenging due to infrastructure constraints. Innovative approaches to growing services will be pursued including opportunities to collaborate with other MNHHS facilities and community services. Collaborations with The Holy Spirit Northside Private Hospital and other health service providers will also be explored.

### **Objective 5-** Enhance partnerships across MNHHS services, private and non-government health service providers to improve integration and coordination of patient care across the service system

To enhance the patient journey and provide comprehensive, seamless, effective and efficient care to individuals, TPCH will take a leadership role to grow partnerships with other facilities and communities in MNHHS as well as other HHSs, service partners, primary care services and non-government entities. Focusing on older people and people with chronic and complex diseases will be a priority for TPCH as these patients frequently navigate care pathways across primary, acute and ambulatory care services and between different providers (public and private). TPCH will continue to support the development and implementation of clearly defined, documented and agreed patient pathways.

**Objective 6-** Lead and promote innovation and research through educating and training our people and active partnerships with universities, industry and other research entities

TPCH is committed to innovation, research and education and will grow partnerships to drive its reputation as a scientific and academic health centre. Actively supporting professional development, education and training opportunities for all staff will actively enable our innovation agenda. As highlighted in the Framework for Renewal, TPCH will develop an academic and commercial strategy that will shape planning and service development to support the long term aspirations of the campus in healthcare, research and education.

Working with leading universities, industry and other research entities, a culture of research within TPCH will be pursued to ensure that the best possible health outcomes for patients are met now and into the future. The campus will also lead a health service that delivers and supports effective translation from research into clinical practice.

## 7 Actions

The actions to achieve each of the objectives are described based on the Program structure currently in operation at TPCH. Identified action leads are responsible for involving all stakeholders across MNHHS, as applicable, including Directorates, Stream leads, and disciplines (medical, nursing and allied health), to ensure there is an integrated approach to the development and completion of actions. Implementation of actions will be described through the annual operational planning process and will include consideration of workforce, ICT and funding implications. All actions will subject to normal budgetary process.

### 7.1 TPCH wide

The following actions are applicable across the breadth of services at TPCH and as a result are the responsibility of the executive of TPCH.

	Priority actions	Responsibility
1.1	Advance TPCH commitment to keeping our patients, our staff and our community healthy and well through promoting public health campaigns and promoting healthy lifestyle choices.	Executive Director TPCH
1.2	Develop a consolidated TPCH work plan to prioritise redesign projects with clinical champions from each TPCH Program area	Director Service Operations and Performance
1.3	Advance TPCH towards providing comprehensive care 24 hours 7 days a week	Executive Director Medical Services with Director Medical Administration
1.4	Review and refresh clinical governance processes to access senior specialists' decision making and advice 24 hours 7 days a week	Executive Director Medical Services with Director Medical Administration
1.5	Develop new, innovative and integrated models of care to provide efficient hospital services, closely integrated with outpatient and community care	Executive Director TPCH
1.6	Investigate opportunities to increase outpatient service capacity across all Program areas by: <ul style="list-style-type: none"> <li>a) increasing hours of operation</li> <li>b) reviewing clinics that could be provided elsewhere</li> <li>c) reconfiguring physical space</li> </ul>	Executive Director TPCH, Corporate Services, Facility Services Director
1.7	Develop a TPCH Academic and Commercial Strategy that informs next steps to achieve the aspirations of the Framework for Renewal	Executive Director TPCH
1.8	Work with university and research partners to establish new conjoint clinical research positions	Executive Director Medical Services, Director of Nursing, Director Allied Health
1.9	Implement the MNHHS Research Strategy in context of program and Hospital requirements	Executive Director TPCH
1.10	Expand partnership with Holy Spirit Northside Private Hospital to offer patients a greater range of treatment options, and to advance joint research and education opportunities for staff	Executive Director TPCH

	Priority actions	Responsibility
1.11	In partnership with Oral Health, establish two dental chairs at TPCH	Corporate Services, Facility Services Director with Oral Health
1.12	Invite clinical staff from relevant TPCH Program areas to contribute to the Asset Management Committee to ensure the asset replacement program purchases the right equipment in a timely manner	Hospital Finance Manager
1.13	Lead TPCH wide project to engage clinicians with clinical coding staff to increase accuracy of DRG allocation and data capture through improved clinical documentation practices	Executive Director Medical Services
1.14	Work in partnership with MNHHS to develop a mechanism to allow for greater mobility of staff across services and facilities and commonality of training	Professional leads TPCH

	Actions to be achieved over the next 5 years	Responsibility
1.15	Review and update consumer and family resources across Program areas to help people understand treatment options to ensure they can have informed discussions about their care (including end-of-life care) with their health professionals, families and carers	Corporate Services, Facility Services Director
1.16	Increase accessibility and responsiveness of TPCH services for Aboriginal and Torres Strait Islander people by developing culturally appropriate protocols with Aboriginal and Torres Strait Islander communities and organisations	Corporate Services, Facility Services Director with Director Service Operations and Performance
1.17	Implement agreed referral and discharge pathways in partnership with the PHN and local general practices drawing on health pathways and Clinical Prioritisation Criteria (CPCs) to support optimised patient care and minimise duplication of services	Executive Director Medical Services
1.18	Progress the TPCH Academic and Commercial strategy next steps	Executive Director TPCH
1.19	Build on existing partnerships with universities to support joint appointments across all professional disciplines	All TPCH Program Directors
1.20	Prepare to implement an electronic health record in line with the statewide phased implementation approach	Executive Director TPCH
1.21	Advocate for meaningful patient centred care measures to be included in routine clinical data capture to enable and inform quality of care	Executive Director TPCH

## 7.2 Children and young people

TPCH will deliver an enhanced breadth of services to meet the local needs of our younger community and their families, and provide continuity of care of children into adulthood.

In addition to the current services provided at TPCH, namely emergency department, short stay medical care and outpatient services, the depth and breadth of key inpatient, ambulatory and outpatient services across medical, surgical, anaesthetic, and mental health will expand, providing a centre for children and young people services for the north of Brisbane.

Services will be delivered within a carefully considered networked approach within MNHHS and with Children's Health Queensland which effectively and efficiently integrates local and statewide specialist services, and reflects the MNHHS broader strategy for children and young people services outlined in the MNHHS Children's Health Service Plan 2016-2021.

	Priority actions	Responsibility
2.1	Commence a children's orthopaedic fracture clinic supported by a LCCH orthopaedic consultant	Clinical Director Paediatric Services and Director, Paediatric Emergency
2.2	Increase the number of paediatric general medicine and dietetic outpatient clinics	Clinical Director Paediatric Services
2.3	In collaboration with Lady Cilento Children's Hospital (LCCH) develop agreed protocols and referral pathways for children who are to be transferred from TPCH to LCCH	Clinical Director Paediatric Services, Director Paediatric Emergency, Women's and Children's stream with CHQ
2.4	Implement models of care to improve integration and coordination of services across care settings and across providers targeting children with special needs and/or complex conditions (including chronic disease and mental health conditions)	Clinical Director Paediatric Services with CHQ
2.5	Improve post discharge continuity of care with community health and general practice by providing discharge summaries within 48 hours	Clinical Director Paediatric Services and Director, Paediatric Emergency
2.6	Maximise Hospital in the Home (HITH) services to allow (eligible) children who present to TPCH to be treated at home	Clinical Director Paediatric Services
2.7	Commence implementation of MNHHS children's surgical services framework in partnership with LCCH through a networked service system with 'shared care' models for selected general surgery and orthopaedics initially for children aged 12 years and over	Clinical Director Paediatric Services, Director Surgery, Women's and Children's stream with CHQ
2.8	Commence implementation of MNHHS children's medical services framework in partnership with LCCH through a networked service system with 'shared care' models	Clinical Director Paediatric Services and Women's and Children's stream with CHQ
2.9	Develop and upskill staff (including clinical support staff e.g. imaging) in paediatric skills to support the enhanced children's service capabilities	Clinical Director Paediatric Services and Director, Paediatric Emergency

Actions to be achieved over the next 5 years		Responsibility
2.10	Expand the use of telehealth to support the assessment and treatment of children between TPCH, Caboolture and Redcliffe Hospitals, LCCH and general practitioners	Clinical Director Paediatric Services, Director, Paediatric Emergency with CHQ
2.11	Implement the MNHHS Research Strategy in context of departmental and Hospital requirements	Clinical Director Paediatric Services with Executive Director, Research, MNHHS

## 7.3 Critical Care and Emergency

Critical care and emergency services are essential to the future of TPCH, the ability to grow the broader service offering, and fundamentally shape how services are provided holistically at TPCH. Critical care and emergency services will pursue a dynamic, proactive, and predictive approach to service delivery through evidence based practice and engagement with the community, staff and service partners.

### Emergency

Demand on the emergency department is projected to increase significantly with growth in the ageing population and increases in chronic and complex conditions. The rapid projected increase in demand means we must continue to reform and innovate in line with best and evidence based practice, and plan for broader hospital service capacity to support this.

The emergency department will work with patients and their families, other TPCH Program areas, the community and service partners to develop new and advanced models of care. Models of care will be redesigned to better meet the needs of different patient groups. Partnerships across the continuum of care with services such as the Queensland Ambulance Service, Brisbane North PHN and broader community services will be further developed.

Priority actions		Responsibility
3.1	Implement a service redesign process in partnership with TPCH Program areas to identify opportunities to improve the patient journey. E.g. redesign of the patient journey from the emergency department to admission after hours	Clinical Director Emergency Services and Director, Internal Medicine Services
3.2	Assess the current models of care in TPCH ED to ensure early assessment and streaming to appropriate models of care within ED and outside ED	Clinical Director Emergency Services
3.3	Develop and implement an emergency department capacity strategy that includes processes for when the inpatient units are blocked and unable to accept further admissions	Clinical Director Emergency Services and TPCH Executive
3.4	Working with CISS and the PHN to identify key client groups who frequently present to TPCH emergency services, who could benefit from greater support in the community to prevent admissions, to participate in relevant trials to avoid hospital admission	Clinical Director Emergency Services, CISS and BN PHN
3.5	Work with PHN and local general practice to reduce GP type presentations at emergency departments through partnerships and promotion of avoidance strategies including the GP Rapid Access to Consultative Expertise (GRACE) project	Clinical Director Emergency Services, Director Internal Medicine Service and BN PHN



	Priority actions	Responsibility
3.6	Investigate options for emergency department refurbishment, including short stay unit and fast track, to improve patient safety and patient flow	Clinical Director Emergency Services and Executive Director, TPCH
3.7	In consultation with inpatient services, promote the development of an Acute Admission model to assist in the management of high flows of acute patients into the facility	Clinical Director Emergency Services and TPCH Executive
3.8	Promote a culture of innovation through active commitment to education and research.	Clinical Director Emergency Services

	Actions to be achieved over the next 5 years	Responsibility
3.9	Expand the adult emergency department built capacity to support existing and future demand	Clinical Director Emergency Services and Executive Director, TPCH
3.10	Implement actions from service redesign processes	Clinical Director Emergency Services
3.11	Investigate incorporating a dedicated older persons unit within the ED to support the high volume of elderly patients presenting with comorbidities	Clinical Director Emergency Services with Director Internal Medicine Services, TPCH

### Intensive Care

The intensive care service will build its critical mass, maximising opportunities to enhance the cohorting of patient groups to deliver safe, high quality, and effective patient outcomes. The service will build the depth of integration between clinical services, teaching and research functions, and further partnerships with patients and their families for advancing research.

The intensive care service will continue as a statewide referral centre providing appropriate, efficient and excellent world class clinical support and leadership in the intensive care of patients with cardiothoracic disease including therapeutic modalities such as extracorporeal membrane oxygenation, mechanical circulatory support and solid organ transplantation. Opportunities for providing leadership in the field of specialist retrieval services for our patient cohort will be actively pursued, as well as health disaster planning and response.

	Priority actions	Responsibility
3.12	Implement a service redesign process in partnership with TPCH Program areas to identify opportunities to improve the patient journey	Director Adult Intensive Care Services
3.13	Explore alternative and/or flexible rostering practices for medical and nursing staff to ensure skilled staffing levels can be maintained whilst supporting participation in research and education	Executive Director Medical Services and Director of Nursing TPCH
3.14	Develop intensive care outreach service for perioperative care planning and end of life discussions	Director Adult Intensive Care Services

	Priority actions	Responsibility
3.15	Enhance allied health service capacity to deliver after hours and weekend care for patients in ICU	Director Adult Intensive Care Services and Director Allied Health TPCH
3.16	Increase workforce capacity of Medical Emergency Team to provide services after hours and on weekends for internal escalation and support of the recognition and response to the deteriorating patient	Director Adult Intensive Care Services

	Actions to be achieved over the next 5 years	Responsibility
3.17	Advance the development of a statewide ECMO retrieval service supported by TPCH staff	Director Adult Intensive Care Services
3.18	Promote a culture of innovation and research enabling staff to participate in Critical Care Research Group research initiatives	Director Adult Intensive Care Services with Head of CCRG
3.19	Enhance partnerships with other referring ICU's to enable training and education partnerships	Director Adult Intensive Care Services and Executive Director, Critical Care and Emergency Stream
3.20	Explore the development of facility based high acuity models of care to enable step down from ICU	Director Adult Intensive Care Services with Executive Director TPCH,

## 7.4 Gastroenterology

TPCH will provide one of Queensland's most productive, innovative and comprehensive gastroenterology, hepatology, and endoscopy services. The service components include:

- gastroenterology providing inpatient and specialist outpatient services including functional bowel, nutrition, inflammatory bowel disease, and coeliac disease (supported by a dedicated and research active dietetic service)
- hepatology providing inpatient and specialist outpatient services including cirrhosis, liver cancer screening, and hepatitis B and C treatment clinics
- endoscopy services providing world class standards in specialist and routine procedures in upper endoscopy and colonoscopy, including bowel cancer screening

The service philosophy is defined by excellence and is underpinned by three key areas:

- promoting patient access, safety, availability and choice (for local and state wide patients) and continuing to pioneer new models of care, including primary health care initiatives, to get patients treated closer to home
- driving innovation and continuing to act as a statewide innovation centre demonstrating how new service models contribute to patient satisfaction, clinical and economic efficiencies, and improved clinical standards
- pursuing true translational research which is underpinned by strong local audit processes and leading a broad range of clinical and scientific programs to investigate and provide real world answers which improve the lives of patients. The Campus will continue to be a centre of treatment and research excellence in coeliac disease, cirrhosis of the liver and hepatic encephalopathy

Through embedding innovation and research into core business, staff will be empowered in their pursuit of service excellence, and this will provide a sustainable platform for future growth.

Priority actions		Responsibility
4.1	Implement a service redesign process in partnership with TPCH Program areas to identify opportunities to the improve patient journey	Director Surgery with Director, Gastroenterology
4.2	Develop a proposal to expand endoscopy services at TPCH including infrastructure investment to build new procedural suites including space to support research and education	Director Surgery, Director Anaesthetics and Director, Gastroenterology with Executive Director, TPCH
4.3	Implement an endoscopic reprocessing expansion to meet the increased service need, inclusive of new endoscopic reprocesses and changes to CSSD in line with Australian Standard 4187	Director Surgery with Director, Gastroenterology
4.4	Foster endoscopy and gastroenterology research to drive innovation into new service models, clinical and economic efficiencies and improved clinical standards	Director Surgery with Director, Gastroenterology

Actions to be achieved over the next 5 years		Responsibility
4.5	Facilitate new infrastructure to support comprehensive gastroenterology, hepatology and endoscopy service expansion.	Executive Director, TPCH
4.6	Monitor impact of National Bowel Screening program in partnership with PHN and local general practices to manage both the impact of screening numbers on the service but also surveillance requirements and the impacts on service provision	Director Surgery and Director, Gastroenterology

## 7.5 Heart and Lung

TPCH heart and lung service is a dynamic collaboration of services delivering cardiology, thoracic medicine, cardiothoracic surgery and heart and lung transplantation. The culture of collaboration, research and innovation is evident in both the secondary level and highly specialised services. Patients across Metro North have access to world leading technology and treatment as part of a strategy to ensure optimal clinical outcomes through the principles of:

- excellence in patient outcomes
- improved access to best care
- benchmarking in world best practice in healthcare research, education and training
- innovation through the use of technology and new models of care
- development of opportunities through partnership, both internally and externally to deliver sustainable health services

TPCH heart and lung services are actively working to improve patient access, improve the quality of care to patients and to integrate service to ensure the patient's journey through the different levels of specialty service (community to secondary, tertiary and highly specialised) provided by the Health Service. This has involved strategies to increase clinician engagement and collaboration, alignment of clinical pathways, integration of business platforms and the development of a shared strategic vision for the services for now and into the future.

## Heart

	Priority actions	Responsibility
5.1	Implement service redesign process in partnership with TPCCH Program areas to identify opportunities to improve the patient journey.	Heart and Lung Program Directors
5.2	Advance the recommendations for TPCCH contained in the Heart and Lung Clinical Stream: Evaluation of Heart and Lung Services Feb 2016	Heart and Lung Program Directors
5.3	Review the physical layout of the cardiac investigations and cardiac sciences units to support patient flow efficiencies including single point entry to all investigations including cardiac diagnostics (ECG's, Exercise Stress Tests, Holters, ECHOs, Pacemakers), angiography, radiology, biochemistry and haematology	Heart and Lung Program Directors
5.4	Review staffing resources across disciplines including administration to ensure sustainability of services	Heart and Lung Program Directors
5.5	Introduce new workforce models to support future service demand in electrophysiology activity, organ donation and transplant services	Heart and Lung Program Directors
5.6	Actively support staff participation in clinical research across medical, nursing and allied health	Heart and Lung Program Directors

	Actions to be achieved over the next 5 years	Responsibility
5.7	Introduce new technologies including devices, diagnostic and procedures into clinical practice based on evidence, efficacy, safety and effective resource utilisation	Heart and Lung Program Directors
5.8	Investigate establishing a satellite Cardiac Sciences Unit in outpatients department	Heart and Lung Program Directors
5.9	Further develop the network of cardiology units across the HHS to deliver increased co-ordination of care	Executive Director, Heart and Lung Stream
5.10	Develop an integrated program of action for addressing the needs of the growing proportion of older people in our population: <ul style="list-style-type: none"> <li>development of Heart and Lung referral hub to clinically triage referrals for appropriate management of care and provide equity of access</li> <li>optimise relationship and innovative opportunities with Geriatric and Rehabilitation Liaison Service (GRLS)</li> </ul>	Executive Director, Heart and Lung Stream with Heart and Lung Program Directors
5.11	Ensure there are clear protocols in place for the management of heart and lung chronic diseases, including clear referral pathways between primary, community and acute care	Executive Director, Heart and Lung Stream with Heart and Lung Program Directors

## Lung

	Priority actions	Responsibility
5.12	Review staffing resources across disciplines including administration to grow and introduce new workforce models to support future service requirements	Heart and Lung Program Directors
5.13	Increase volume and scope of bronchoscopy services including pleural/thoracoscopy procedures through a networked service model with RBWH	Executive Director, Heart and Lung Stream with Heart and Lung Program Directors
5.14	Review, revise and document transition for children with cystic fibrosis to adult services in partnership with Children's Health Queensland and MNHHS Women's and Children's Clinical Service Stream	Executive Director, Heart and Lung Stream with Director Adult Cystic Fibrosis Centre, Executive Director Women's and Children's stream and CHQ
5.15	Partner with other HHS's to enhance allied health resources available in HITH programs (physiotherapy and dietician) outside MNHHS	Executive Director, Heart and Lung Stream with Director Adult Cystic Fibrosis Centre
5.16	Develop a networked MNHHS model of care for sleep disorder services including introduction of home sleep studies	Executive Director, Heart and Lung Stream
5.17	Increase capacity of sleep services to better support patients with complex care requirements including increasing role of home visiting nurses to assist in the management of sleep apnoea and CPAP	Executive Director, Heart and Lung Stream
5.18	Develop and deliver a training package to enhance GP skills (across MNHHS) to better manage uncomplicated sleep disorders in the community	Executive Director, Heart and Lung Stream
5.19	Review the physical layout of the respiratory investigations unit to support patient flow efficiencies	Heart and Lung Program Directors
5.20	Network respiratory units within Metro North to create access to respiratory function reports throughout the health service	Executive Director, Heart and Lung Stream with Heart and Lung Program Directors
5.21	Actively support staff participation in clinical research across medical, nursing and allied health	Heart and Lung Program Directors

	Actions to be achieved over the next 5 years	Responsibility
5.22	Investigate the potential of having a satellite respiratory investigation unit in OPD	Heart and Lung Program Directors
5.23	In partnership with Caboolture Hospital investigate establishing a satellite bronchoscopy service for low risk patients at Caboolture	Executive Director, Heart and Lung Stream, Heart and Lung Program Directors with Caboolture Hospital

Actions to be achieved over the next 5 years		Responsibility
5.24	Investigate establishing a satellite bronchoscopy service for low risk patients at Redcliffe	Executive Director, Heart and Lung Stream, Heart and Lung Program Directors with Redcliffe Hospital
5.25	Establish TPCH as the 'level 5 hub site' for supporting a statewide network of sleep disorder services	Executive Director, Heart and Lung Stream
5.26	Expand multidisciplinary team outpatient clinics including access to space required	Heart and Lung Program Directors
5.27	Working with Caboolture Hospital to develop a new sleep service provided through networked service arrangement with TPCH	Executive Director, Heart and Lung Stream, Heart and Lung Program Directors and Caboolture Hospital
5.28	Investigate the development of a statewide adult cystic fibrosis plan	Executive Director, Heart and Lung Stream, Director Adult Cystic Fibrosis Centre with Executive Director Women's and Children's stream

## 7.6 Medicine

The breadth and depth of medical services provided from TPCH is currently limited. Increasing the range and capability of medical services is critical to meeting the growing needs of the local community. This will provide opportunities for greater cohorting of patients to maximise patient safety, quality and outcomes, a greater depth of experience for those in education and training programs, and an increased depth of research.

Over time the increased range and capacity of medical services will be delivered in parallel with an enhanced range of clinical support services available on site, expansion and reconfiguration of the workforce and skill mix, and the further integration of medical services with other service areas such as mental health and drug and alcohol services to support the management of patients with comorbidities.

Medical services will continue to build on the current reputation for innovation and the use of technology to enhance quality of care, will be provided in a highly integrated manner with other services (particularly care of the older person), and will continue to be a state-wide leader in the education of undergraduate and postgraduate students in all health disciplines that are delivered at TPCH.

The clinical model will also extend beyond the boundaries of the Campus, with the formation of partnerships with other service providers 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.

Specific areas which have been identified for focused reform and development include cancer, dermatology, endocrinology, general medicine, haematology, infectious diseases, neurology (including stroke), neurophysiology, specialist palliative care, rehabilitation and kidney health.

Priority actions		Responsibility
6.1	<p>Implement service redesign process in partnership with other TPCH Program areas to identify opportunities to improve the patient journey.</p> <ul style="list-style-type: none"> <li>Priority projects may include patients who could be at risk of long inpatient stay and patients with mental health illnesses</li> </ul>	Director, Internal Medicine Services

	Priority actions	Responsibility
6.2	Examine current rapid access models of care for opportunities to expand or integrate in order to maximise service delivery for patients. (e.g. utilisation of current Rapid Access for Medical and Surgical (RAMS) unit)	Director, Internal Medicine Services with Heart and Lung Program Directors
6.3	Review service and governance of haematology, and medical oncology services at TPCH in consultation with the Cancer Care clinical stream	Director, Internal Medicine Services with Cancer Care Clinical Stream MNHHS
6.4	Review administration, nursing and medical staffing requirements to support an efficient inpatient and outpatient infectious disease service at TPCH including consideration of medical trainees	Director, Internal Medicine Services with Infectious Diseases
6.5	Expand the number of specialist outpatients clinics to support timely access of referrals for conditions that require close monitoring but do not require admission (e.g. High Risk Foot Infections, Parkinson's Disease clinics)	Director, Internal Medicine Services
6.6	Explore innovative models for hospital substitution for people living in residential aged care	Director, Internal Medicine Services

	Actions to be achieved over the next 5 years	Responsibility
6.7	Investigate non-malignant haematology service needs and models of care available at TPCH	Director, Internal Medicine Services, Haematology with Cancer Care Clinical Stream
6.8	Investigate establishing chronic in centre renal dialysis service at TPCH in partnership with RBWH renal service	Director, Internal Medicine Services, TPCH with Renal Services, RBWH
6.9	Grow capacity of cancer services, including haematology, medical oncology and outpatient radiation oncology services in partnership with RBWH	Director, Internal Medicine Services with Cancer Care Clinical Stream
6.10	Investigate establishing a coordinator/nurse practitioner role to be the contact for haematology services at TPCH to support the care needs of patients	Director, Internal Medicine Services with Cancer Care Clinical Stream
6.11	Refurbish ward 1E to include isolation negative pressure rooms	Director, Internal Medicine Services with Infectious Diseases
6.12	Investigate commencing a vascular medicine service to support the increased requirements of vascular surgery	Director, Internal Medicine Services
6.13	Expand the scope of the neurology service to include the availability of Somatosensory evoked potentials (SSEP)	Director, Internal Medicine Services

## 7.7 Mental Health and Drug and Alcohol

TPCH will deliver integrated mental health, drug and alcohol, and medical services to better meet the healthcare needs of those with comorbidities of the mind and body. These services will be provided across the care continuum including:

- acute / hospital based services with the potential expansion of services based on population needs
- chronic / secure / long term hospital and community based services
- community based services provided from TPCH, and with an increased focus on outreach services provided in community settings

	Priority actions	Responsibility
7.1	Implement service redesign process in partnership with TPCH Program areas to identify opportunities to improve patient journey across Program areas	Clinical Director, MN Mental Health, TPCH
7.2	Work with MNHHS Mental Health Directorate and Queensland Health to plan a new bed based extended treatment and rehabilitation facility to care for young people living with severe and complex mental health issues.	Clinical Director, MN Mental Health, TPCH and Executive Director TPCH
7.3	Increase pharmacy support including MH community pharmacists by commencing an outpatient's pharmacy service.	Clinical Director, MN Mental Health, TPCH
7.4	Grow capacity of the Acute Care Team to enhance responsiveness to the patients in the Emergency Department	Clinical Director, MN Mental Health, TPCH
7.5	Establish a Nurse Navigator position to assist with patient care across the service system	Clinical Director, MN Mental Health, TPCH
7.6	Further develop HITH program in partnership with Richmond Fellowship to allow patient discharge through the pull model	Clinical Director, MN Mental Health, TPCH
7.7	Maximise the use of the step-up step-down capacity at Nundah House	Clinical Director, MN Mental Health, TPCH

	Actions to be achieved over the next 5 years	Responsibility
7.8	Expand psychiatrist support to MH Older Persons team	Clinical Director, MN Mental Health, TPCH
7.9	Provide after hours and weekend acute and emergency support services	Clinical Director, MN Mental Health, TPCH
7.10	Develop and deliver an integrated model of care between adult and child youth mental health services	Clinical Director, MN Mental Health, TPCH, Executive Director Women's and Children's stream and CHQ



## 7.8 Orthopaedics

TPCH will lead an innovative and integrated elective bone and joint service which delivers excellent patient outcomes, provides fertile ground for research, and adopts a translational approach to enhancing service delivery. In addition to this, planning will be undertaken regarding the future role of the Campus for acute paediatric and adult orthopaedic services.

The Campus will continue to provide excellence in care of the older person after hip fracture with its innovative and highly integrated model of care which is underpinned by research, education, teaching and involvement in national advisory forums.

The bone and joint service will promote a genuine multidisciplinary team approach which places the community front and centre in all aspects of promotion and prevention, treatment, recovery and restoration.

In partnership with academic partners and other training institutions, the Campus will invest in ongoing development and sustainability of the highly skilled workforce required to deliver the clinical service model.

	Priority actions	Responsibility
8.1	Implement service redesign processes in partnership with TPCH Program areas to identify opportunities to improve the patient journey, including the opportunity to explore productive theatres, after hours and extended hours care to better meet the demand and needs of the orthogeriatric (fractured neck of femur) patient cohort	Director Orthopaedics, Director Anaesthetics and Director Surgery, TPCH
8.2	Expand and enhance outpatient pre-operative and preadmission anaesthetic assessment services	Director Anaesthetics, TPCH
8.3	Establish a discharge coordinator/nurse navigator position to assist in the provision of case management for patients who are fit for discharge but have other social factors, environmental factors or chronic conditions that delay discharge	Nursing Director Surgery and Critical care

	Actions to be achieved over the next 5 years	Responsibility
8.4	Explore the development of a high acuity model for post-operative care in orthopaedic ward	Director Orthopaedics with ED TPCH
8.5	Integrate with RBWH to provide a combined orthopaedic trauma service including: <ul style="list-style-type: none"> <li>surgeon appointments across sites</li> <li>provision of guidelines for an on-call service</li> <li>24 hour orthopaedic registrar cover to the Emergency Department</li> </ul>	Director Orthopaedics with Ortho-geriatrics, TPCH and Surgical Stream, MNHHS
8.6	Grow prosthetic and orthotic services in partnership with RBWH	Director Orthopaedics with Surgical Stream, MNHHS
8.7	Investigate the need for onsite plaster technicians to support adult and children's growth in service demand	Director Orthopaedics with Clinical Director, Paediatric Services

Actions to be achieved over the next 5 years		Responsibility
8.8	Introduce acute orthopaedic service for children aged 12 years and over	Clinical Director Paediatric Services, Director Orthopaedics, Director Surgery and Director Anaesthetics with Surgical and Women's and Children's Stream
8.9	Foster the relationship between TPCH and QUT Medical Engineering Research Facility (MERF) in the innovation and research into new technologies and the translation into clinical practice	Director Orthopaedics

## 7.9 Sub-acute services

TPCH provides the most comprehensive and integrated service for caring for the elderly in Queensland. In addition to providing a spectrum of ambulatory, acute and sub-acute geriatric medicine services, TPCH is an active centre for educating advanced trainees in geriatric medicine (having well developed links with many tertiary institutions across all health disciplines and as a coordinator of geriatric medicine training program for the state), and has a growing research presence.

The sub-acute services will continue to grow its research interface with institutions such as the Queensland Brain Institute and its research footprint in order to make major contributions to the science underpinning older people's health. Engagement, processes and service models for the care of the older person will be infused into all areas of service delivery across the facility and into the community. This will be enabled through technology, a multidisciplinary approach, and a highly mobile workforce on the campus and in the community setting.

Service and physical access will be made simple, direct and structured to ensure prompt access by the right team of health professionals at the right time. In addition to this, infrastructure will be developed consistent with evidence based design for older persons, providing a reference site to which other services can aspire.

Priority actions		Responsibility
9.1	In partnership with CISS, review and document clinical and operational governance arrangements for TPCH specialist palliative care services	Executive Director Medical Services, TPCH with Palliative Care TPCH and CISS
9.2	Standardise admitting patterns, prescribing practices and referral process within MNHHS to allow for ease of movement of patients to support delivery of care closer to home	CISS, Executive Director Medical Services, TPCH with Palliative Care TPCH
9.3	Establish a palliative care bereavement support service	Palliative Care, Executive Director TPCH, and CISS
9.4	Implement service redesign process in partnership with TPCH Program areas to identify opportunities to improve the patient journey	Director, Internal Medicine Services, ED TPCH and CISS
9.5	Document protocols to deliver palliative care consultative liaison services to support the care of patients in the acute ward environment	Executive Director Medical Services, TPCH with Palliative Care TPCH and CISS
9.6	Increase the utilisation of Cognitive Assessment Management by focussing on throughput enablers such as ACAT assessments, placement requirements and nursing home opportunities to deliver dementia care	Director, Internal Medicine Services and CISS

	Priority actions	Responsibility
9.7	Maximise use of HITH services and other ambulatory care models for sub-acute care	Director, Internal Medicine Services
9.8	Develop in-reach consultative services across TPCH to improve care for people with cognitive impairment, in particular for those patients with delirium and dementia	Director, Internal Medicine Services

	Actions to be achieved over the next 5 years	Responsibility
9.9	Investigate options to expand rehabilitation gym infrastructure to better meet demand	Director, Internal Medicine Service with Director Allied Health, TPCH
9.10	Consider the introduction of a nurse practitioner for the care of the older person that enables liaison with community partners for hospital avoidance and management of delirium models of care	Director, Internal Medicine Services with Director of Nursing, TPCH
9.11	Develop TPCH Geriatric services in line with new geriatric CSCF including falls, follow up bone health service and emergency processes to facilitate early referral of older patients to a multidisciplinary geriatric consultancy service	Director, Internal Medicine Service
9.12	Integrate inpatient rehabilitation and community based rehabilitation with the inclusion of rehabilitation nursing in the community-based rehabilitation team	Director, Internal Medicine, TPCH with CISS
9.13	Explore the opportunity to augment the Geriatric and Rehabilitation Liaison Service (GRLS) with allied health professionals to enable earliest possible commencement of rehabilitation/restorative care	Director, Internal Medicine Services with Director Allied Health, TPCH

## 7.10 Surgery

TPCH will enhance the capability and range of surgical services to meet the growing needs of the community. TPCH services are provided within a comprehensive network of surgical services across MNHHS including the continuing role of the Royal Brisbane and Women's Hospital as the trauma centre for MNHHS.

TPCH surgery services are a critical support service to the provision of complex specialist heart and lung services and other surgical specialties provided onsite.

	Priority actions	Responsibility
10.1	Implement a service redesign process in partnership with TPCH Program areas to identify opportunities to improve the patient journey. A priority redesign will focus on reviewing the growth of emergency and emergent surgical cases from the emergency department and the impact on planned surgery	Director Surgery

	Priority actions	Responsibility
10.2	Introduce acute general surgical service for children aged 12 years and over	Director Paediatrics, Director Surgery and Director Anaesthetics with Surgical and Women's and Children's stream
10.3	Increase scope of plastic and reconstructive surgery (e.g. post cardiac surgery pectoral flap repair)	Director Surgery
10.4	Expand the scope of urology services to improve access and flow across MNHHS including an after- hours and emergency service	Director Surgery
10.5	Review theatre (including hybrid) utilisation to identify opportunities to increase hours of operation, improve efficiencies and maximise the utilisation of the theatre suite	Director Surgery and Executive Director, TPCH
10.6	Increase the Day Of Surgery Admission (DOSA) rates across surgical services	Director Surgery

	Actions to be achieved over the next 5 years	Responsibility
10.7	Increase surgical service capacity to grow the scope of vascular and general surgery.	Director Surgery with MNHHS Surgical Stream
10.8	Explore the need for the introduction of other surgical services (e.g. ear, nose and throat surgery) on site to support the CSCF level 6 services provided at TPCH	Director Surgery with TPCH Executive

## 7.11 Support services

For TPCH to enhance the range and capacity of acute inpatient and outpatient services to better meet the growing needs of TPCH catchments, it is critical clinical and non-clinical support services also grow. The model for growth of these services will be defined by evidence available and will be underpinned by the philosophy of providing excellent and innovative healthcare.

	Priority actions	Responsibility
11.1	Implement service redesign process in partnership with TPCH Program areas to identify opportunities to improve the patient journey	All support service Program Directors
11.2	Expand the scope of practice of Allied Health Advanced Practitioner roles within emergency, outpatients and inpatient services	Director Allied Health with Program Directors
11.3	Introduce clinical photography protocols to expand the availability and gain standardisation of images to assist in management of patients including the opportunity to demonstrate self-management	Nursing Director Clinical Effectiveness with Wound Management
11.4	Trial and evaluate new pharmacy mobile technology (including hardware) for use on ward rounds	Director, Pharmacy

Priority actions		Responsibility
11.5	Enhance pharmacy outpatient clinics including: <ul style="list-style-type: none"> <li>• elective pre-admission clinic</li> <li>• high risk discharge follow up</li> <li>• specialist outpatient clinics</li> </ul>	Director, Pharmacy
11.6	Enhance clinical pharmacy service operating hours to align with advancing TPCH towards providing comprehensive care 24hrs 7 days a week	Director, Pharmacy
11.7	Enhance medical imaging service scope and operating hours to align with advancing TPCH towards providing comprehensive care 24hrs 7 days a week	Executive Director, Medical Imaging Directorate with Director, Medical Imaging
11.8	Enhance medical imaging services to ensure reporting timeframes and standards are met.	Executive Director, Medical Imaging Directorate with Director, Medical Imaging
11.9	Assess implications of growing/expanding clinical services on medical imaging, pharmacy and pathology.	Director, Pharmacy, Executive Director Medical Imaging Directorate, Director Medical Imaging and Pathology
11.10	Enhance cultural support services through growing indigenous liaison services.	Corporate Services, Facility Services Director with CISS
11.11	Assess the need for expanding hours of operation for QuEST support and availability	Nursing Director, Clinical Effectiveness with QuEST
11.12	Explore the opportunity to provide high risk wound management service to prevent hospital admission in partnership with RBWH	Nursing Director, Clinical Effectiveness with QuEST
11.13	Monitor provision of bariatric care planning and equipment needs for TPCH	Nursing Director, Clinical Effectiveness with Wound Services
11.14	Implement the recommendations, specific to TPCH, identified through the development of the bariatric service plan for MNHHS	Nursing Director, Clinical Effectiveness with QuEST
11.15	Enhance hotel services in line with inpatient and outpatient service growth	Corporate Services, Facility Service Director

Actions to be achieved over the next 5 years		Responsibility
11.16	Expand and enhance medical imaging, pharmacy and pathology in line with corresponding growth in clinical services.	Director, Pharmacy, Executive Director Medical Imaging Directorate, Director Medical Imaging and Pathology
11.17	Improve patient access to adequate appropriate and therapeutic allied health services for bariatric, hand therapy and outpatient services	Director Allied Health, TPCH

Actions to be achieved over the next 5 years		Responsibility
11.18	Investigate centralising clinical supplies from individual wards into a 'one stop shop'	Nursing Director, Clinical Effectiveness with QuEST
11.19	In line with other capital infrastructure planning at TPCH ensure all support and enabling functions are considered including anaesthetics, CSSD (sterilising machines and storage) and pharmacy	Corporate Services, Facilities Service Director
11.20	Implement an instrument tracking system in CSSD to meet the requirements of changes to Australian Standards (AS 4187) and service needs	Nursing Director, Surgery and Critical Care with CSSD

## 8 Implementation, monitoring and review

### Implementation

Implementation of this Plan will be led by TPCH in a staged process to allow ongoing refinement over the next five years. At the local level the Plan will guide the health service priorities of the Program areas and will be integrated into their local operational plans. TPCH Executive Team will provide oversight to the implementation process.

All local plans relating to health services at TPCH should align with the service directions and service objectives in the Plan. For the actions, each Program nominated as responsible is required to lead the action in the timeframe proposed.

The Plan will also assist TPCH to establish a platform for discussion and negotiation with MNHHS and other agencies around particular issues. TPCH commits to working in partnership with MNHHS to support and strengthen sustainable solutions to respond to the needs of adults and children in MNHHS, providing care as close to home as possible.

### Risks to successful implementation

The success of the Plan relies on each responsible party determining an approach to implementing the objectives and actions aligned with the service directions. The key risks of not achieving the actions include:

- inability to accurately inform service enablers, including infrastructure, workforce, support services
- insufficient future resources allocated to TPCH to deliver actions resulting in inability to meet health service demand at TPCH
- information technology requirements
- inability to plan the allocation of future resources at TPCH

### Resource implication

The process of planning did consider resource implications of the strategy. Service actions were prioritised based on available information regarding the ability to resource or negotiate for resources for actions and prioritised service needs. Service development will require resourcing over time through organisational budgetary processes.

### Monitoring, reporting and review

Monitoring, evaluating, reporting and reviewing implementation of the Plan, including reporting on progress towards achieving the identified objectives will be coordinated by TPCH Executive. Monitoring and review of the Plan will include consideration of new or advancing national, state and local policy and plans.

Given the rapid change and growth in health needs, the Plan will be monitored and reported annually (end of financial year), in line with operational plan reporting. These processes will allow changes in direction during the implementation of the Plan to ensure ongoing relevance and provide information upon which future service planning may be based. This will also allow the findings and recommendations of statewide plans currently under development to be considered and actions updated as required.