

health coordination services

Strategic Directions 2010–2013

Queensland Health Division of the Chief Health Officer Health Coordination Services Strategic Directions 2010–2013

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by email to: ip_officer@health.qld.gov.au

or by mail to: The IP Officer
Office of Health and Medical Research
Queensland Health
GPO Box 48
BRISBANE QLD 4001

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Vision

Making a difference to the health and well being of Queenslanders, through the provision of high quality, complex, statewide services

Introduction

Health Coordination Services Directorate (HCSD) was established on 30 November 2009 following the realignment of services within the Division of the Chief Health Officer (DCHO). HCSD provides coordination of statewide services and programs managed from within the DCHO, and brings together key work areas to support the delivery of services in Health Service Districts (HSDs).

On 30 July 2010 HCSD was expanded to incorporate Organ & Tissue Donation Services, administration of contracts for community helicopter providers, and the Secretariat of the Statewide Trauma Clinical Network, under the auspices of HCSD.

HCSD brings together the Emergency Management Unit (EMU), Retrieval Services Queensland (RSQ), Patient Transport Reform Unit (PTRU), Contracts and Aeromedical Services Unit (CASU), and Secretariat for STCN to ensure a platform for integrating policy and service delivery across Queensland Health for patient transport and retrieval services especially for emergency and high end trauma.

HCSD provides further support to HSDs via Queensland Health Multicultural Services (QHMS) and Cancer Screening Services Branch (CSSB). QHMS coordinates the delivery through HSDs of high quality services to people from culturally and linguistically diverse (CALD) populations, whilst CSSB provides oversight of the delivery of high quality cancer screening services by HSDs and other providers.

The Victim Support Services Unit is also a part of HCSD and provides support to victims of mentally ill offenders and ensure the Division meets its statutory obligations to these victims.

HCSD will continue to work with key stakeholders including Health Service Districts, other state and national government departments and agencies, local governments, and non-government organisations to further enhance the delivery of complex, statewide health services to Queenslanders.

Chapter 1

Organisational capacity

Queensland has a geographically and culturally diverse population which requires access to quality specialist health services, including cancer screening, emergency management, multicultural services, organ and tissue donation, patient transport, retrieval services and victim support.

Providing equitable access to these services is undertaken by the Division's health coordination services program, which adopts a centralised approach. This approach yields significant benefits and opportunities for innovation and improved service delivery, including the ability to:

- establish statewide clinical governance frameworks for accreditation, credentialing, policy and protocols, and compliance with national quality standards
- maintain and develop existing statewide information systems
- undertake service delivery monitoring and participate in national performance monitoring
- use statewide quality assurance systems to monitor quality and manage risks
- achieve cost efficiencies through coordinated planning, funding and management of capital and equipment requirements
- manage contractual arrangements and partnerships with a range of service providers
- develop appropriate funding models for identified statewide specialist services
- develop and provide a specialised workforce across the state if relevant.

The principles which underpin the Division's health coordination services relate closely to the implementation principles detailed in the National Health and Hospital Network Agreement (NHHN) featuring coordination of accessible, effective, equitable, efficient and evidence-based service delivery to all people across Queensland. As the Department moves toward implementation of the NHHN, efficient and effective organisational management systems will remain a priority.

Key performance indicators

This document identifies priority actions for health coordination services over the next three years. Performance regarding organisational capacity will be assessed through qualitative reporting on the measures outlined below.

What are we going to do in the next three years?

- Engage in Queensland’s implementation of the National Health and Hospital Network Agreement advocating for, and supporting, service improvements for key statewide services
- Enhance online availability of accurate and timely information regarding HCS
- Strengthen corporate governance structures within HCSD

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?
1.1 Engage in Queensland’s implementation of the National Health and Hospital Network Agreement	Advocate for and support service improvements for key statewide services
1.2 Enhance online availability of accurate and timely information regarding HCSD	Establish a network of TeamSite Authors and Publishers across HCSD to manage web content and publishing activity <hr style="border-top: 1px dashed #000;"/> Develop and implement a consistent web presence for HCSD under the Division of the Chief Health Officer banner on QHEPS
1.3 Strengthen corporate governance structures within HCSD	Establish a formal monthly meeting of HCSD Managers

Chapter 2

Cancer screening services

The health burden caused by cancer is increasing as the population ages. Improved cancer control requires effective prevention strategies and early detection programs, including information campaigns and population-based screening programs¹.

Queensland Health's statewide population-based cancer screening programs are based on the understanding that the earlier most cancers or their precursors are treated, the greater the likelihood of a better outcome. Population-based cancer screening has been shown to be successful for detecting small breast cancers, and pre-cancerous changes due to cervical and bowel cancers. Population based screening programs rely on a systematic, organised approach to screen eligible, at-risk populations and make optimal use of effective and efficient treatment options.

Breast cancer is currently the most common cancer diagnosed among women and the second most common cause of cancer death (after lung cancer) among Queensland women². More than 75 per cent of breast cancers are diagnosed in women aged over 50 years. The most effective proven method of intervention to reduce the mortality and morbidity from breast cancer is through regular screening of women at risk using screening mammography. The BreastScreen Queensland Program is part of the BreastScreen Australia Program, established in 1991 which offers screening to women in the target group aged 50–69 years³. Women in their 40s and 70 years and over are also eligible for a breastscreen within the Program.

Queensland and Australia have one of the highest rates of bowel cancer in the world. Overall, bowel cancer is the second most common cause of cancer-related death for Queensland people after lung cancer. The Queensland Bowel Cancer Screening Program is part of the National Bowel Cancer Screening Program, which is now in its second phase. The Program currently invites people turning 50, 55 or 65 years of age between 2008 and 2010 to be screened using a Faecal Occult Blood Test (FOBT) kit, followed by colonoscopy for those people with a positive FOBT result.

Cervical cancer was the thirteenth most common cancer among women in Queensland in 2006. Incidence and mortality rates in Queensland have decreased by 26 per cent and 24 per cent respectively over the ten year period between 1996 and 2006, which reflects similar decreases at a national level. The Queensland Cervical Screening Program is part of the National Cervical Screening Program (NCSP) established in 1991 and offers screening for women aged 20–69 years.

Health Coordination Services Strategic Directions 2010–2013 contributes toward the goals and objectives of BreastScreen Queensland (BSQ), Queensland Bowel Cancer Screening Program (QBCSP) and Queensland Cervical Screening Program (QCSP). The three programs share some common challenges. Of most significance is the need to increase screening capacity to keep pace with population growth and maintain levels of participation in the programs that will continue to confer population benefits.

The programs seek to ensure all Queenslanders have access to appropriate, high quality services regardless of their cultural background, socio-economic status or location. This requires tailoring services, health promotion strategies and information provision for target groups (specifically women and men from Aboriginal and Torres Strait Islander communities and from culturally and linguistically diverse (CALD) backgrounds.

Recent medical advances such as new evidence about the role of human papillomavirus (HPV) as a necessary but not sufficient cause of cervical cancer, and technological advances such as digital mammography, will continue to influence the strategic agenda for the Division's cancer screening programs over the next three years.

1 World Health Organization (WHO). 2002, *National Cancer Control Programmes: Policies and Managerial Guidelines*, 2nd edition, WHO, Geneva.

2 Queensland Cancer Registry. 2009, *Cancer in Queensland: Incidence and Mortality 1982–2006*, Queensland Cancer Registry, Cancer Council Queensland, Brisbane.

3 Australian Health Ministers' Advisory Council. 1990, *Breast Cancer Screening Evaluation Committee 1990, Breast Cancer Screening in Australia: Future Directions*, Australian Institute of Health, AGPS, Canberra.

Key performance indicators

This document identifies priority actions for health coordination services over the next three years. Progress against actions regarding cancer screening services will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Increased participation by the target populations in cancer screening programs for bowel, breast and cervical cancer	<p>Percentage of target population screened for bowel cancer reported by the following categories:</p> <ul style="list-style-type: none"> – gender – geography – age – socioeconomic status <hr/> <p>Percentage of target population screened for breast cancer by BreastScreen Queensland over two years, reported by the following categories:</p> <ul style="list-style-type: none"> – geography – socioeconomic status <hr/> <p>Percentage of target population screened for cervical cancer over two years, reported by the following categories:</p> <ul style="list-style-type: none"> – age – geography – socioeconomic status
Increased participation by target populations in cancer screening programs for bowel, breast and cervical cancer, particularly in relation to Aboriginal and Torres Strait Islander peoples and people from Culturally and Linguistically Diverse (CALD) backgrounds	<p>Percentage of target population screened for bowel cancer reported by the following categories:</p> <ul style="list-style-type: none"> – Aboriginal and Torres Strait Islander peoples – CALD peoples <hr/> <p>Percentage of target population screened for breast cancer by Breastscreen Queensland over two years, reported by the following categories:</p> <ul style="list-style-type: none"> – Aboriginal and Torres Strait Islander women – CALD women <hr/> <p>Percentage of Aboriginal and Torres Strait Islander women in discrete indigenous communities and women from CALD backgrounds who participate in cervical screening over two years</p>

What are we going to do in the next three years?

- Lead and maintain effective, high quality statewide coordination of population screening programs for breast, bowel and cervical cancer
- Maintain statewide governance structures to support implementation of the three cancer screening program
- Increase the capacity of the Division's cancer screening programs to address population growth in eligible target groups
- Review and implement new service delivery models and utilise cutting edge technology to improve the efficiency and effectiveness of cancer screening programs
- Develop innovative workforce solutions to provide the required level of screening capacity
- Establish, monitor and maintain quality management and improvement activities for population screening programs, including national accreditation, quality assurance and performance monitoring
- Develop, implement and evaluate communication and health promotion activities to enhance participation in cancer screening programs, particularly by unscreened or under-screened people
- Develop, implement and evaluate a sustainable strategic approach to advertising and creative approaches to maximise utilisation of cancer screening services
- Monitor, review and implement evidence based policies, protocols and procedures
- Work with the Centre for Healthcare Improvement and other parts of QH to ensure that people diagnosed with cancer through the screening programs have timely access to treatment services
- Improve the clinical management of identified high risk women attending BSQ services, incorporating emerging evidence and best practice guidelines, and monitor quality and health outcomes
- Collect and analyse data to monitor and report on the performance of the three population screening programs
- Advocate for, and participate in, research that contributes to better health outcomes for people affected by breast, bowel or cervical cancer

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?
2.1 Lead and maintain effective, high quality statewide coordination of population screening programs for breast, bowel and cervical cancer	<p>Actively participate in the implementation of the national health reform agenda, including maintenance of the statewide service coordination functions undertaken by CSSB</p> <p>Implement agreed recommendations arising from the national evaluation of the BreastScreen Australia program, including key policy changes</p> <p>Advocate for the development of a national five year strategic directions document for the National Bowel Cancer Screening Program, in accordance with evidence</p> <p>Commence implementation of the recommendations of the NBCSP Quality Working Group Report Improving Colonoscopy Service in Australia, in consultation with service providers</p> <p>Contribute to the renewal of the National Cervical Screening Program (NCSP) including implementation of the National HPV Vaccination Program and technological advances</p>
2.2 Maintain statewide governance structures to support implementation of the three cancer screening programs	<p>Complete the BSQ Governance Review, including the role and performance of the BSQ Program Quality Management Committee and multidisciplinary Q-Groups</p> <p>Monitor Cancer Screening Services Consumer Reference Group and Local BSQ Service Consumer Forums for compliance with endorsed terms of reference</p> <p>Monitor the Program's Quality Management Committees, multi-disciplinary Quality (Q) Groups and relevant Working Groups, for compliance with endorsed terms of reference</p>
★ 2.3 Increase the capacity of the Division's cancer screening programs to address population growth in eligible target groups	<p>Review existing BSQ screening locations to ensure that the locations are appropriate for future population growth and distribution of women in the target age group</p> <p>Evaluate the Radiography Support Service and continue to coordinate mobile services at the statewide level</p> <p>Monitor colonoscopy capacity in public and private sectors and advocate for policy and process changes to maximise use of existing capacity</p> <p>Expand the Healthy Women's Initiative</p>

★ *Strategic priority*

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>★ 2.4 Review and implement new service delivery models and utilise cutting edge technology to improve the efficiency and effectiveness of cancer screening programs</p>	<p>Develop and commence implementation of best-practice, evidenced-based models of multi-disciplinary care based on national policy arising from the evaluation of BreastScreen Australia, including trialling collocation of screening and diagnostic services</p> <p>Develop service agreements with other jurisdictions for provision of breast screening services, including Northern Territory and Norfolk Island</p> <p>Work with endoscopy services and relevant sections of QH to identify opportunities for business process improvements to enhance colonoscopy capacity</p> <p>Monitor program infrastructure and the authorised provider model for assessment colonoscopies in each catchment</p> <p>Purchase and install Digital equipment and services as per the Implementation Plan for Digital Technology</p> <p>Implement the Picture Archiving Communication System (PACS), including integration with BreastScreen Queensland Registry (BSQR²)</p> <p>Finalise and implement the statewide coordinated reading model and provide additional reading room capacity through a new coordinated reading hub at Herston</p> <p>Finalise and implement SMS messaging as an appointment reminder in all BSQ Services as a customer service strategy</p> <p>Implement the Endoscopy Services Information System Solution (ESISS) in QH endoscopy services</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>★ 2.5 Develop innovative workforce solutions to provide the required level of screening capacity</p>	<p>Implement and evaluate strategies to attract and retain a skilled radiographer and radiologist workforce, including the radiographer return to work strategy and the radiographer overseas recruitment strategy</p> <p>Undertake statewide strategic planning of the health promotion workforce requirements within the BSQ Program to meet population growth and Service expansion</p> <p>Undertake a Business Process Review and develop plans to address workforce implications of the implementation of PACS</p> <p>Develop and commence statewide breast imaging credentialing for medical staff</p> <p>Promote and support the Specialist Breast Care Nurse positions across Queensland</p> <p>Provide professional development and support to the Mobile Women's Health Service and Aboriginal and Torres Strait Islander health Workers as per the Healthy Women's Initiative</p> <p>Support and maintain the Certificate IV in Community Care (Women's health) and the professional network for Aboriginal and Torres Strait Islander women's health workers</p> <p>Provide professional development opportunities and maintain a skilled workforce of Gastroenterology Nurse Coordinators and Health Promotion Officers to support implementation of QBSCP</p> <p>Progress incorporation of the health worker career structure and the authorisation of health workers as Pap smear providers</p> <p>Implement professional development and education strategies for medical and non-medical Pap smear providers</p> <p>Develop and implement the National Colonoscopy Training Curriculum, (in collaboration with the Skills Development Centre)</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>2.6 Establish, monitor and maintain quality management and improvement activities for population screening programs, including national accreditation, quality assurance and performance monitoring</p>	<p>Ensure all BSQ services are accredited</p> <p>Develop and implement the QBSCP Quality management Plan 2008–2011</p> <p>Implement the Endoscopy Services Information System Solution in all QH endoscopy units</p> <p>Maintain the authorisation process for Registered Nurse Pap Smear Providers, including processing of applications in a timely manner</p> <p>Maintain the process for designating QH facilities and authorised providers (specialists) for the QBSCP</p> <p>Implement, monitor and evaluate the Participant Follow-Up function to ensure NBCSP participants who have returned a positive FOBT proceed through the screening pathway to assessment colonoscopy or other appropriate test</p> <p>Continue to work with Queensland Cancer Registry to monitor quality of Pap smears and investigate strategies to address performance and non-compliance issues with Pap smear providers</p> <p>Develop and implement exception reports to improve adherence to the revised National Health and Medical Research Council (NHMRC) guidelines for the management of asymptomatic women with screen detected abnormalities (cervical) and provide feedback to relevant stakeholders</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>★ 2.7 Develop, implement and evaluate communication and health promotion activities to enhance participation in cancer screening programs, particularly by unscreened or under-screened people</p>	<p>Implement and evaluate the communication strategy for Aboriginal and Torres Strait Islander women in rural and remote areas</p> <hr/> <p>Evaluate the Aboriginal and Torres Strait Islander Strategy alternative service delivery pilot program and make recommendations to the Australian Government for further development/expansion</p> <hr/> <p>Review the Queensland Aboriginal Women and Torres Strait Islander Women's Cervical Screening Strategy 2006–2010</p> <hr/> <p>Develop, implement and evaluate culturally appropriate resources to promote Aboriginal and Torres Strait Islander women's participation in cervical screening</p> <hr/> <p>Implement a small grants strategy to promote participation in breast and cervical screening amongst marginalised women</p> <hr/> <p>Develop strategies to enhance participation by unscreened and under-screened people including people from CALD backgrounds and people from marginalised groups</p> <hr/> <p>Maintain strategies to support rural and remote peoples access to cancer screening services</p> <hr/> <p>Develop specific targeted strategies to increase participation in bowel cancer screening by men (e.g. workplace strategies, strategies targeting events popular with men, implementation of the Pit Stop Men's Preventive Health Program)</p> <hr/> <p>Develop, implement and evaluate education/information resources for FOBT eligible people and consistent information regarding FOBT screening to non-eligible people</p> <hr/> <p>Implement and evaluate the Statewide BSQ Workplace Project and the QBCSP workplace project</p> <hr/> <p>Continue to develop, disseminate and evaluate educational and information resources for target groups, general practitioners and health professionals</p> <hr/> <p>Develop and implement strategies to address barriers to breast cancer screening (e.g. first woman entry and exit strategy; tell a friend strategy; BSQ orientation DVD and community engagement kit)</p> <hr/> <p>Implement a small grants strategy to enhance breast and cervical screening behaviours amongst low participating groups of women in selected communities</p> <hr/> <p>Implement and evaluate effective re-screen strategies to increase the proportion of women who return for re-screening, in accordance with national accreditation standards</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?
2.8 Develop, implement and evaluate a sustainable strategic approach to advertising and creative approaches to maximise utilisation of cancer screening services	<p>Complete (and evaluate) the BSQ social marketing campaign and identify improvements for implementation in future campaigns</p> <p>Develop local marketing plans for each BSQ service</p> <p>Develop and implement communication and media strategies regarding unproven technologies for early breast cancer detection, in partnership with Cancer Council Queensland</p>
2.9 Monitor, review and implement evidence based policies, protocols and procedures	<p>Review and revise the BSQ Policy and Protocols Manual in line with the QH Policy Management Policy</p> <p>Update the QBCSP Policy and Protocol Manual in line with the QH Policy Management Policy</p>
2.10 Work with the Centre for Healthcare Improvement and other parts of QH to ensure that people diagnosed with cancer through the screening programs have timely access to treatment services	<p>Develop protocols to ensure women requiring a diagnostic breast biopsy have timely access to treatment</p> <p>Monitor and record time from BSQ assessment to diagnostic open biopsy</p> <p>Ensure wider implementation of best practice, evidence-based models of multi-disciplinary care for breast cancer encompassing co-located screening and diagnostic services, specialist breast care nurses, family history services and increased compliance with evidence based guidelines</p>
2.11 Improve the clinical management of identified high risk women attending BSQ services, incorporating emerging evidence and best practice guidelines, and monitor quality and health outcomes	Collaborate with Clinical Genetics Services, cancer services and diagnostic services to implement pathways for the clinical management of identified high risk women attending BSQ services
2.12 Collect and analyse data to monitor and report on the performance of the three population screening programs	<p>Maintain the BSQ Register and implement changes as required relating to the implementation of digital technology and the PACCS</p> <p>Maintain the Pap Smear Register and provide women and Pap smear providers with a high quality service in accordance with legislation</p> <p>Monitor breast cancer screening performance against national accreditation standards and develop and disseminate six-monthly reports</p> <p>Produce statistical reports for BSQ and the QCSP and disseminate to service providers in a timely manner</p> <p>Provide analysis and reports on QBCSP performance to stakeholders at catchment and statewide levels through the regular provision of quality assurance data relating to colonoscopy services</p> <p>Provide data and input to inform renewal of the NCSP</p> <p>Continue to advocate for specific identifiers for Aboriginal and Torres Strait Islander women and CALD women to improve enable monitoring of participation data by ethnicity</p>
2.13 Advocate for, and participate in, research that contributes to better health outcomes for people affected by breast, bowel or cervical cancer	<p>Undertake or support appropriate research on issues relating to the three screening programs</p> <p>Facilitate appropriate access to data and ensure research complies with ethical standards</p>

Chapter 3

Emergency management

Queenslanders expect an emergency response to be timely and appropriate. To meet this expectation, the Division's emergency management services develop policies on Emergency Preparedness and Continuity Management (EPCM) and strategic and operational health service planning for emergency incident management.

Under the Queensland Health Disaster Plan, the Division's Emergency Management Unit (EMU) provides emergency incident management support to the Chief Health Officer (who assumes the State Health Coordinator role) through activation of the State Health Emergency Coordination Centre (SHECC). The Division also provides organisational representation and incident response liaison between jurisdictions, and within the Queensland disaster management community.

EMU's work is informed by, and contributes to, the Queensland Disaster Management Plan and the Queensland Counter Terrorism Strategy. The scope of this work includes:

- Preparation, Planning, Response and Recovery (PPRR)
- an all-hazards approach to identifying risks to key business and service continuity
- developing and facilitating Queensland Health staff education in the application of the Queensland Health Incident Management System (QHIMS)
- Preparation, monitoring and evaluating the Queensland Health Disaster Management Plan.

The Division undertakes capability exercises, monitoring, evaluation and reporting in collaboration with internal and external partners to ensure preparedness within Queensland Health and across the emergency management sector. Consultation and collaboration with key partners are crucial to planning and building a consistent emergency incident management response and counter disaster organisational capability, and will continue to be important strategic activities for the Division.

Key performance indicators

This document identifies priority actions for health coordination services over the next three years. Performance regarding emergency management will be assessed through qualitative reporting on the measures outlined below.

What are we going to do in the next three years?

- Develop and implement a state-based, standardised approach to emergency incident management education, training and delivery across Queensland Health
- Implement emergency incident management system performance and reporting across SHECC and partner District Health Emergency Operations Centres (HEOC)
- Implement the recommendations of Queensland Health 2007 Operations & Audit Emergency Preparedness Report
- Enhance routine emergency response preparedness and response capability
- Strengthen partnerships and engagement with key internal and external stakeholders
- Advocate for Queensland's interests in the national planning process of the Australian Health Protection Committee (AHPC) including development of strategies related to accredited medical team deployment
- Contribute to the development of emergency incident management preparedness policy and emergency response capability building
- Research and evaluate existing and emergent emergency management policies, systems, tools, standards and resources

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>3.1 Develop and implement a state-based, standardised approach to emergency incident management education, training and delivery across Queensland Health (QH)</p>	<p>Develop, implement and evaluate statewide and Health Service District (HSD) emergency preparedness and continuity management (EPCM) plans including staff education and training programs</p> <hr/> <p>Develop and implement a state-based, standardised approach to Mass-casualty planning, incorporating AusMAT-Q System development and implementation of MIMMS training</p> <hr/> <p>Engage with the QH Emergency Management Coordinators Network and Disaster Management Collaborative (DMC) to support the Queensland University of Technology Emergency Response Planning and Training Project, and coordinate QH governance as required</p>
<p>3.2 Implement emergency incident management system performance and reporting across SHECC and partner District Health Emergency Operation Centres (HEOC)</p>	<p>Establish the Queensland Health Emergency Management Coordinators Network with Divisional and District representation</p> <hr/> <p>Establish and appropriately resource two State Health Emergency Coordination Centres (SHECC) including:</p> <ul style="list-style-type: none"> – upgrading audio-visual equipment – evaluating Noggin OCA Incident Manager web-platform <hr/> <p>Establish shadow Human Resource and Business Services rules to enable the Division support SHECC operations during incidents, including development of recommendations for future staffing requirements</p> <hr/> <p>Engage with HSDs to build and enhance their HEOC utility, using project management methodology</p> <hr/> <p>Review and evaluate HEOC standard operating procedures to ensure consistency with SHECC policy and standards</p>
<p>3.3 Implement the recommendations of QH 2007 Operations and Audit Emergency Preparedness Report</p>	<p>Work with HSD Emergency Management Coordinators to implement recommendations and report on progress</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?
3.4 Enhance routine emergency response preparedness and response capability	<p>Develop and implement a Queensland Health Disaster Management Exercise Plan</p> <p>Review the EPCM Plan and undertake consultation with Health Service Districts regarding inclusion of exercise participation as a mandatory element of the Plan</p> <p>Develop and facilitate staff education in use of the QHIMS</p> <p>Engage Corporate Office and HSDs in planning and conducting the QH annual exercise program</p> <p>Collaborate with HSDs to increase staff participation in established internal and external disaster exercise activities</p>
3.5 Strengthen partnerships and engagement with key internal and external stakeholders	<p>Conduct three formal workshops with Queensland Health Disaster Management Collaborative</p> <p>Establish special interest working groups with Queensland Health Disaster Management Collaborative</p>
3.6 Advocate for Queensland's interests in the national planning process of the Australian Health Protection Committee (AHPC) including development of strategies related to accredited medical team deployment	Ongoing work within the AHPC's Health All Hazards Working Group
3.7 Contribute to the development of emergency incident management preparedness policy and emergency response capability building	Ongoing via representation on key working groups including the State Disaster Management Group and Queensland Counter-terrorism Committee
3.8 Research and evaluate existing and emergent emergency management policies, systems, tools, standards and resources	Ongoing

Chapter 4

Multicultural services

Queensland is a culturally diverse state. Data from the 2006 Census indicate that, on average:

- 1 in every 3 Queensland Health patients was born overseas or has a parent who was
- 1 in every 10 patients speaks a language other than English at home, with a significant proportion that do not speak English well
- 1 in 10 Queensland Health staff are from a non English speaking background.

This diversity is predicted to increase significantly in the next 10 years. The latest population growth data available (2008–09) indicates that overseas migration was, for the first time, the largest contributor to Queensland’s population increase, making up one half of the State’s total growth⁴. This trend is predicted to continue.

Culture and language have both been identified as barriers to safe and quality health care⁵ and it is therefore vital that services respond to the increasing cultural diversity in the Queensland population. One Australian study has estimated that the patient safety risk of an adverse event is twice as high if a language barrier exists⁶. Workforce strategies will also need to consider the increasing diversity among staff and implement strategies to support effective diverse team functioning.

The health status of culturally and linguistically diverse (CALD) populations is unclear as significant data limitations exist in data collections and national surveys. There are, however, indications that health inequities exist for some CALD populations across health issues, with health risk factors and chronic diseases such as diabetes and obesity being more prevalent in some CALD populations compared to Australian-born individuals⁷. For example, obesity rates are four to five times higher for youth from Pacific Islander or Middle Eastern Arabic backgrounds⁸.

There is also emerging evidence that mainstream prevention and better health management approaches do not reach CALD populations⁹. Compounding this, some CALD populations are less likely to access health services and may present later and with conditions that may have been preventable with more timely access to health services.

The Division’s Multicultural Services continue to work with key stakeholders across government and non-government sectors to ensure that health services are planned and delivered in culturally appropriate and inclusive ways. Workforce diversity is a key multicultural health initiative led by Corporate Services Division.

Key performance indicators

This document identifies priority actions for health coordination services over the next three years. Progress against actions regarding multicultural services will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know it?
Improve the availability and quality of interpreter services and resources for staff to support culturally competent care	Number of times an interpreter was used The proportion of qualified interpreters used Number of hits on staff resources which support culturally competency care on department's website
Improved health outcomes for whole-of-government identified special needs populations – refugees (particularly African), Pacific Islanders, and Australia South Sea Islanders	Refugee Health Queensland conducts health assessments on new humanitarian arrivals The implementation of initiatives targeting special needs populations
Implement strategies to develop staff capabilities in order for them to interact more effectively with people from culturally diverse backgrounds	Number and percent of staff who received Queensland Health's standard Cultural Diversity Module at orientation Number of specific Cross Cultural Training programs provided
Promote health resources for consumers from culturally and linguistically diverse backgrounds	Number of hits on languages other than English pages on the department's website
Initiatives to improve the health of the Queensland population are based on evidence of health outcomes of all Queenslanders, including culturally and linguistically diverse Queenslanders	Seven reports produced on specific CALD communities, as specified in Queensland Health Strategic Plan for Multicultural Health 2007–12
A culturally inclusive approach to health service planning and delivery is embedded throughout Queensland Health and based on engagement with culturally and linguistically diverse stakeholders	Number of agencies/stakeholders consulted on the development of the annual implementation plan for the Queensland Health Strategic Plan for Multicultural Health

What are we going to do in the next three years?

- Increase the use of interpreters in health care services provided by QH
- Undertake specific initiatives for the whole-of-government identified special needs populations: refugees (particularly African), Pacific Islanders, and Australia South Sea Islanders
- Build the cultural capability of the QH workforce
- Manage and update the QH multicultural health websites and develop and/or promote resources for consumers and staff
- Collect and analyse data on the health status of culturally and linguistically diverse communities
- Continue partnerships with the multicultural sector and embed community engagement in major projects and programs
- Progress cultural inclusiveness in the planning and delivery of chronic disease services, including the development of the Multicultural Community Health Worker role within a dedicated multicultural workforce
- Continue implementation of the Queensland Health Strategic Plan for Multicultural Health 2007–12 including development of implementation plans, and reports on progress

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>★ 4.1 Increase the use of interpreters in health care services provided by QH</p>	<p>Develop a statewide awareness strategy to increase the use of interpreters, particularly in areas of comparatively low usage</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Implement phased roll-out of Video Remote Interpreting</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Manage the statewide contract for external interpreter service provision to ensure timely and quality provision of interpreters</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Improve the quality of interpreting by training interpreters on interpreting in a health context</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Work with external service provider to develop strategies to increase the supply of interpreters</p>
<p>4.2 Undertake specific initiatives for the whole-of-government identified special needs populations: refugees (particularly African), Pacific Islanders, and Australia South Sea Islanders</p>	<p>Manage the contract for Refugee Health Queensland, including conducting a review of outcomes over the first three years of the service</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Finalise the health needs of (in scope) Pacific Islander communities and commence implementation planning to action the findings</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Investigate the health status of the Queensland Australia South Sea Islander population using available health data</p>

★ *Strategic priority*

What are we going to do in the next three years?	What are we going to do in the next 12 months?
★ 4.3 Build the cultural capability of the QH workforce	<p>Lead and monitor the implementation Queensland Health's standard Cross Cultural Competency Module at orientation</p> <p>In partnership with People and Culture executives, conduct Cross Cultural Training programs across Divisions and Health Service Districts</p> <p>Network and support existing Cross Cultural Trainers within Health Service Districts</p> <p>Monitor the number of staff who participate in training programs that incorporate the Cross Cultural Capabilities</p> <p>Conduct statistical analysis of the impact of training on participants</p>
★ 4.4 Manage and update the QH multicultural health websites and develop and/or promote resources for consumers and staff	<p>Prepare report to CHO on number of hits on the QH website, including on languages other than English pages</p> <p>Develop a handbook for health care professionals on the care of Hindu patients and develop cultural profiles</p>
4.5 Collect and analyse data on the health status of culturally and linguistically diverse communities to inform future policy development	Complete and disseminate health status reports on chronic disease for Vietnamese, Indian, Italian and targeted Pacific Islander communities
4.6 Continue partnerships with the multicultural sector and embed community engagement in major projects and programs	<p>Liaise with multicultural agencies/stakeholders in the development of the annual implementation plan for the QH Strategic Plan for Multicultural Health 2007–12</p> <p>Advocate for the inclusion of multicultural communities in the QH Strategic Plan (N.B. This refers to the higher level QH Strategic Plan, not the Multicultural Plan)</p>
4.7 Progress cultural inclusiveness in the planning and delivery of chronic disease services, including the development of the Multicultural Community Health Worker role within a dedicated multicultural workforce	Work in partnership with the Chronic Disease Strategy Unit, Health Promotion Branch, Alcohol, Tobacco & Other Drugs Branch, Regional Services, and the Ethnic Communities Council of Queensland to implement culturally tailored health education programs for CALD communities and further the develop the role and use of Multicultural Community Health Workers in health education programs
★ 4.8 Continue implementation of the Queensland Health Strategic Plan for Multicultural Health 2007–12 including development of implementation plans, and reports on progress	Develop a 2010–11 implementation plan, monitor and report on progress of the Queensland Health Strategic Plan for Multicultural Health 2007–12

Chapter 5

Organ and tissue donation

One organ and tissue donor can save up to 10 lives and improve the lives of many more¹⁰. Hundreds of life-saving organ transplant operations are performed in Australia each year, however, this meets only one third of our national transplant demand¹¹.

In July 2008, the Australian Government, with State and Territory Governments, announced a national reform package to establish Australia as a world leader in best practice organ donation for transplantation, and to achieve a significant and lasting increase in the number of life-saving and life-transforming transplants for all Australians¹².

Within the Division of the Chief Health Officer, the Organ and Tissue Donation Service (OTDS) comprises DonateLife™ Queensland, the Queensland Eye Bank, the Queensland Bone Bank, the Queensland Skin Bank, and the Queensland Heart-Valve Bank. OTDS is charged with implementing the recommendations of the Hansen Review¹³ of tissue banks in Queensland. The service is responsible for the retrieval and distribution of:

- eye tissue from people who have consented to donation and have died in a hospital
- bone tissue throughout Queensland and Australia
- human heart tissue used for heart valve replacement surgery.

The service also conducts studies to evaluate the clinical effectiveness of tissue transplants.

DonateLife™ Queensland is responsible for statewide coordination of deceased organ and tissue donation in accordance with the *Transplantation and Anatomy Act 1979*. The service was formed as Queenslanders Donate in 1999 following wide consultation with experts in the field of organ and tissue donation and transplantation, and in November 2009 was rebranded as DonateLife™ Queensland in line with national reform initiatives.

OTDS works collaboratively with the Australian Organ and Tissue Donation Authority and other government and non-government agencies to integrate all elements of organ and tissue donation across Queensland.

Key performance indicators

This document identifies priority actions for health coordination services over the next three years. Progress against actions regarding organ and tissue donation will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know it?
Increased number of people offered end of life care with organ and tissue donation as part of that service	100% identification of potential organ and tissue donors
Increased number of organ and tissue transplants for Australians	Achievement of nationally identified Request and Consent target rates

What are we going to do in the next three years?

- Establish a governance committee to oversee implementation of the Hansen Review recommendations, future management and strategic directions
 - Develop and implement clinical governance structures to oversee practices and performance of organ and tissue donation for transplantation services within Queensland
 - Achieve single Therapeutic Goods Administration licensure by developing and implementing consolidated quality and business processes across all tissue banks
 - Resolve accommodation issues regarding location of Queensland Eye Bank
 - Develop and implement an integrated information system with the support of a user group
 - Establish multi-skilled retrieval teams able to undertake the retrieval of all consented tissue from individual donors
 - Develop and implement an approved pricing structure for all donated tissue
 - Retain specialist hospital-based medical directors and nursing staff dedicated to organ and tissue donation for transplantation within a consistent national framework
 - Coordinate implementation of the Queensland component of the National Education Strategy
 - Coordinate implementation of processes to provide support to donor families
- These actions align with activities and recommendations outlined in the following:
- Review of Statewide services in Metro South Health Service District [Hansen Report]
 - Parliamentary Select Committee report into organ and tissue donation in Queensland
 - National Reform Initiatives of the Australian Organ & Tissue Donation and Transplantation Authority; and
 - the Health Outcomes International (HOI) Report on National Eye and Tissue Implementation

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>★ 5.1 Establish a governance committee to oversee implementation of the Hansen Review recommendations, future management and strategic directions</p>	<p>Implement new reporting structure for managers of tissue banks and Donate Life Qld to report to the State Medical Director, Organ & Tissue Donation</p> <hr/> <p>Develop a risk management strategy and issues register</p> <hr/> <p>Review:</p> <ul style="list-style-type: none"> – policies and practices for Kidney Exchange, Demineralised Bone, Live Donor Program – legislative consent issues – activity based funding service level agreements <hr/> <p>Negotiate and manage the funding agreement with the National Organ and Tissue Donation Authority.</p> <hr/> <p>Continue progressing with the implementation of the Parliamentary Selection Committee report into organ and tissue donation in Queensland</p>
<p>★ 5.2 Develop and implement clinical governance structures to oversee practices and performance of organ and tissue donation for transplantation services within Queensland</p>	<p>Conduct a review of business and clinical functions, roles and responsibilities to ensure that clinical expertise of each tissue type is maintained</p> <hr/> <p>Review coronial issues for organ and tissue donation</p>
<p>5.3 Administration licensure by developing and implementing consolidated quality and business processes across all tissue banks</p>	<p>Conduct a review of all tissue banks quality and production processes and develop a plan for consolidation</p> <hr/> <p>Develop an implementation plan for single Therapeutic Goods Administration licensure</p>
<p>5.4 Resolve accommodation issues regarding location of Queensland Eye Bank</p>	<p>Develop a business case and change plan for transition of the Queensland Eye Bank to Coopers Plains</p>
<p>5.5 Develop and implement an integrated information system with the support of a user group</p>	<p>Review existing information systems and recommend options to improve efficiencies</p> <hr/> <p>Provide data on actual and potential donation activity, including request and consent rates and measure trends over time</p> <hr/> <p>Identify, document and discuss missed opportunities for organ donation with a view to influencing hospital practice</p>
<p>5.6 Establish multi-skilled retrieval teams able to undertake the retrieval of all consented tissue from individual donors</p>	<p>Review existing training and professional development processes</p> <hr/> <p>Develop a training plan for multi-skilling scientific and technical staff within tissue banks</p>
<p>5.7 Develop and implement an approved pricing structure for all tissue</p>	<p>Develop a cost model to calculate the cost per product for each tissue bank</p> <hr/> <p>Coordinate review by the Resource Committee of the proposed cost model, prior to submission to the Department of Health and Aging</p>

★ *Strategic priority*

What are we going to do in the next three years?	What are we going to do in the next 12 months?
5.8 Retain specialist Hospital-based Medical Directors, and Nursing staff, dedicated to organ and tissue donation for transplantation within a consistent national framework	Develop service level agreements with hospitals
5.9 Coordinate implementation of the Queensland component of the National Education Strategy	Recruit Education Coordinator Provide education, training and support to DonateLife™ Queensland staff Evaluate and report on national and local education activities within Queensland
5.10 Coordinate implementation of processes to provide support to donor families	Recruit Donor Family Support Coordinator Provide appropriate support, to donor families as required, including: <ul style="list-style-type: none"> – bereavement counselling – organising and inviting families to attend Thanksgiving Services Actively participate in a national team of Donor Family Support Coordinators Evaluate and report on all national and local donor family support activities in Queensland

Chapter 6

Patient transport

The ability to access sustainable, reliable, safe, efficient and appropriate patient transport is critical to ensuring Queenslanders have access to quality and appropriate health care services at the right time.

The Division is progressing with a patient transport reform agenda to improve access to patient transport via informed service planning using the following strategies:

- Working in collaboration with health service planners, other Government agencies and service providers of patient transport ranging from acute, urgent, high dependency care to non-urgent, low dependency care
- Managing and guiding the patient transport reform agenda through a consistent and integrated approach to improve patient access to health care provisions
- Guiding patient transport development, implementation and service provisions, and assists in planning, funding, coordinating and monitoring all patient transport activities
- Promoting more efficient use of patient transport resources through improved coordination and integration of transport programs
- Providing and maintaining quality transport analysis, resources and information
- Supporting a partnership approach between QH and other transport providers.

The Division works collaboratively with other government agencies including Retrieval Services Queensland (RSQ), Queensland Ambulance Service, Emergency Management Queensland, and non-government transport service providers and local health services to integrate all elements of the patient transport system.

Key performance indicators

This document identifies priority actions for health coordination services over the next three years. Performance regarding patient transport will be assessed through qualitative reporting on the measures outlined below.

What are we going to do in the next three years?

- Provide seamless and integrated patient transport (including clinical) information relating to service provision obligations by:
 - developing and managing Service Level Agreements (SLA) and Memorandum of Understandings (MOU)
 - establishing additional accommodation for patients travelling to access health services
 - developing and maintaining effective patient transport information systems to evaluate service planning and delivery
- Devolve all modes of patient transport budgets to Health Service Districts (HSD)
- Establish an integrated patient transport governance framework, clinical decision matrix and business rules to govern patient transport
- Develop and implement an integrated patient transport governance structure (including clinical governance)
- Enhance the Patient Travel Subsidy Scheme (PTSS)
- Develop, monitor and manage a patient transport risk management process in accordance with QH policy
- Strengthen patient transport partnerships and engagement
- Strengthen leadership and management capabilities and performance

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>6.1 Provide seamless and integrated patient transport relating to service provision obligations by:</p> <p>★ – developing and managing Service Level Agreements (SLA) and Memorandums of Understanding (MOU)</p> <p>★ – establishing additional accommodation for patients travelling to access health services</p> <p>– developing and maintaining effective patient transport information systems to evaluate service planning and delivery</p>	<p>Establish SLAs and MOUs which will include regular reporting and contract management meetings for:</p> <ul style="list-style-type: none"> – Fixed Wing Services – Helicopter Services – Road – Ambulance Transports – Road – Non Ambulance – Medical Officers for clinical coordination and retrieval – Hospital Based Ambulances services <p>Assess and execute service agreements with Non-Government Organisations (NGOs) for capital funding</p> <p>Develop and implement RSQ clinical records system</p> <p>Develop and implement a PTSS Information System</p> <p>Review and enhance the Clinical Coordination and Retrieval Information System (CCRIS) and Queensland Neonatal Emergency Transport System (QNETS)</p> <p>Implement a patient transport requesting system for QH facilities</p> <p>Investigate a system interface for all patient transport programs</p> <p>Develop the initial modules of a patient transport data warehouse for all patient transport data</p> <p>Create dataset definitions to inform predictive and forecasting patient transport models</p>
<p>★ 6.2 Devolve all modes of patient transport budgets to HSDs</p>	<p>Define and implement an integrated patient transport funding model</p> <p>Develop and implement cost models for all patient transport modes</p>
<p>6.3 Establish an integrated patient transport governance framework clinical decision matrix and business rules to govern patient transport</p>	<p>Develop a statewide Patient Transport Policy including emergency and non-emergency patient transport by road, air, rail and boat and PTSS</p> <p>Develop patient transport implementation standards and procedures to meet local needs including cross border transport issues</p> <p>Develop a clinical decision matrix and related business rules to govern patient transport</p> <p>Develop a decision matrix and business rules coordinated through QCC</p> <p>Engage HSDs to manage local patient transport issues and solutions</p>

★ *Strategic priority*

What are we going to do in the next three years?	What are we going to do in the next 12 months?
6.4 Develop and implement an integrated patient transport governance structure (including clinical governance)	<p>Review governance committees function, structure and membership for:</p> <ul style="list-style-type: none"> – Patient Transport Quality Council – Queensland Medical Transport Board – Patient Transport Management Advisory Group – Helicopter Helipad Communication Group – Patient Transport Reference Group – Patient Transport Coordinators Network – Emergency Helicopter Network Advisory Group – Queensland Emergency Medical System Advisory Committee
6.5 Enhance the Patient Travel Subsidy Scheme	<p>Implement PTSS Policy Instrument</p> <p>Complete an administrative review of PTSS</p> <p>Develop communication tools for all PTSS users</p>
6.6 Develop, monitor and manage a patient transport risk management process in accordance with QH policy	<p>Establish a patient transport complaints issue and risk management matrix</p> <p>Develop a statewide patient transport complaints resolution process for all modes of patient transport programs</p> <p>Establish dispute resolution processes for patient transport services at the local HSDs level</p>
6.7 Strengthen patient transport partnerships and engagement	<p>Establish local patient transport networks</p> <p>Provide support and advice in the development of patient transport communication and consultation processes</p> <p>Develop and maintain patient transport information resources and tools</p>
6.8 Strengthen leadership and management capabilities and performance	<p>Develop the capability of individuals and PTRU</p> <p>Maintain a resilient, positive and supportive work environment</p>

Chapter 7

Retrieval services

Clinical coordination and retrieval services for adult, paediatric neonatal and high risk obstetric patients is a significant element in providing specialist level support to rural/remote/regional communities, identifying at risk patients, facilitating equity of access of patients to specialist care and providing timely, quality clinical care and ethical, safe and efficient patient escort and transport.

Following the introduction in January 2009 of statewide coordination of retrieval services Queensland is now the benchmark in Australia for such an integrated service, clinically coordinating the aeromedical transport of over 18,500 patients per year. No other state provides this level of integrated specialist level aeromedical service provision across all age groups.

Statewide quality governed clinical coordination services for all adult, neonatal, paediatrics and high risk obstetric services provides safe, timely and efficient aeromedical service provision, to at risk patients and the communities of Queensland. The Division provides a multidisciplinary operational partnership between QH and Queensland Ambulance Service (QAS) via the Queensland Emergency Medical System Coordination Centres (QCC) located in Brisbane and Townsville. Both centres are equipped with multiple state of the art communications technologies to provide real-time virtual linkages capable of ensuring seamless clinical coordination and patient retrieval functionality across the state.

Within The Division, Retrieval Services Queensland works to:

- Provide high level advice on clinical care for patients requiring retrieval and transport to a higher level of care facility
- Identify the appropriate health facility destination, including critical care bed availability, as determined by the patient's health care requirements
- Approve and authorise the transport and clinical escort needs of the patient to effect safe, efficient and effective patient retrieval services
- Task Queensland Health and external contracted retrieval services as required and review the clinical performance of that contracted service
- Provision of Statewide clinical and operational leadership and governance structure for QH's specialised and contracted retrieval services and aeromedical transport providers, ensuring whole of system performance monitoring and subsequent policy and system enhancement and development.

The Division's retrieval services unit will continue to work in collaboration with health service districts and engage with key stakeholders including Queensland Ambulance Service, Royal Flying Doctor Service, Community Helicopter Providers and contracted retrieval services to ensure alignment of the transport vehicle and patient escort requirements, optimising patient care and safety.

Key performance indicators

This document identifies priority actions for health coordination services over the next three years. Performance regarding retrieval services will be assessed through qualitative reporting on the measures outlined below.

What are we going to do in the next three years?

- Develop and implement a revised management structure and enhanced operational model for retrieval services
- Enhance RSQ clinical service delivery model by:
 - integrating retrieval services coordination into the new Queensland Emergency Operations Centre (QEOC)
 - integrating coordination of all interfacility transfers requiring a clinical escort
 - providing education and support in the use of retrieval, telehealth and trauma systems to rural, remote and regional clinicians and facilities
- Advocate for Queensland's interests in the development of statewide and national retrieval systems and policies
- Establish new service delivery models for retrieval nurses
- Implement an amalgamated service delivery model for paediatric and neonatal retrieval teams
- Develop and implement enhanced processes and systems to support service delivery and business continuity by:
 - developing and implementing enhanced information systems for retrieval services
- Develop and implement an enhanced quality framework for retrieval services by:
 - implementing statewide clinical and operational governance frameworks
 - implementing enhanced policy development and audit processes

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?
★ 7.1 Develop and implement a revised management structure and enhanced operational model for retrieval services	Undertake service review and develop an enhanced operational service delivery model Develop and implement a project plan for relocation of RSQ statewide Medical Director to Brisbane in Jan 2011 Establish RSQ Nurse Unit Manager position to provide a consistent leadership model for nursing coordinator group
★ 7.2 Enhance RSQ clinical service delivery model by: <ul style="list-style-type: none"> – integrating retrieval services coordination into the new Queensland Emergency Operations Centre (QEOC) – implementing integrated coordination of all interfacility transfers requiring a clinical escort – providing education and support in the use of retrieval, telehealth and trauma systems to rural, remote and regional clinicians and facilities 	Develop project plan for possible closure of Townsville medical coordination site, Develop and implement a single site medical coordination model Progress project plan for relocation to QEOC Kedron in April 2011 Research and evaluate clinical coordination models and determine resourcing requirements Identify sites requiring support and develop schedule for regular site visits
7.3 Advocate for Queensland's interests in the development of statewide and national retrieval systems and policies	Actively support and participate in the Queensland Emergency Medicine Research Foundation (QEMRF) funded review of the Queensland aeromedical system Ongoing via representation on key working groups including relevant statewide clinical networks, Australian Council of Emergency Medicine (ACEM) Queensland, and College of Emergency Nursing Australia (CENA) Ongoing via research and participation/presentation at state, national and international conferences and forums
7.4 Establish new service delivery models for retrieval nurses	Review and evaluate new Royal Flying Doctor Service (RFDS) flight nurse role Recruit additional nursing staff to perform new flight nurse role

★ *Strategic priority*

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>7.5 Implement an amalgamated service delivery model for paediatric and neonatal retrieval teams</p>	<p>Represent the Division in planning processes for Children's Health Services retrieval services</p> <p>Work collaboratively with Brisbane-based tertiary paediatric and neonatal retrieval teams to implement revised service model</p> <p>Ensure integration between RSQ and Queensland EMS (Emergency Management System) service models for single retrieval teams</p> <p>Establish change management roles which may be part funded by RSQ</p> <p>Progress recruitment of Medical Directors for amalgamated paediatric and neonatal retrieval teams in south-east Queensland</p> <p>Ensure Paediatric and Neonatal medical leads are members of respective working parties</p>
<p>★ 7.6 Develop and implement an enhanced quality framework for retrieval services by:</p> <ul style="list-style-type: none"> – implementing statewide clinical and operational governance frameworks <p>– implementing enhanced policy development and audit processes</p>	<p>Establish a retrieval services Patient Safety & Quality Committee</p> <p>Conduct a review of current clinical governance structures and audit components</p> <p>Determine governance frameworks for paediatric and neonatal retrieval teams in collaboration with respective change teams</p> <p>Review and evaluate relationships between RSQ and HCSD governance structures, and those of external providers</p> <p>Increase participation on audit committees of contracted service providers including Careflight Medical Services (CMS), Royal Flying Doctor Service (RFDS) and regional transport providers</p> <p>Work collaboratively with internal and external stakeholder to develop and implement quality and performance indicators, and service delivery standards</p>

Chapter 8

Victim support services

The effects of crime on victims can be long lasting and diverse, however early provision of support and information can be significant in aiding recovery¹⁴. In the case of violent offences committed by offenders with a mental illness, victims are faced not only with overwhelming trauma and loss but face the challenge of navigating a complex and confusing forensic mental health system where cases are processed differently to the accepted norms within the criminal justice system.

The 2006 Butler Review of the *Queensland Mental Health Act 2000*¹⁵ reported that victims often feel unacknowledged, unsupported, uninformed and unable to meaningfully contribute to legal processes¹⁶. A key recommendation of the Review was the establishment of a victim support service within Queensland Health to provide accurate and timely information and support to victims of mentally ill offenders and build community confidence in the forensic mental health system.

The Queensland Health Victim Support Service (QHVSS) was established in 2008 to assist in the early identification of victims of mentally ill offenders and to promote and support

their recovery. Under the provisions of the *Mental Health Act 2000*, victims are able to apply for a Classified Patient Information Order and Forensic Patient Information Order through the Victim Register maintained by the office of the Executive Director of Mental Health. The Division, via QHVSS, is responsible for direct provision of this information to victims. The service also provides counselling and support throughout the victim’s involvement with the forensic mental health system.

The Division will continue to effectively implement the recommendations of the Butler Review and meet its statutory obligations to victims.

Key performance indicators

This document identifies priority actions for health coordination services over the next three years. Progress against actions regarding victim support services will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know it?
The provision of information, counselling and other supportive activities to victims and their families at any stage after the initial offence and for as long as needed by the victim/s	Number of Patient Information Orders managed through QHVSS Number/types of episodes of support offered to victims

What are we going to do in the next three years?

- Enhance the delivery of support services to victims of mentally ill offenders
- Promote the rights, needs and interests of victims of mentally ill offenders by:
 - providing victims with access to information and support in a timely and responsive way
 - providing victims with opportunities for feedback
 - developing community and professional awareness of victim rights and issues through information, resources and research
- Build and develop internal work processes and systems to support service delivery and business effectiveness by:
 - establishing and maintaining effective processes, information and data systems to inform, evaluate and improve service delivery
 - identifying, monitoring and managing identified threats/risks in accordance with QH policy
 - undertaking appropriate performance management, reporting and leadership development
 - ensuring effective use of resources
- Recognise and support staff in delivering QHVSS by training and retention of a specialist skilled team within a culture of continuous learning, inquiry and improvement

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?
★ 8.1 Enhance the delivery of support services to victims of mentally ill offenders	Conduct a statewide service review and develop recommendations for service enhancement
8.2 Promote the rights, needs and interests of victims of mentally ill offenders by:	
– providing victims with access to information and support in a timely and responsive way	Provide information, counselling and support to victims regarding their rights and involvement in the forensic mental health system including: <ul style="list-style-type: none"> – applying for information orders and providing information relating to orders in an informal and easy to understand format
– providing victims with opportunities for feedback	Assist victims to submit statements and submissions to the Mental Health Court Mental Health Review Tribunal, treating teams and other relevant persons/ services
– developing community and professional awareness of victim rights and issues through information, resources and research	Evaluate QHVSS service delivery through the use of client surveys and other complaint and feedback mechanisms (e.g. via websites)
	Provide training and community awareness initiatives with stakeholders and front line workers
	Develop consultation/liaison role with identified stakeholders
	Undertake research to inform evidence based clinical practice
	Seek opportunities for dissemination of information

★ *Strategic priority*

What are we going to do in the next three years?	What are we going to do in the next 12 months?
<p>8.3 Build and develop internal work processes and systems to support service delivery and business effectiveness by:</p> <ul style="list-style-type: none"> – establishing and maintaining effective processes, information and data systems to inform, evaluate and improve service delivery – identifying, monitoring and managing identified threats/risks in accordance with QH policy – undertaking appropriate performance management, reporting and leadership development <p>– ensuring effective use of resources</p>	<p>Develop policies, business rules and procedures to assist in the daily functioning of the service in a clear and consistent manner, and disseminate to all staff.</p> <p>Use quality assurance processes to ensure information and service delivery is current and evaluated through timely audits and transparent processes</p> <p>Use approved record keeping systems and processes to record all relevant service activities</p> <p>Develop and implement a risk management system to align with Queensland Health policy</p> <p>Undertake timely reporting processes at monthly, quarterly and annual intervals and disseminate to identified stakeholders</p> <p>Develop and implement identifiable key performance indicators</p> <p>Identify and provide professional development opportunities to develop QHVSS management and leadership framework</p> <p>Ongoing</p>
<p>8.4 Recognise and support staff in delivering QHVSS by training and retention of a specialist skilled team within a culture of continuous learning, inquiry and improvement</p>	<p>Develop policy and improve orientation program based on feedback</p> <p>Undertake active professional development program aimed at informing and developing knowledge and skills in the specific areas of forensic mental health and traumatic grief and other areas relevant to the position</p>

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