

# offender health services

Strategic Directions 2010–2013

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

Published by Queensland Health

November 2010

© The State of Queensland (Queensland Health), 2010

The Queensland Government supports and encourages the dissemination and exchange of information. However, copyright protects this material. The State of Queensland has no objection to this material being reproduced, made available online or electronically, provided it is for your personal, non-commercial use or use within your organisation, this material remains unaltered and the State of Queensland (Queensland Health) is recognised as the owner.

Enquiries for commercial use or to adapt this material should be addressed

by email to: [ip\\_officer@health.qld.gov.au](mailto: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

An electronic copy of this document is available at [www.health.qld.gov.au/publications](http://www.health.qld.gov.au/publications)

Preferred citation: Queensland Health (2010)

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

Queensland Government, Brisbane

# Contents

Vision	.....	2
Introduction	.....	3
Chapter 1	Organisational capacity.....	4
Chapter 2	Clinical services.....	9

# Vision

To provide quality health services  
and dependable health care  
for offenders in  
Queensland correctional facilities

# Introduction

The greatest burden of poor health is borne by the most disadvantaged populations. Offenders imprisoned within Queensland correctional facilities experience poorer health outcomes than the general population<sup>1</sup>. Determinants of these outcomes include pre-existing socioeconomic disadvantage, over-representation of Aboriginal and Torres Strait Islander people, high rates of alcohol and drug misuse before incarceration, and high prevalence of mental illness and risk factors for chronic disease (eg. poor nutrition, smoking and physical inactivity).

Achieving quality health care for offenders within the environment of the Queensland correctional system is a significant challenge. Traditionally, health care for offenders has been provided through Queensland Corrective Services but was handed over to Queensland Health on 1 July 2008. This transition provided new opportunities to achieve service accreditation, implement new service models, and improve patient information management.

Offender Health Services (OHS) supports offenders<sup>a</sup> in Queensland correctional facilities<sup>b</sup> to stay well, and provides access to high quality health care. OHS:

- provides policy oversight
- delivers clinical services focused on primary health care
- facilitates in-reach services (including mental health, dental, sexual health and optometry) including telemedicine services
- assists with access to health protection and health promotion programs, and hospital-based services.

Each offender is provided with individualised care. The focus of this program area is on individual diseases and conditions (eg. hepatitis C, smoking and chronic disease) rather than on offenders as a target group. OHS works in collaboration with offenders, other health care providers, government, non-government and the private sector to facilitate this.

Historically, health care services within Queensland correctional facilities have focused on providing treatment for episodic acute poor health, including hospital services. However, the profile of the offender population and their health care expectations is changing and OHS must respond accordingly by:

- adopting a patient-centred approach
- implementing consistent, statewide, evidence-based clinical practice within a primary health care model
- providing access to integrated services
- greater use of technology
- providing social and physical environments that support health improvement and address the needs of higher risk groups (eg. Aboriginal and Torres Strait Islander people)
- performance monitoring and continuous quality improvement.

<sup>1</sup> Australian Institute of Health and Wellbeing. 2010, *The health of Australia's prisoners 2009*, [Online] Available at <http://www.aihw.gov.au/publications/index.cfm/title/11012>

<sup>a</sup> In this document, the term 'offenders' refers to users of health services delivered by Offender Health Services

<sup>b</sup> This excludes two privately operated facilities.

# Chapter 1

## Organisational capacity

Achieving better health outcomes for offenders requires efficient and effective management systems to alleviate pressures on staff and offenders. A positive working relationship between Queensland Health and Queensland Corrective Services (QCS) is essential to this process.

Delivering and/or providing access to quality health care in a complex, highly structured custodial environment requires policy development and service planning, collaborative implementation and consistent statewide operational management. Challenges include:

- providing comprehensive patient information across multiple services, service points and service providers
- providing appropriate information and communication technology for clinicians to inform timely decision making
- building offender confidence in the health care service.

To promote a patient-focused approach, improved consultation with offenders will be a key feature of redesigned health care services. Consultation with offenders, QCS staff and OHS staff will inform policies and protocols, and the development of a statewide evidence-based service delivery model. Targeted and effective communication between stakeholders is needed to promote and support uptake of the new model across Queensland. Ethical care of OHS staff and offenders is a priority, and will be guided by the professional standards of the various health professions.

## Key performance indicators

This document identifies priority actions for OHS over the next three years. Progress against actions regarding organisational capacity 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?
Efficient, effective, ethical and equitable primary health care services for offenders in Queensland correctional facilities	Number and percentage of services accredited

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

- ★ ■ Develop, implement and evaluate a primary health care service model for Queensland correctional facilities, which is focused on patients
- ★ ■ Achieve accreditation of each correctional facility in Queensland as a primary health care service
  - Strengthen collaborative relationships with Queensland public hospitals
  - Strengthen collaborative relationships with QCS at both corporate and local levels by developing agreed pathways for providing relevant patient information to QCS staff
  - Participate in national processes regarding providing health services for offenders
  - Resolve accommodation issues, including:
    - conducting a statewide accommodation audit to identify opportunities for better use of existing facilities
    - investigating flexible options for health delivery locations within correctional facilities
    - consulting with QCS regarding accommodation issues and accommodation funding
  - Refine and implement an appropriate workforce structure, and develop recruitment and retention strategies, including:
    - communicating clear role definitions, clinical governance and reporting relationships
    - developing a staff structure which improves skill mix and work value
    - promoting the benefits of working in OHS
    - conducting research to identify strategies to retain staff, and developing and implementing strategies (based on findings)
    - developing and implementing a professional development strategy
- ★ ■ Investigate, develop and implement a patient information management system which is accessible by clinicians at all Queensland correctional facilities, including:
  - developing clinical records and record management practices to meet contemporary clinical standards
  - developing reporting and surveillance systems to monitor offender clinical conditions
  - contributing to the National Prison Health Census and establishing benchmarks against other jurisdictions
  - providing ongoing training and professional development for clinicians
- Develop, implement and evaluate an incident management system including risk analysis and root cause analysis
- Develop, implement and evaluate a complaints management system which meets Queensland Health and Health Quality Complaints Commission standards
- Investigate cost effective options for accessing the Queensland Health information network

## 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 Develop, implement and evaluate a primary health care service model for Queensland correctional facilities, which is focused on patients	<b>Assess current services and staffing structures</b> Investigate service delivery options Develop and implement agreed service models across all facilities
★ 1.2 Achieve accreditation of each correctional facility in Queensland as a primary health care service	<b>Engage external accreditor to undertake the process</b> <b>Complete a trial accreditation of one site</b>
1.3 Strengthen collaborative relationships with Queensland public hospitals	<b>Develop agreed pathways for providing relevant patient information to public hospital staff</b> <b>Provide shared professional development opportunities for OHS and relevant public hospital staff</b>
1.4 Strengthen collaborative relationships with Queensland Corrective Services at both corporate and local levels by developing agreed pathways for providing relevant patient information to QCS staff	Ongoing
1.5 Participate in national processes regarding providing health services for offenders	Ongoing
1.6 Resolve accommodation issues, including: <ul style="list-style-type: none"> <li>– conducting a statewide accommodation audit to identify opportunities for better use of existing facilities</li> <li>– investigating flexible options for health delivery locations within correctional centres</li> <li>– consulting with QCS regarding accommodation issues and accommodation funding</li> </ul>	<b>Complete audit project</b> Ongoing Ongoing
1.7 Refine and implement an appropriate workforce structure, and develop recruitment and retention strategies, including: <ul style="list-style-type: none"> <li>– communicating clear role definitions, clinical governance and reporting relationships</li> <li>– developing a staff structure which improves skill mix and work value</li> <li>– promoting the benefits of working in OHS</li> <li>– conducting research to identify strategies to retain staff and developing and implementing strategies (based on findings)</li> <li>– developing and implementing a professional development strategy</li> </ul>	Ongoing <b>Develop workforce model</b> Ongoing Ongoing <b>Complete nursing strategy and commence strategy for medical officers and allied health</b>

What are we going to do in the next three years?	What are we going to do in the next 12 months?
★ 1.8 Investigate, develop and implement a patient information management system which is accessible by clinicians at all Queensland correctional facilities, including:	
– developing clinical records and record management practices to meet standards	Complete project
– developing reporting and surveillance system to monitor offender clinical conditions	Nil this year
– contributing to the National Prison Health Census and establishing benchmarks against other jurisdictions	Ongoing
– providing ongoing training and professional development for clinicians	Ongoing
1.9 Develop, implement and evaluate an incident management system including risk analysis and root cause analysis	Ongoing
1.10 Develop, implement and evaluate a complaints management system which meets Queensland Health and Health Quality Complaints Commission standards	Ongoing
1.11 Investigate cost effective options for accessing the Queensland Health information network	Nil this year

# Chapter 2

## Clinical services

OHS is committed to delivering health care that is patient-focused, humane, safe and comparable with community standards. Central to this commitment is achieving consistent statewide implementation of a primary health care model to an accredited standard.

Within a primary health care model, improvements in service delivery will be characterised by:

- a positive culture which encourages open disclosure and does not attribute blame
- a harm reduction and patient-focused approach
- statewide consistency in clinical practice
- enhanced performance monitoring and accountability
- continuous quality improvement.

OHS is responsible for directing and delivering clinical services to approximately 5,000 offenders at 11 high and low security correctional centres in Queensland. To achieve this, OHS has a workforce of (approximately) 15 medical officers, 130 nurses, 24 administrative staff and four allied health staff. Some allied health services (eg. counselling) are provided by individual correctional centres, and are therefore not part of OHS. A major challenge in improving service delivery will be to integrate existing service models, service provider types, and service delivery points into a coherent model suitable for statewide implementation.

## Key performance indicators

This document identifies priority actions for OHS over the next three years. Progress against actions regarding clinical 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?
Primary health services for offenders in Queensland correctional facilities	Number of occasions of service
Increased use of telemedicine consultations within correctional facilities	Number and percentage of consultations completed using telemedicine options

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

- ★ ■ Deliver quality, primary health care services to offenders
- ★ ■ Enhance the provision of health care services to offenders by:
  - implementing the telemedicine strategy
  - providing access to chronic and other disease prevention information, including through multimedia touch screen kiosks in high security centres
  - promoting chronic disease self-management
  - reviewing the provision of clinical services to offenders with high self care needs
- Deliver standardised clinical practice by:
  - implementing policies, procedures, guidelines and service models as per the accreditation process
  - conducting clinical reviews and implementing recommendations
  - facilitating pharmacist input into treatment (eg. through multidisciplinary teams)
  - contributing to the development of national standards for offender health services
- Improve health services for Aboriginal and Torres Strait Islander people in correctional facilities by:
  - providing access to Indigenous sexual health workers in all secure correctional centres
  - improving chronic disease management services for alcohol and drug, cardiac, diabetes and mental health issues
  - providing access to preventive health programs eg. annual health checks, vaccinations, and alcohol and drug, mental health and smoking cessation intervention programs
  - investigating the use of Aboriginal Community Controlled Health Organisations to enhance access
  - increasing communication and interaction with QCS Indigenous Community Liaison Officers, community elders and patients
- ★ ■ Review the provision of pharmacy services to offenders, and develop and implement strategies for improvement, including:
  - developing service models for delivery of pharmacy services
  - reviewing the provision of poly medications and long term medication
  - investigating flexible medication delivery options eg. self medication for selected clients and selected medication
  - investigating options for additional medication delivery times to enable delivery three or four times per day
- Investigate, develop and implement options for enhancing specialist treatment services eg. Queensland Opioid Treatment Program and hepatitis C treatment services

## 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 Deliver quality, primary health care services to offenders	Ongoing
★ 2.2 Enhance the provision of health care services to offenders by: <ul style="list-style-type: none"> <li data-bbox="263 763 852 801">– implementing the telemedicine strategy</li> <li data-bbox="263 815 852 904">– providing access to chronic and other disease prevention information, including through multimedia touch screen kiosks in high security centres</li> <li data-bbox="263 913 852 952">– promoting chronic disease self-management</li> <li data-bbox="263 965 852 1025">– reviewing the provision of clinical services to offenders with high self care needs</li> </ul>	<p data-bbox="852 763 1441 801">Complete implementation</p> <p data-bbox="852 815 1441 904">Ongoing</p> <p data-bbox="852 913 1441 952">Ongoing</p> <p data-bbox="852 965 1441 1025">Ongoing</p>
2.3 Deliver standardised clinical practice by: <ul style="list-style-type: none"> <li data-bbox="263 1077 852 1137">– implementing policies, procedures, guidelines and service models as per the accreditation process</li> <li data-bbox="263 1146 852 1205">– conducting clinical reviews and implementing recommendations</li> </ul>	<p data-bbox="852 1077 1441 1137">Ongoing</p> <p data-bbox="852 1146 1441 1205">Ongoing</p>
2.4 Improve health services for Aboriginal and Torres Strait Islander people in correctional facilities by: <ul style="list-style-type: none"> <li data-bbox="263 1279 852 1339">– providing access to Indigenous sexual health workers in all secure correctional centres</li> <li data-bbox="263 1348 852 1438">– improving chronic disease management services for alcohol and drug, cardiac, diabetes and mental health issues</li> <li data-bbox="263 1447 852 1559">– providing access to preventative health programs eg. annual health checks, vaccinations, and alcohol and drug, mental health and smoking cessation intervention programs</li> <li data-bbox="263 1568 852 1628">– investigating the use of Aboriginal Community Controlled Health Organisations to enhance access</li> <li data-bbox="263 1637 852 1715">– increasing communications and interactions with QCS Indigenous Community Liaison Officers, community elders and clients</li> </ul>	<p data-bbox="852 1279 1441 1339">Ongoing</p> <p data-bbox="852 1348 1441 1438">Ongoing</p> <p data-bbox="852 1447 1441 1559">Ongoing</p> <p data-bbox="852 1568 1441 1628">Investigate available options</p> <p data-bbox="852 1637 1441 1715">Ongoing</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 Review the provision of pharmacy services to offenders, and develop and implement strategies for improvement, including:</p> <ul style="list-style-type: none"> <li>– developing service models for delivery of pharmacy services</li> <li>– reviewing the provision of poly medications and long-term medication</li> <li>– investigating flexible medication delivery options eg. self medication for selected clients and selected medication</li> <li>– investigating options for additional medication delivery times to enable delivery three or four times per day</li> </ul>	<p><b>Complete project</b></p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p>
<p>2.6 Investigate, develop and implement options for enhancing specialist treatment services eg. Queensland Opioid Treatment Program and hepatitis C treatment services</p>	<p><b>Investigate options to secure resources</b></p>