

Caring for our communities – healthier together

### Toowoomba Hospital Division

# Operational Plan 2017-18

Darling Downs Hospital and Health Service



Strategy and Planning Unit, Darling Downs Hospital and Health Service (DDHHS)	
he design of the DDHHS 2017-18 Operational Plan templates including excel reporting tool is adapted from the Metro North Hospitand Health Service (MNHHS) Operational Planning template with the permission of MNHHS.	al

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#### **Planning Context**

The Darling Downs Hospital and Health Service's (DDHHS) strategic planning approach ensures strategy and planning activities across the HHS, services and facilities are integrated vertically and horizontally. The information in this operational plan aligns with the Department of Premier and Cabinet's Agency Planning Requirements and Section 9 of the *Financial and Performance Management Standard* 2009.

The DDHHS's strategic planning framework supports a cascading approach for planning activities as depicted in Figure 1. DDHHS has one organisation-wide strategic plan with six objectives (Health Care, Engage Partners and Communities, Learning, and Innovation, Sustainable Resources, Planning and Governance and Workforce Development) and multiple strategies to support the implementation of the DDHHS strategic plan objectives.

**Government Priorities DDHHS Hospital and Health Service Strategic Plan** Strategic Objectives **Engage Partners & Communities Health Care** Learning and Innovation Workforce Development Sustainable Resources Planning & Governance Supporting Plans Services Funding Workforce Technology **Operational Plans Divisional Performance Reports** Performance and Development Plans

Figure 1: Strategic planning framework

#### **DDHHS Vision**

#### Caring for our communities – Healthier Together

#### **DDHHS Values**



#### **DDHHS Strategic Plan 2016-2020 Strategic Objectives**

**HC:** Deliver quality evidence-based healthcare for our patients and clients

R: Ensure sustainable resources through attentive financial and asset administration

**E:** Engage, communicate and collaborate with our partners and communities to ensure we provide integrated, patient-centred care

**P:** Plan and maintain clear and focused processes to facilitate effective corporate and clinical governance

L: Demonstrate a commitment to learning, research, innovation and education in rural and regional healthcare

**WF:** Value, develop and engage our workforce to promote professional and personal wellbeing, and to ensure expert and dedicated delivery of services

#### **Operational context**

#### **About DDHHS**

The Darling Downs Hospital and Health Service provides a comprehensive range of high-quality acute, sub-acute, mental health, drug and alcohol, oral health, residential aged care, and community health services. We deliver clinical services to approximately 300,000 people across 26 locations, including the major hospital in Toowoomba, regional and rural community hospitals, residential aged care facilities, multipurpose health services and community clinic facilities.

Our services cover the Local Government Areas of the Toowoomba Regional Council, Western Downs Regional Council, Southern Downs Regional Council, South Burnett Regional Council, Goondiwindi Regional Council, Cherbourg Aboriginal Shire Council and part of the Banana Shire Council (community of Taroom). This represents an area of about 90,000 square kilometres.

The Hospital and Health Service has a major teaching role, providing both undergraduate and postgraduate clinical experience for members of the multidisciplinary healthcare team. We have a strong focus on, and commitment to, service delivery and education and training and a thriving culture of research that delivers continuous service improvement and evidence-based care.

We are the largest employer in the Darling Downs, employing more than 5,000 people, with revenue of more than \$700 million annually.

#### Our community

- 4% of the population identify as Aboriginal and Torres Strait Islander
- 17% of the population is aged 65 years or older
- 31% of the population falls within the first quintile when scored for socioeconomic disadvantage
- 64% of the population are overweight or obese weight

#### **About business unit (Division to Provide)**

- Population of Toowoomba is 163,232 (ABS Data by Region Mar 2017). One third of our population in Toowoomba is over the age of fifty. 5 percent spoke a language other than English. 3.5 percent of the population identified as Aboriginal and Torres Strait Islander.
- Toowoomba Hospital is a regional specialist hospital comprising of approximately 330 beds representing 42 percent of the total beds available in the DDHHS (DDHHS HSP 2013-2023 Technical Supplement). The facility includes mental health inpatient services and community health services.
- Goal/s for the year 2017/18 include
  - o construction of a seventh operating theatre,
  - o installation of Q-flow for outpatient arrival management
  - Capacity at a Glance for improving communication throughout the hospital on demand management
  - Implementation of nurse navigator models of care ie aged care/acute geriatric service model
  - Establish the Darling Downs Floresco in conjunction with the PHN
  - Establish the model of care for people with diabetes to avoid hospital admission.
  - o Implementation of ieMR
  - Construction of home therapies for renal patients incorporating home care training, self-care, peritoneal dialysis and peritoneal dialysis training.
  - Commence planning further Emergency Department expansion including mortuary space.

#### Operational risks

- o Increased demand
- Workforce shortage
- Increasing community expectations
- Increasing rate of obesity and diabetes
- Aging infrastructure including hydraulics
- Infrastructure and equipment required for management of bariatric patients
- Renal capacity demand
- Emergency Department demand

### **Operational plan**

The DDHHS Strategic Risk Register includes the complete list of DDHHS risks and mitigation strategies (see Attachment DDHHS Strategic Risks Feb 2017). The successful implementation of the plan supports the DDHHS vision *'caring for communities – healthier together'*. The Toowoomba Hospital Operational Plan actions will support the DDHHS Strategic Objectives and Strategies.

### Strategic Objective HC: Deliver quality evidence-based healthcare for our patients and clients

Strategy Ref. Eg HC1	Actions	Owner	Timeframe	National standard or other relevant standards	Relevant DDHHS Value	Strategic Risk Ref Id and Risk Rating
HC1	Monitor and Maintain achievement against all System Performance Measures	EDTH	30 June 2018	ISO 9001:2015 8.2	Innovation	Service Demand
	Hospital After Hours Concept implemented with additional Medical Registrar	EDTH	31 December 2017	ISO 9001:2015 8.2	Innovation	Service Demand
HC2	Theatre 7 completed and operational	EDTH	31 December 2017	ISO 9001:2015 8.2	Integrity	Service Demand
НС3	ICU Outreach initiative implemented	EDTH	30 June 2018	ISO 9001:2015 8.2	Innovation	Service Demand
1100	Early Recovery After Surgery (ERAS) implemented in the Orthopaedic and Surgical Wards	EDTH	31 March 2018	ISO 9001:2015 8.2	Innovation	Service Demand
HC6	Criteria Led Discharge implemented throughout Toowoomba Hospital	EDTH	31 March 2018	ISO 9001:2015 8.2	Innovation	Service Demand
	The KPI's of this objective are:					
HC1	WAU and WOO - meet targets, Dental wait list < 2yrs, maintain elective s	urgery, ot	utpatient and gastroin	itestinal patients treat	ed in time achie	evements
HC1	Additional Medical Registrar recruited. Improve ELOS by 10%. Improve C	ΣΕΑΤ, Imp	roved Long Stay Rat	ιe <1.5%. % overtimε	े vs standard F	TE (1.34%).
HC2	Theatre 7 operational on time and within budget.					
НС3	ICU outreach commenced. Decrease in MET calls based on Q-ADDS.	-			-	
HC3	ERAS commenced - Decreased Length of Stay. Decrease in RSI. Compli	ication rat	e <2%. Readmission	ก rate <7%.	-	
HC6	Improved patient flow and decreased Long Stay patients <1.5%. Complication	ation rate	<2%. Readmission r	ate <7%. DAMA <1%	0.	

### Strategic Objective R: Ensure sustainable resources through attentive financial and asset administration

Strategy Ref. Eg R1	Actions	Owner	Timeframe	National standard or other relevant standards	Relevant DDHHS Value	Strategic Risk Ref Id and Risk Rating		
	Centralised equipment space available and database established for equipment	EDTH	31 December 2017	ISO 9001:2015 8.2	Integrity	n/a		
R6	Biomedical Technology Services onsite	EDTH	31 December 2017	ISO 9001:2015 8.2	Integrity	n/a		
R2	Manage expenditure to ensure Division maintains EOY balanced financial operating position	EDTH	30 June 2018	ISO 9001:2015 7.1	Integrity	1 Funding		
R2	Progress expenditure of allocated capital prioritisation funds	EDTH	30 June 2018	ISO 9001:2015 7.1	Integrity	1 Funding		
R5	Work with Infrastructure ICT to implement iEMR	EDTH/EDI	30 June 2018	ISO 9001:2015 7.1.3	Courage	9 ICT		
R6	Refurbishment of the existing Renal Unit and establishment of self-care and training Renal Services at 31 Joyce Street, adjacent to the Toowoomba Hospital.	EDTH/EDI	30 June 2018	ISO 9001:2015 7.1.3	Courage	9 ICT		
	The KPI's of this objective are:	•						
R6	Improved maintenance program, decreased expenditure on clinical equipr	ment						
R6	Improved maintenance program, decreased time of equipment out of open	ration						
R2	FYF demonstrates balanced or surplus financial operating position							
R2	Expenditure of allocated capital prioritisation funds							
R5	iEMR implemented in time, on budget and delivering timely medical record	ds efficiently						
R6	Renal Unit refurbishment completed and operational							

## Strategic Objective E: Engage, communicate and collaborate with our partners and communities to ensure we provide integrated, patient-centred care

Strategy Ref. Eg E1	Actions	Owner	Timeframe	National standard or other relevant standards	Relevant DDHHS Value	Strategic Risk Ref Id and Risk Rating
E1	Continue implementation of Diabetes Model of Care	EDTH	30 June 2018	ISO 9001:2015 8.2	Compassion	Chronic disease
E3	Press Ganey Patient Experience Report			NSQHS 2	Dignity	Community expectations
	The KPI's of this objective are:					
E1	Reduction in ED presentations for people with diabetes. Improved GP col	laboration ir	n patient care for pe	eople with Diabetes. I	mproved patier	nt outcomes.
E3	Press Ganey Overall Score >84 green					

### Strategic Objective P: Plan and maintain clear and focused processes to facilitate effective corporate and clinical governance

Strategy Ref. Eg P1	Actions	Owner	Timeframe	National standard or other relevant standards	Relevant DDHHS Value	Strategic Risk Ref Id and Risk Rating
P2	Restructure of Senior Management to create Patient Flow Service Manager/Nursing Director	EDTH	31 December 2017	ISO 9001:2015 8.2	Integrity	Service Demand
	Establish and monitor a centralised list of outsourcing activity undertaken to identify savings	EDTH	31 December 2017	ISO 9001:2015 7.1	Integrity	Funding
	The KPI's of this objective are:					
P2	Restructure documentation completed and approved by Executive Management ED Seen in Time KPIs for each Category. Improved Long Stay Rate	ement Com e<1.5%	mittee. Recruitmen	t completed.		
P7	Decrease in expenditure on outsourcing					

## Strategic Objective L: Demonstrate a commitment to learning, research, innovation and education in rural and regional healthcare

Strategy Ref. Eg L1	Actions	Owner	Timeframe	National standard or other relevant standards		Strategic Risk Ref Id and Risk Rating		
L5	Investigate the feasibility of a Clinical Decision Unit	EDTH	31 March 2018	ISO 9001:2015 8.2	Innovation	Service Demand		
	The KPI's of this objective are:							
L5	Feasibility study completed and presented to Executive Management Committee for decision.							

## Strategic Objective WF: Value, develop and engage our workforce to promote professional and personal wellbeing, and to ensure expert and dedicated delivery of services

Strategy Ref. Eg WF1	Actions	Owner	Timeframe	Relevant DDHHS Value	National standard or other relevant standards	Strategic Risk Ref Id and Risk Rating
WF1	Embed a values based culture	EDTH	June 2018	Courage	ISO 9001:2015 7.1.2	11 Workforce
WF1-8	Actively monitor staffing KPIs to ensure they are within acceptable target levels	EDTH	June 2018	Integrity	ISO 9001:2015 7.1.2	11 Workforce
	The KPI's of this objective are:					
WF1	Improve Division culture by one performance bracket					
WF1	% overtime vs. standard FTE (T 1.34%)					
WF2	% staff with excess rec leave accrued (< baseline)					
WF3	External vs. standard FTE (T 2.0%)					
WF4	LTI frequency rate (T 6.90)					
WF5	Sick leave ratio (T 4%)					
WF6	% locum usage within the total medical FTE (T 5.0%)					
WF7	% nursing agency usage within total nursing FTE (T 2.0%)					
WF8	% overtime vs. standard FTE (T 1.34%)					

Appendix – Additional Toowoomba Hospital Division Planning Initiatives, Not Included in combined DDHHS Operational Plan. Monitored by Toowoomba Hospital Division but not included in quarterly reporting of progress against operational plan to HSCE.

	Strategic Objective HC: Deliver quality evidence	ce-based	d healthcare fo	r our patients ar	nd clients	
Strategy Ref. Eg HC1	Actions	Owner	Timeframe	National standard or other relevant standards	Relevant DDHHS Value	Strategic Risk Ref Id and Risk Rating
HC2	Re-negotiate contract with outsourced Radiology Report Providers	EDTH	30 June 2018	ISO 9001:2015 8.2	Integrity	Service Demand
НС3	Implement strategies to improve discharge medication rate	EDTH	30 June 2018	ISO 9001:2015 8.2	Integrity	Service Demand
	The KPI's of this objective are:					
HC2	Outsourced Radiology report turnaround within 24 hours.					
НС3	Discharge medication rate >=50%.					