

Business Planning Framework:

a tool for nursing and midwifery
workload management

5th Edition 2016

Prison Health Services Addendum

Published by the State of Queensland
(Queensland Health), December 2019



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) 2019

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Office of Chief Nursing and Midwifery Officer,
Clinical Excellence Division, Department of Health,
GPO Box 48, Brisbane QLD 4001,
email: ChiefNurse-Office@health.qld.gov.au

An electronic version of this document is available at <http://qheps.health.qld.gov.au/nmoq/workforce-sustainability/bpf/addendums.htm>

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

This Prison Health Services BPF Addendum is the “Offender Health BPF addendum” referred to in *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018* and it applies to all nurses and midwives defined in EB10 and the *Nurses and Midwives (Queensland Health) Award – State 2015* (updated 1 September 2018) as being a Correctional Health Service employee.

Definitions

EB10 – Correctional Health Services employee means a nurse or midwife employed in a correctional facility.

Award – Correctional Health Services employee means a nurse or midwife employed in a correctional facility in any classification.

Contents

Introduction	2
Module 1: Development of a service profile	3
Business planning in the context of prison health services	3
Nursing and midwifery core demand considerations	12
Module 2: Resource allocation	16
Service activity	20
Module 3: Evaluation of performance	21
Data collection for prison health services.....	21
Forecasting and benchmarking	23
Balancing supply and demand in nursing/midwifery services	24
References	26
Appendix 1: Example Activity Measures Identified for Prison Health Services.....	28



Introduction

The Business Planning Framework: a tool for nursing and midwifery workload management 5th Edition (BPF 5th Edition) and any subsequent edition/s is the industrially mandated tool to support business planning for managing nursing and midwifery resources and workloads in public sector health facilities. The principles of the BPF apply to all remote, rural, regional and metropolitan nursing and midwifery services in Queensland Health. This addendum is designed to recognise the unique challenges for nurses and midwives working in prison health services and must be used in conjunction with the BPF 5th Edition.

The Prison Health Services Addendum was developed to meet the commitment between Queensland Health and the Queensland Nurses and Midwives' Union (QNMU) under the provisions of the *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016* and the *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018*. The agreements identified the need to further contextualise the BPF 5th Edition for a range of settings, including prison health services, to support compliance with the BPF.

The Prison Health Services Addendum was created by a statewide prison health services nursing Specialty User Group in partnership with the QNMU and the Department of Health.

This addendum will assist nursing and midwifery staff within prison health services to:

- determine and manage the unique circumstances within their service that require special consideration when applying the principles of the BPF 5th Edition
- articulate productive (direct and indirect) nursing and midwifery activity within their service
- understand the current and emerging demand considerations for nursing and midwifery hours within their setting
- develop planning tables identifying productive and non-productive hours relevant to prison health services
- identify and describe client and service complexity and activity indicators to improve consistency in the application of the BPF 5th Edition in prison health services.



Module 1: Development of a service profile

THIS SECTION RELATES TO BPF 5TH EDITION MODULE 1: PAGES 13-26

Business planning in the context of prison health services

There are many common nursing and midwifery workload management and workforce planning issues within prison health services. These are recognised nationwide as critical areas of concern. The most frequently discussed issues involve:

- articulating prison health nursing and midwifery work
 - validating direct and indirect productive prison health nursing and midwifery hours
 - applying standard business planning definitions to a prison environment (for example consideration of safety and security factors that impede the provision of health services)
 - accessing and developing suitable prison health data collections and reporting systems
 - timely access to resources (i.e. medical imaging and/or medical procedure wait times) impacting on prison health services care delivery and outcomes
 - addressing and aligning process and service consistency across prison health nursing and midwifery services statewide
- providing prison health services within the relevant prison health services funding methodology
 - funding prison health services to ensure service demand is balanced with supply as described in the associated BPF.

Acuity and complexity of care

The acuity and complexity related to the provision of prison health services may be associated with the socioeconomic and psychological status of patients, the impact of imprisonment on health including communicable diseases, addictions, disability, indigency, behavioural impacts such as assault and other issues such as mental health. Furthermore, prison health services often provide care to a disproportionate population of persons with a disability and Aboriginal and Torres Strait Islander peoples who have a higher representation to particular chronic disease morbidity and mortality issues and as such may require a higher incidence of prison health services that is culturally safe, relevant and appropriate.

Infrastructure

Ageing infrastructure and/or prison facility design and/or layout originally built for historical capacity requirements that which may not be currently suitable to the continually increasing capacity requirements and/or natural disasters. The large metal presence of gates, fencing, razor wire/steel panelled walkways may pose a significant risk to prison health staff and as such staff may be instructed to avoid such areas which may impact on workflow and prison health services delivery, and the occupational health, safety and security of staff. For example, lack of clinical space impacts on the delivery of clinical and confidential prison health services; additionally, the availability of handwashing facilities may not be appropriate which may also have an infection control impact. Furthermore, due to the security requirements the infrastructure design and materials contributes to an environment with limited natural light and a cooler climate respectively which can impact on the health and wellbeing of prison health services staff.

Large distances between the allocated health areas in relation to the patient accommodation and areas for dispensing and/or administering medications is significant. For example, one medication round can be a distance of 2.5kms. This has additional impact where nurses and midwives work across facilities that are complex and contains more than one patient facility on site. The time between doors being opened and allowing staff into areas causes further delay. The large population and over capacity of patients within facility building/s may also create barriers to the delivery of prison health services as it relates to both patients and staff safety. The nursing and midwifery staff must provide services for the number of patients seeking prison health services and their associated occasions of service, regardless of the original built capacity of the prison.

Safety and security considerations

Prison health services provided essential equipment such as medication trolleys, dressing and emergency equipment may be difficult to manoeuvre which may result in staff carrying such to required areas. This and the potentially large distances required to be travelled for emergency response may therefore impact on the physical safety of staff and the time taken to deliver the appropriate productive nursing and midwifery care.

The context of the over capacity of prisons requires the careful consideration of occupational violence risk factors; including both verbal and physical assault. These risks may be exacerbated by medication diversion and irrespective of causation require management from Queensland Corrective Services (QCS) officers.

Furthermore, in this context the health and well being of nurses and midwives must be considered and enacted through the provision of psychological support including peer, forensic liaison officer, Employment Assistance Services and other supportive care measures. Nursing and midwifery safety must also be considered in the context of the QCS emergency response and type of control agent method used to manage patients demonstrating inappropriate behaviour.

In the prison health setting, nursing and midwifery staff are required to comply with extensive security and access requirements which impacts on the time taken to deliver care. For example, access may be restricted in areas where multi-level patient accommodation, lack of ramps and uncovered pathway area/s exist; the need to be escorted by QCS officers when walking through areas that patients have access to; delays in ingress and egress from work areas; and inability to access patients in a timely manner.

Funding models

It has been recently identified that due to a lack of complete, reliable and comparable activity and cost data for offender health services across the state, there is significant variation in service availability and offering¹.

This variation in funding provision and service availability adds complexity when attempting to benchmark across other offender health services.

The statewide 'per patient' block funding arrangement between QCS and Queensland Health creates its own difficulties for the application of the BPF whenever Hospital and Health Service (HHS) Service Profiles indicate a greater service need than that which is funded. This has been acknowledged in the Offender Health Services Review (2019).

Offender Health Services Review (2019)

In 2019, an independent review of offender health services in Queensland was conducted at the request of the Department of Health.

The review Report contains a range of recommendations across the following five broad themes:

- 1 Relationships and Governance
- 2 Workforce
- 3 Access
- 4 Service Standards and Models
- 5 The Correctional Environment and Interfaces with QCS².

Considerations from the Offender Health Services Review Report will be incorporated throughout this document as relevant.

¹ <https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/offender-health-project>

² <https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/offender-health-project>



The importance of prisoner health

The prison population is one of the most stigmatised and socially disadvantaged groups in Australia. Generally, patients have lower levels of education, are socially isolated, financially dependent and experience high levels of poor physical health, psychiatric illness and engage in risky behaviours such as tobacco use, violence, increased alcohol consumption and illicit drug use when compared with the general population.

Improving the health of patients is a hallmark of a just society. It is also an important public health measure given that the patient population moves between prisons and the wider community.

Queensland has international obligations under the United Nations Mandela Rules to ensure that patients enjoy the same standards of health care as is available in the wider community. These rules also requires that prisoners have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

Systemic challenges

Through significant consultation, the following systemic challenges were identified in the Review:

- An increase in total prisoner numbers of 19.4 per cent on an average annual head count basis between 2015 and 2018 (including prisoners in both public and private prisons)
- Overcrowding of the prisoner population, with most prison health centres operating above built capacity
- The consequences of overcrowding, including the need for QCS to change their processes in order to maintain safety and security

- The continued use of a historic funding model that may no longer reflect the costs of service delivery at prison health centres
- Complex health needs of prisoners
- The nature of different prison health centres (e.g. reception centres versus placement centres) drives variation in workload and cost²
- The lack of suitable health specific infrastructure within which to deliver health care services
- Conflict between the corporate objectives of QCS and the delivery of health services.

These unaddressed systemic challenges have resulted in a range of issues such as:

- A workforce that at times feels unsupported and frustrated by their inability to deliver the level and standard of services that they strive to provide
- A prison population whose health care needs have not been consistently met
- Inefficiencies in care delivery due to the capacity to focus only on the day to day delivery of basic (primary) care and little capacity to address issues strategically
- Fragmentation in the delivery of services
- Inadequate funding to meet the identified service delivery in Service Profiles
- Significant variability in the nature and availability of services for prisoners³.

³ <http://www.ccc.qld.gov.au/corruption/taskforce-flaxton/exhibits/exhibit-106-taskforce-flaxton.pdf>



Business planning considerations

THIS SECTION RELATES TO BPF 5TH EDITION MODULE 1.4: PAGE 15

The BPF 5th Edition outlines the general factors a service should consider when analysing the internal and external environment as part of developing their service profile. However, there are a variety of business planning factors which influence prison health services and result in service demand fluctuations. These internal and external factors need to be considered when analysing service demand within a prison health services environment. Prison health centres and services must annually assess the impact of each factor on their environment and make the necessary adjustments to the planning and allocation of nursing and midwifery hours.

Table 1 provides examples of several business planning considerations relevant to prison health services, based on recognised internal and external influences. Consideration of the impact and level of influence these have on nursing workloads to support the productive hours is required.



TABLE 1: TABLE 1 BUSINESS PLANNING CONSIDERATIONS FOR PRISON HEALTH SERVICES

INFLUENCES (INTERNAL AND EXTERNAL)	SERVICE IMPACT	EXAMPLES OF WORKLOAD MANAGEMENT CONSIDERATIONS
<p>Locality of service (Internal) (Metropolitan, regional, rural and remote)</p>	<p>The locality, type and catchment area of a service will influence the balance of service demand and supply.</p> <p><i>Examples:</i></p> <p><i>Prison health services need to consider the workload impacts of delivering care in each correctional facility.</i></p> <p><i>This means that a large component of workload may be non-nursing duties that have an indirect impact on the BPF development, such as Request for information from stakeholders and external services e.g. health discharge and status reports, filing and chart transfer/archiving, or Corrective services requests, parole board information and reports, Ombudsmen requests regarding services provided. This needs to be considered within the context of practice and the impacts upon workload management.</i></p> <p><i>Consideration must also be given to the physical layout of the facility, with appropriate time and fatigue considerations applied where nursing staff are required to deliver services across multiple locations with different levels of security required.</i></p> <p><i>All services need to consider the impact of skill mix on optimal service delivery.</i></p>	<p>Direct productive nursing hours:</p> <p>Calculation of direct clinical hours spent in activities directly related to nursing or midwifery care e.g. clinically focussed supervision and mentorship, allocation of clinical hours (rosters), selection of service activity/acuity measures, use of minimum safe staffing requirements.</p>
<p>Type of service (Internal) (e.g. reception only, remand sentenced, male only, female only, male and female, detention unit, protection status, low security, low open section, medium security, high security, maximum security, workcamp, disability, inpatient service (if provided))</p>	<p><i>Consideration must also be given to the physical layout of the facility, with appropriate time and fatigue considerations applied where nursing staff are required to deliver services across multiple locations with different levels of security required.</i></p> <p><i>All services need to consider the impact of skill mix on optimal service delivery.</i></p>	<p>Indirect productive nursing hours:</p> <p>Calculation of indirect clinical hours for hours spent in activities that support clinical process e.g. portfolios, travel, program/service-based education, succession planning, quality activities and research.</p> <p>Additional inclusions may include regulatory requirements, safety and security processes, requirements inherent to the environment, reporting and health discharge/legal requirements (parole board, Queensland Detention Operations, Detention and Offshore Operations Command, legal representations, ministerial and Ombudsmen requests).</p>
<p>Catchment area (Internal) (Local HHS versus Statewide services, transfers between facility and HHS boundaries, Secure Unit accessibility and specialist services requirements, transfers for court and legal requirements)</p>		<p>Workforce planning:</p> <p>Development of strategic local/statewide workforce plans to inform FTE requirements, skill mix profiles and macro workforce planning formulas.</p>

Table continued overleaf >>

TABLE 1: TABLE 1 BUSINESS PLANNING CONSIDERATIONS FOR PRISON HEALTH SERVICES (CONTINUED)

INFLUENCES (INTERNAL AND EXTERNAL)	SERVICE IMPACT	EXAMPLES OF WORKLOAD MANAGEMENT CONSIDERATIONS
<p>Nursing and midwifery structure (Internal) (Roles, functions, accountabilities and relationships between all categories of nursing staff)</p>	<p>The model of care selected for a service will influence the nursing and support structures required. Nursing roles and how they relate with other clinical roles will impact on the balance of service demand and supply.</p> <p><i>Examples:</i></p> <p><i>In prison facilities, nursing and midwifery roles can be categorised by the skills required to meet client demand (i.e. medication administration, acute response model required within correctional facilities, chronic disease management, blood borne virus management, orthopaedic, maternity, mental health, endocrine, renal). To accommodate the wide range of skills required a level of flexibility in role description is necessary which can impact on the number of nursing and midwifery staff employed and their workloads.</i></p> <p><i>Within prison health settings, access/support from other services may be limited. Nurses within these environments may be required to practice autonomously at an advanced level. The classification of positions within this setting will reflect this requirement.</i></p> <p><i>The accessibility and level of support available to and from other services may vary. Nursing and midwifery services should account for the productive hours required to manage the demand from these interactions.</i></p>	<p>Direct productive nursing hours:</p> <p>Calculation of direct clinical hours spent in activities directly related to nursing or midwifery care e.g. clinically-focussed supervision and mentorship provided in and outside the service, position classifications for the clinical hours required, allocation of clinical hours (rosters), selection of optimal service activity/ acuity measures, safe staffing levels.</p>
<p>Support structure (Internal) (Providing support to other services and/or receiving support from other services)</p>		<p>Indirect productive nursing hours:</p> <p>Calculation of indirect clinical hours for hours spent in activities that support clinical process e.g. networking/collaboration (internal and external) travel, staff training, professional development, professional meetings (e.g. Nursing Consultative Forum), quality activities and research.</p>
<p>Model of care (Internal) (Multi-functional teams, model of service delivery)</p>		<p>Workforce planning:</p> <p>Development of role descriptions and skill mix profiles suitable for the context of practice (internal and external) to the service.</p> <p>Devising operational and organisational structures to support staff in applying the chosen model of care.</p> <p>Development of operational workforce plans to inform FTE requirements and macro workforce planning formulas.</p>

Table continued overleaf >>

TABLE 1: TABLE 1 BUSINESS PLANNING CONSIDERATIONS FOR PRISON HEALTH SERVICES (CONTINUED)

INFLUENCES (INTERNAL AND EXTERNAL)	SERVICE IMPACT	EXAMPLES OF WORKLOAD MANAGEMENT CONSIDERATIONS
<p>Policy/legal factors (External) (Funding models, memoranda of understanding, HHS who are prescribed employers, Office for Prisoner Health & Wellbeing.)</p>	<p>Changes in health policy and legislation will influence service delivery and staff requirements. Common change drivers include governments (commonwealth/state), licensing organisations, regulators, professional and industrial groups.</p> <p><i>Examples:</i> <i>Legislation – Workplace health and safety, Commonwealth - Health reform, Queensland Health – Strategic plan, Human Rights Act 2019 (Qld) Health Ombudsman Act 2013 (Qld), Mental Health Act 2016 (Qld), Corrective Services Act 2006 (Qld), Coroners Act 2003 (Qld), Hospital and Health Boards Act 2011 (Qld), Health (Drugs and Poisons) Regulation 1996 (Qld), Memorandum of Understanding between Queensland Corrective Services and Queensland Health Hospital and Health Services), Youth Justice Act 1992 (Qld)</i> <i>Offender Health Services Review – Queensland Health</i> <i>Australian Commission on Safety and Quality in Health Care (developing Primary Health Care Standards)</i> <i>Nursing and Midwifery Board of Australia Codes and Guidelines</i> <i>Clinical Services Capability Framework (CSCF)</i></p>	<p>Direct productive nursing hours: Calculation of direct clinical hours spent in activities directly related to nursing or midwifery care e.g. clinically-focussed supervision and mentorship (based on available funding), position classifications for the clinical hours required, registration commitments for clinical hours, allocation of clinical hours (rosters), selection of optimal service activity/acuity measures, and use of minimum staffing requirements.</p>
<p>Economic factors (External) (Funding models)</p>	<p>Funding policies, the national economy and accessibility of public health care providers will influence the delivery of primary and secondary health services and the number of staff required.</p> <p><i>Examples:</i> <i>Service improvement initiatives can provide non-recurrent funding increases for services which achieve the targeted results. These incentives could impact the skill and number of nurses required for service delivery.</i></p>	<p>Indirect productive nursing hours: Calculation of indirect clinical hours for hours spent in activities that support clinical process and non-productive activities e.g. such as policy development, business planning, service interfaces, travel, staff training, professional development, quality activities and research.</p>
<p>Social/population factors (External)</p>	<p>Population demographics and consumer expectations will impact on the types of prison health services offered, how the services are offered, staffing numbers and the skill mix required for service delivery.</p> <p><i>Examples:</i> <i>Delivering health services to a community with a high proportion of non-English speaking people, poor, numeracy, literacy and health literacy skills will impact the number and type of clinical hours required to operate the service.</i></p>	<p>Workforce planning: Development of role descriptions and skill mix profiles suitable for the context of practice (internal and external) to the service. Devising operational and organisational structures to support staff in applying the chosen model of care. Differentiating Model of care versus service delivery model and improvements leading away from reactive nursing to planned intervention and care management. Development of operational workforce plans to inform FTE requirements and macro workforce planning formulas.</p>

Nursing and midwifery core demand considerations

To improve the consistency and transparency in the application of the BPF 5th Edition, specific demands on direct and indirect productive nursing and midwifery hours in the prison health services have been categorised to assist in articulating nursing and midwifery work. The categories are based on the most common and frequent demands placed on nurses and midwives within prison health services. The following section will explore the relationships between core demand considerations and the context of practice in prison health services. The following are considered key considerations for prison health settings when developing a service profile.

Client service/complexity

Nursing and midwifery staff at prison facilities are often the primary contact to provide, explain and assess the patients' health and health literacy needs and refer to other healthcare professionals as appropriate. This often requires multiple contact opportunities and added resources to complete i.e. cultural liaison input, appropriate literature, therapeutic relationship establishment.

At present QCS prohibits the supply of safe sex products, needle exchange, and needle disposal units. The availability of such resources has a significant impact in an environment that has increased blood borne virus and sexually transmitted infection statistics. This has a social and financial impact on communities.

These differing additional factors have individual and relevant variances to care

delivery and process and require recognition when considering nursing input into providing the required services.

Model of care/service delivery

The Offender Health Services Review Report (2019)⁴ recommends a “continued use of a nurse-led primary care model with increased emphasis on preventative care. This would be expected to benefit Queensland Health more broadly through the avoidance of costly hospital care during (imprisonment) and following release.” Service delivery should also consider midwifery-led models of care, given that some women birth without obstetric assistance in prison.

Technology and materials management

Currently many of the Queensland Health prison health services rely on manual processes associated with hard copy paper based medical files. Furthermore, the lack of eHealth technology impacts on efficient access to, delivery, and/or storage of confidential patient documentation, especially during cases of patient relocation within sites and/or between services. Hard copy paper based medical files and/or manual processes can impact on the time spent by staff efficiently accessing and documenting patient information. This and the potential transfer of current processes to a digital platform such as iEMR requires input from nurses and midwives, which will impact

⁴ <https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/offender-health-project>

on the time spent delivering prison health services and the training associated with same. The impost on nurses and midwives may be minimised by ensuring Business Continuity Plans are robust; and iEMR and systems interface effectively and efficiently with hard copy paper based and/or other Queensland Health Information Communication Technology systems.

Prison health services material management within prison health services impacts on the indirect care time provided by nurses and midwives as it relates to organising facility maintenance service providers that require access. This involves potentially troubleshooting logistic and ergonomic transport of equipment that may be focused on prison health service safety and security rather than health status or management which may be in part due to the structural design of a facility.

The eventual introduction of electronic medical record management into prison health services in each HHS and the training required to implement it will need to be factored in to Service Profile development as appropriate.

Community/Hospital interface

The operating systems and processes, and the limited availability and access to health centres impacts on the ability to provide patient prison health services especially with increasing patient populations. Transportation and prison health services escort of patients potentially impacts the delivery of planned prison health services at correctional facilities, acute facilities, outpatient centres and furthermore.

Escorting of patients by prison health services staff, within and/or external to facilities impacts on the time required to deliver care to other

correctional facility patients by remaining prison health services staff. Additionally, there are impacts when transferring to external services such as Emergency Departments, as the prison may not have acute or complex care capacity.

Quality and Safety

Prison health services delivery should be aligned to relevant Health Practitioner Standards, Codes and Guidelines, the National Safety and Quality Health Services Standards (NSQHSSs) and respective Hospital and Health Service (HHS) policy/procedures and/or guidelines.

Education and service capacity development

Education and training recommendations requires consideration of the relevant correctional services facility capacity maintenance and/or development related to the patient demographic; for example, the requirement for occupational violence prevention and training.

Succession planning

Experienced nursing and midwifery staff within prison health nursing and midwifery have a responsibility to orientate, induct, and teach as well as role model the integration of professional nursing and midwifery standards into practice. This is important for ensuring therapeutic boundaries are maintained and appropriate prison health services are delivered to patient/s. Time required to effectively provide the above must be factored into Service Profile development and the BPF.

Leadership and management

Prison health services within correctional services is considered primary health care. The leadership and management is often flatter in nature than larger organisations. As such, nursing and midwifery line managers, incorporates both operational and strategic functions (i.e. direct and indirect) that impacts on their time. Some demand considerations include, but are not limited to:

- Key stakeholder engagement within an isolated practice environment including, but not limited to, inter-agency (i.e. QCS and Queensland Health Management Teams), organisational involvement (i.e. committees and networking) and establishing and maintaining communication channels, and organisational culture and reporting
- development and maintenance of service agreements
- Human Resource management functions and
- Service Profile development

Research and evidence-based practice

Undertaking research and integrating evidence-based practice activities will influence the number of indirect nursing and midwifery hours required for service delivery. Research and evidence-based practice is essential to improve the standards of care that will produce better health outcomes for patients. Local, State and National QCS research requirements require consideration as the associated activities will impact on nurses and midwives time related to workload resourcing.

Health policy, clinical guidelines, strategic plans and health legislation

There may be a number of legislative and policy documents impacting prison health services Business Planning Frameworks may include, but not limited to:

- Statewide Offender Health Services strategic plans that articulate clear and measurable service priorities and goals require development
- Policies and procedures related to standardised patient health care delivery that may be aligned to the Australian Charter of Healthcare Rights specific to prisoners.
- Interagency Memoranda of Understanding (MoU)
- HHS Service Agreements



Module 2: Resource allocation

THIS SECTION RELATES TO BPF 5TH EDITION MODULE 2: PAGES 27-47

Establishing total nursing and midwifery resource requirements

1	Calculate total annual productive nursing and/or midwifery hours required to deliver service.	Go to BPF 5 th Edition page 31
2	Determine skill mix/category of the nursing/ midwifery hours.	Go to BPF 5 th Edition page 35
3	Convert productive nursing/midwifery hours into full-time equivalents.	Go to BPF 5 th Edition page 38
4	Calculate non-productive nursing and/or midwifery hours in accordance with nursing and midwifery award entitlements.	Go to BPF 5 th Edition page 39
5	Convert non-productive nursing and/or midwifery hours into full-time equivalents.	Go to BPF 5 th Edition page 43
6	Add productive and non-productive full-time equivalents together and convert into financial resources in partnership with business team.	Go to BPF 5 th Edition page 44
7	Allocate nursing and/or midwifery hours to meet service requirements.	Go to BPF 5 th Edition page 47

Productive nursing and midwifery hours include both direct and indirect clinical hours. Calculating the number of productive hours required for a prison health service is the first step in managing nursing and midwifery workloads and establishing the total operating nursing and midwifery budget, specifically identifying the FTE required.

Creating a list of standard direct and indirect nursing and midwifery activities in your unit or practice area will assist in articulating and monitoring the use of productive hours. As outlined in the BPF 5th Edition, this consultation process should be undertaken with unit staff.

Information gathered about productive hours can be used to inform a number of service requirements such as staffing numbers, skill mix, models of care and education/training programs. It is important to document all nursing and midwifery activities relevant to your

service, especially those considered unique to your unit or practice area. Defining productive hours increases the understanding of the nursing and midwifery work being performed and provides an excellent foundation when developing a service profile.

Total productive hours =



direct hours

+

indirect hours

Table 2 provides key productive and non-productive nursing and midwifery activities for a prison health service, and should be used in conjunction with the BPF 5th Edition (pages 27-47).



TABLE 2: KEY PRODUCTIVE AND NON-PRODUCTIVE NURSING HOURS

ACTIVITY	PRODUCTIVE		NON-PRODUCTIVE	EXAMPLES
	DIRECT	INDIRECT		
SERVICE DELIVERY				
Types of service delivery	x	x		Nursing assessment and triage (e.g. Reception), transfer to other facilities, discharge (to community, Commonwealth custody, death in custody), Emergency Care (including on-site responses to codes), specialist clinics, Nurse Practitioner clinics, nurse-led pathology services, Opioid Substitution Treatment (OST), Public Health Screening (including immunisation, outbreak management, blood-borne virus management, sexual health clinics), chronic disease management, aged care assessment, palliative care
Direct clinical care activities	x			Patient assessment, planning, implementation and evaluation activities, physical / social / health literacy assessments, supporting activities of daily living, medication management and administration, Nurse Practitioner clinical care
Emergency triage and care delivery (including first aid response for staff)	x			Patient / staff assessment and treatment, clinical record documentation, cannulation & phlebotomy, minor procedures
Clinical documentation	x			Completion of all relevant medical record forms, referral forms, progress notes, clinical pathways, CIMHA electronic medical record, public health register updates
Clinical handover	x			Shift to shift, inter-facility, inter-agency, accepting clinician case manager, MRQ – prescription / dependency history
Referral management	x	x		Triaging and prioritising, appointment management
Case coordination	x	x		Coordination of client care across a number of interagency services including QCS and Prison Mental Health
Scheduling clinics	x			Template development and adjustments, coordination of visiting clinics (e.g. Allied Health Services, Medical Officer clinics, Nurse Practitioner clinics)
Clinic delivery	x			Preparing charts, managing client information, test results and follow up appointments, site safety
Procedures/Treatments	x			E.g. Pathology Collection, wound care, Includes set ups, procedures and clean ups
Multidisciplinary case conference	x	x		Team based care planning, case coordination
Patient education/ care planning meetings	x			Health / disease management education, treatment and goal planning collaboration, includes patient / QCS staff / community groups
Patient escorts, transfers and retrievals	x	x		Transfer documentation, transport arrangements, patient preparation, inter-hospital/service liaison, patient care / supervision, court / legal transfers, maternity / birthing transfers, QAS collaboration

Table continued overleaf >>

TABLE 2: KEY PRODUCTIVE AND NON-PRODUCTIVE NURSING HOURS (CONTINUED)

ACTIVITY	PRODUCTIVE		NON-PRODUCTIVE	EXAMPLES
	DIRECT	INDIRECT		
Telehealth specialist consultations	x	x		Telehealth equipment set-up, patient preparation/consultation assistance
Advocacy	x	x		Actions taken to focus on the development of a client's capacity to plead their own case or act on their behalf. Consenting to care, care planning, medical assessment for parole board, advanced care directives, end of life planning, Prison Mental Health Services
Shift Coordination		x		Team leading, daily safety meetings
Patient data entry		x		Data / activity collection reporting, public health register data entry (e.g. syphilis)
Clinical incident reporting		x		Incident reporting systems data entry
QCS requirements	x	x		Fit to flow, low custody, safety order, Border Patrol and deportation, parole letters, parole – special circumstances, SQLL palliative bed referral, Coroners outcomes, Chief Inspectors, pink / blue letters, Structured day
Opioid Substitution Treatment	x	x		Treatment plan development, discharge to community services, assessment, maintenance, dosing, community service collaboration, reporting and recording for data sets and funding requirements, prescriber meetings and consultation
CLINICAL SERVICE SUPPORT ACTIVITIES				
Medical record coordination and management		x		
Pharmacy		x		Stock ordering, control, dispensary, disposal, records management
Pathology (collection, preparation, transport)	x			Phlebotomy and other pathology specimen collection, processing
Vaccine Management		x		Stock ordering, cold chain management
Inventory and stock control		x		Sterile stock management and ordering, delivering of stock across facility, invoicing
Infection Control	x	x		Screening, clinical surveillance, outbreak management, monitoring of disease outbreaks and at risk populations
STAFF MANAGEMENT				
Rostering		x		Daily, weekly and monthly rostering of staff
Leave management		x		Annual, sick, fatigue and study/research leave
Skill-mix management and allocation		x		Team leader/shift coordinator duties
Human resource management		x		Payroll system information management, staff movement forms, performance improvement

Table continued overleaf >>

TABLE 2: KEY PRODUCTIVE AND NON-PRODUCTIVE NURSING HOURS (CONTINUED)

ACTIVITY	PRODUCTIVE		NON-PRODUCTIVE	EXAMPLES
	DIRECT	INDIRECT		
Recruitment and retention		x		Advertising, interviewing, developing retention strategies
Staff debrief and support		x		Post incident, post code, linking with Employee Assistance Program
Workforce data collection and analysis		x		Labour expenditure, leave management, monthly reports
Staff travel		x		Organising travel for visiting medical staff, undertaking travel
STAFF DEVELOPMENT				
Clinically-focussed supervision and mentoring		x		Professional support/learning, reflective practice
Clinical facilitation		x		Undergraduate, postgraduates and new starters
Orientation/ Mandatory / speciality training			x	Basic life support, Occupational violence prevention, ergonomics, QCS service and site specific, health service and site specific
Continuing Professional Development (personal)			x	Personal professional development supported via access to professional development leave
Staff education (in clinical area)		x		Internal and external
In-service training		x		Ward-based education/training sessions
Professional development/portfolios		x		Clinical portfolios, quality activities
Performance appraisal and development		x		Participation in PAD process
Succession planning		x		Workplace shadowing, professional development
Staff meetings		x		Unit/workplace based
Evidence-based practice		x		Research activates/service-based projects
CORPORATE AND CLINICAL GOVERNANCE				
Committee participation		x		Internal and external committees
Accreditation Frameworks (as relevant)		x		Quality management systems (accreditation programs: ACHS / NSQHS Standards)
Quality audits/safety check		x		Designated by legislation, policy or quality programs
Service improvement initiatives		x		Policy development, quality activities, HHS mandatory reporting
Health service planning		x		Service capacity building and workforce planning

Table continued overleaf >>

TABLE 2: KEY PRODUCTIVE AND NON-PRODUCTIVE NURSING HOURS (CONTINUED)

ACTIVITY	PRODUCTIVE		NON-PRODUCTIVE	EXAMPLES
	DIRECT	INDIRECT		
Clinical governance practices		x		Policy review and development, Federal Government Inspectors
Participation in research initiatives		x		National Blood Borne Virus Survey, Healthy Persons Report
Ministerial responses		x		Patient complaints, patient outcomes, service delivery issues
INFORMATION MANAGEMENT				
Balanced scorecard		x		Evaluation tools
Service data collection and analysis		x		Service improvements
Business planning and management		x		Service profile development, business case development
Electronic medical records	x			Patient related information and storage record
FACILITY/SERVICE MANAGEMENT				
Service Coordination		x		Coordination of clinical services within facility and integration with QCS and other service providers (e.g. prison mental health services)
Operational and strategic planning		x		Business and strategic planning
Building, Equipment and Asset maintenance		x		Minor and capital works planning, BEMS, BTS
Fleet car management		x		Car bookings, servicing, record keeping
Emergency Management planning		x		Continuity of service planning / disaster response planning (local and external services)
Consumer engagement		x		Development of Consumer Advisory Networks
Consultative Forums		x		Industrial/Clinical networks/Regional networks
Service networking / collaboration / stakeholder engagement		x		Developing connections and relationships with other agencies/service providers
OTHER				
Travel		x		Travel associated with service delivery

Direct/indirect service delivery will vary based on the function of the individual’s role and may vary from site to site:

Please note: Education and training programs provided within the clinical service/program/facility are considered indirect hours. Clinical hours associated with mandatory training and professional development leave for education purposes is allocated within non-productive hours.



Service activity

The professional judgement of nursing and midwifery staff is a valid criterion for deeming a definitive staffing level of nurses and midwives as being safe, including the minimum skill mix required to build a staffing roster to meet the demand created by the model/s of care.

Financial activity does not always easily or directly translate into nursing and midwifery activity. In the prison health setting, the role of nurses spans multiple services including medication administration, chronic disease management, acute care, blood borne virus management, orthopaedic, maternity, mental health, endocrine, and renal, so the time taken as hours, or fractions of hours, reflecting these multiple activities must be considered.

In the absence of a nursing and midwifery data set for prison health settings, clinical discretion and professional judgment is exercised. Some examples of activity measures that are commonly used have been identified and listed in Appendix 1 under the following headings:

- Assessment
- Medical/Nurse Practitioner Review
- Medication Management
- Clinical Care
- Legislation
- Continuum of Care
- Documentation
- Consumer interaction
- Miscellaneous duties



Module 3: Evaluation of performance

THIS SECTION RELATES TO BPF 5TH EDITION MODULE 3: PAGE 48-54

Data collection for prison health services

Data collection supports the measurement of financial outcomes and service performance and partially, workload demand. The available information systems may not always capture the data required for conducting a comprehensive environmental analysis of nursing and midwifery in prison health services.

Recommendation G1.6 of the Offender Health Services Review Report (2019)⁵ recommends that, in accordance with eHealth Queensland requirements, an activity data collection for offender health services should be developed and implemented to enable performance to be monitored across the system. This should also integrate with the planned state-wide offender health electronic medical report system to support reporting.

Table 3 outlines key identified information systems available in prison health services, however they may not provide all the required information, so local data bases or spread sheets may be developed.



⁵ <https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/offender-health-project>

TABLE 3: PRISON HEALTH SERVICES INFORMATION SYSTEMS AND DATA COLLECTIONS

INFORMATION SYSTEM/COLLECTION	PURPOSE	INFORMS
Enterprise Discharge Summary (EDS)	The EDS application uses information from a number of existing Queensland Health specialist systems to create a legible, consistent, electronic discharge summary. It allows the summary to be delivered electronically to general practices in a secure, timely and standardised format. Prison Health Services are the recipient of EDS reports.	Client trends Client complexity Client outcomes Performance
The Viewer	A web-based application available on desktop computers and mobile devices, The Viewer collates data from multiple Queensland Health systems, ensuring healthcare professionals can access patients' information quickly, without having to log in to different systems.	Client trends Client complexity Client outcomes
Consumer Integrated Mental Health Application (CIMHA)	Supports mental health's strategic, reporting and functional requirements through a single state-wide data base.	Client information reporting
Pyxis® MedStation ES	Advanced system that automates the distribution, management and control of medications. The system includes a network of secure storage units located in patient care areas such as emergency departments	Medication management
RiskMan	Replacing PRIME with a staged release over 2017-2018 throughout each HHS	Performance Service safety Client outcomes Staff outcomes Consumer feedback system
Decision Support System (DSS Panorama)	Provides summary data reports displaying aggregate expenditure, budgets, variances and balances for cost centres and account codes for services. Reports are available for agency use, overtime, leave/ absenteeism, position occupancy and work centres.	Workforce Expenditure Performance
WorkBrain / myHR	myHR is a new application that provides real-time access to establishment and employee information located within SAP HR, providing users with enhanced capability to manage their workforce.	Workforce information



HEALTH CENTRE

As per the BPF 5th Edition, when a balanced scorecard is available, it assists in identifying service objectives, selecting appropriate performance measurements and monitoring the progress of those objectives. The balanced scorecard highlights both successful and unsuccessful performance trends and allows service comparisons to be made internally and externally. If a balanced scorecard is not available it will be necessary to determine local performance indicators.

Key performance indicators should be chosen based on the individual service, with consideration to the consumer, staff, and the greater organisation. The following key performance indicator suggestions have been identified in the Offender Health Services Review Report (2019):

- KPIs relevant to all health facilities and staff; for example, compliance with notifiable incident and notifiable disease reporting, accreditation, credentialing, incident reporting etc
- Initial assessment: percentage of comprehensive assessments, triaging and referrals completed within 24 hours of reception
- Chronic disease management: percentage of patients with chronic disease for whom a chronic disease plan is implemented
- Communicable disease: percentage of patients offered communicable disease screening upon reception (e.g. HIV, viral Hepatitis, other sexually transmitted infections (STIs))
- Communicable disease: percentage of patients vaccinated for communicable diseases including all vaccinations covered in the childhood immunisation schedule, and seasonal influenza
- Communicable disease: rates of transmission within prison health centres of STIs and blood borne viruses (BBV)
- Access: Waiting times for nursing assessment and review
- Patient satisfaction with offender health services
- NB: KPIs may need to be targeted to cohorts of prisoners with certain lengths of sentence⁶.

Measurement of performance should include quality indicators such as results from accreditation cycles and periodic reviews. Further examples can be seen on page 50 of the BPF 5th Edition.

⁶ <https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/offender-health-project>

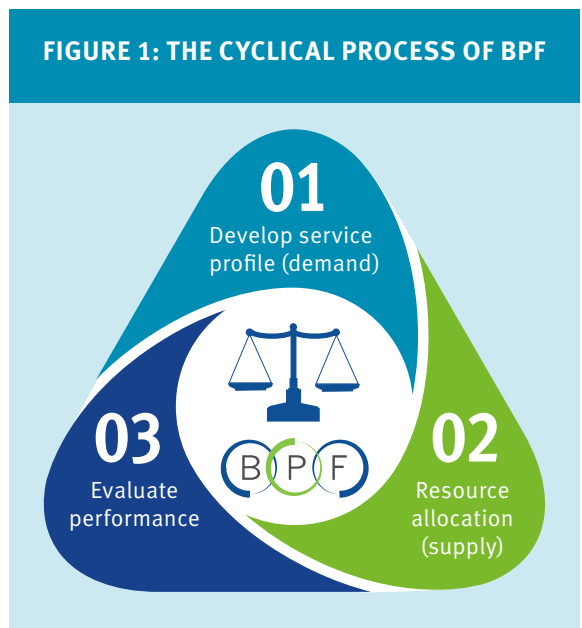
Forecasting and benchmarking

Benchmarking of service activity and relative performance measures within prison health services is complex and affected by inconsistent, limited or absent clinical information systems or mismatched performance reporting frameworks. Additionally, benchmarking can be challenging due to the varied execution of the primary health care model, differing types of patients confined at the facility, and the purpose of the facility in the patient progression.

The Offender Health Services Review Report (2019)⁷ acknowledged that there is “a lack of complete, reliable and comparable activity and cost data for offender health across the state”. Whilst the introduction of recommended activity data collection systems and an integrated Electronic Medical Record in the future will support forecasting and benchmarking, in their absence, forecasting based off QCS projections and manual data collection to support benchmarking respectively is reasonable.

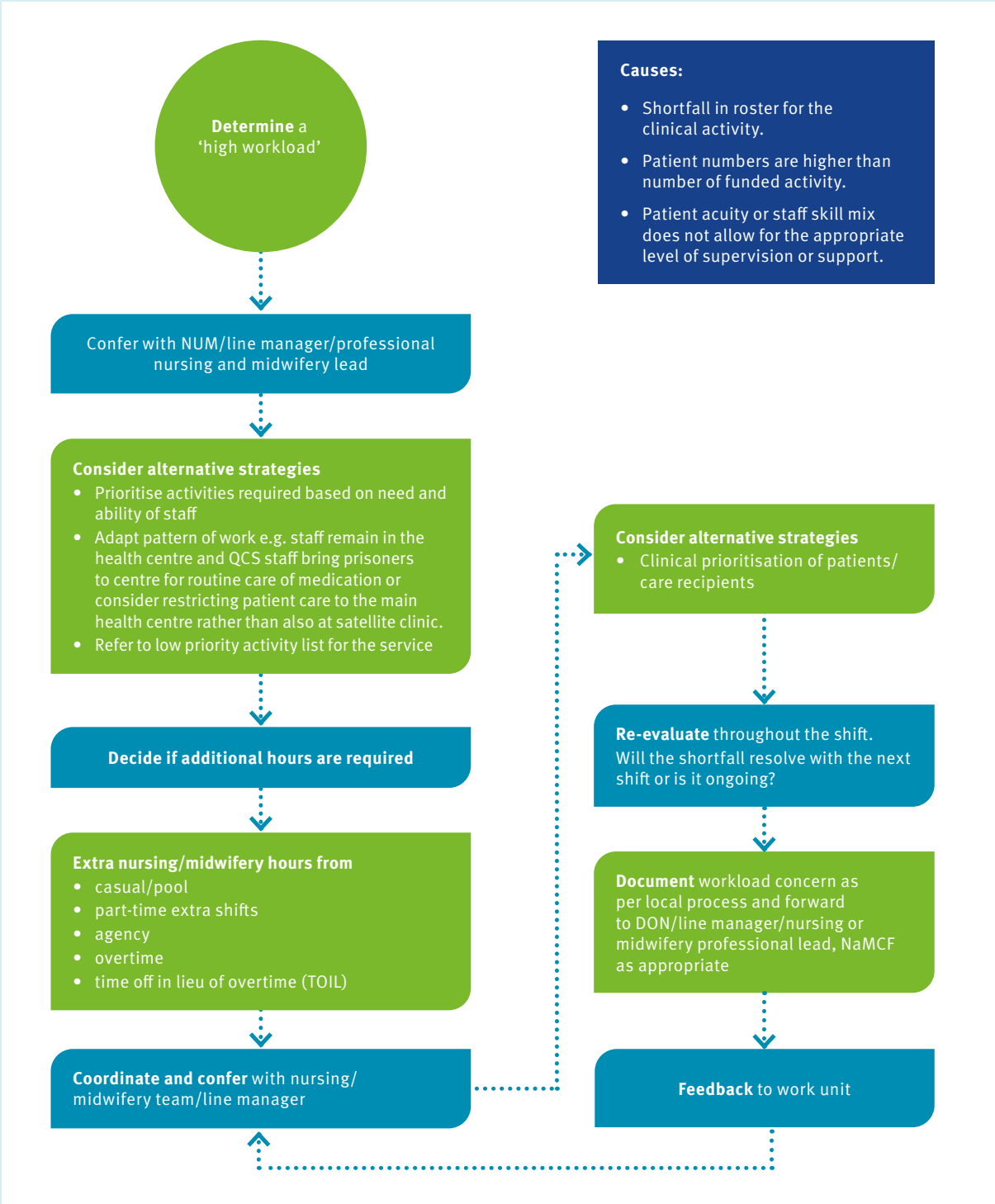
A key component of the BPF cycle is evaluating performance. This will assist in assessing results against the planning as well as form key information when commencing the next annual cycle. This is depicted in Figure 1.

FIGURE 1: THE CYCLICAL PROCESS OF BPF



Balancing supply and demand in nursing/ midwifery services

THIS SECTION RELATES TO BPF 5TH EDITION BALANCING SUPPLY AND DEMAND: PAGE 55 AND *THE NURSES AND MIDWIVES (QUEENSLAND HEALTH) AWARD –STATE 2015, CLAUSE 39*



References

Queensland Health Reference Sources

Office of the Chief Nursing and Midwifery Officer

<https://www.health.qld.gov.au/ocnmo>

Healthcare Improvement Unit

<http://qheps.health.qld.gov.au/carui/>

Operating Guidelines – Memorandum of Understanding between Queensland Health and Queensland Corrective Services (Confidential Information Disclosure)

https://www.health.qld.gov.au/__data/assets/pdf_file/0032/444767/info_share_opp_guide.pdf

Clinical Services Capability Framework

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf>

Clinical Services Capability Framework Service

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/modules>

Human Resources Policy – Overtime

https://www.health.qld.gov.au/__data/assets/pdf_file/0026/396017/qh-pol-185.pdf

Referral criteria for specialist outpatient services

<https://www.health.qld.gov.au/sunshinecoast/html/services/so-ref-crit>

Queensland Health Specialist Outpatient Services Implementation Standard

https://www.health.qld.gov.au/__data/assets/pdf_file/0029/164756/qh-imp-300-1.pdf

Best Practice Rostering Guidelines Queensland Health Nurses and Midwives

https://qheps.health.qld.gov.au/__data/assets/pdf_file/0024/2233437/rostering-guidelines.pdf

Health Service Directive – Patient Safety

https://www.health.qld.gov.au/__data/assets/pdf_file/0020/150734/qh-hsd-032.pdf

Index of procurement procedures

<http://qheps.health.qld.gov.au/hsq/procurement/procedures/list.htm>

Multicultural Health

<https://www.health.qld.gov.au/multicultural>

Occupational Violence Prevention in Queensland Health's Hospital and Health Services Task force Report 31 May 2016

https://www.health.qld.gov.au/__data/assets/pdf_file/0024/443265/occupational-violence-may2016.pdf

Guidance Note - Occupational violence prevention and management

https://qheps.health.qld.gov.au/__data/assets/pdf_file/0020/640622/ov-prevemgmt-gn.pdf

Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 Investment Strategy 2015-2018

https://www.health.qld.gov.au/__data/assets/pdf_file/0020/161831/making-tracks-inv-strat.pdf

Closing the Gap in Queensland (Aboriginal and Torres Strait Islander Health Branch)

https://www.health.qld.gov.au/atsihealth/close_gap

Health Consumers Queensland Consumer and Community Engagement Framework 2017.

<http://www.hcq.org.au/our-work/framework/>

The Business Planning Framework: a tool for nursing and midwifery workload management 5th Edition (BPF 5th Edition)

https://www.health.qld.gov.au/__data/assets/pdf_file/0035/666908/bpf.pdf

State Reference Sources

Anti-Discrimination Act 1991

<https://www.legislation.qld.gov.au/view/pdf/2017-06-05/act-1991-085>

Child Protection Act 1999

<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/ChildProtectA99.pdf>

Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004

<https://www.legislation.qld.gov.au/view/pdf/inforce/2017-07-01/act-2004-052>

Child Protection (Offender Reporting and Offender Prohibition Order) Regulation 2015

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2015-0172>

Chronic Conditions Manual: Prevention and Management of Chronic Conditions in Australia – 1st edition 2015

<https://publications.qld.gov.au/dataset/chronic-conditions-manual>

Coroners Act 2003

<https://www.legislation.qld.gov.au/view/pdf/inforce/2019-07-01/act-2003-013>

Human Rights Act 2019

<https://www.legislation.qld.gov.au/view/pdf/asmade/act-2019-005>

Health (Drugs and Poisons) Regulation 1996

<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-1996-0414>

Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10) 2018
https://www.qirc.qld.gov.au/sites/default/files/2018_cb124.pdf?v=1542769199

Queensland Health Nurse and Midwives Award – State 2015
https://www.qirc.qld.gov.au/sites/default/files/nurses_and_midwives_sw18.pdf?v=1542538772

Australian Primary Health Care Nurses Association (APNA) Correctional health nursing
<https://www.apna.asn.au/profession/what-is-primary-health-care-nursing/correctional-health-nursing>

National Reference Sources

Summary of Aboriginal and Torres Strait Islander health status 2018
<https://healthinfonet.ecu.edu.au/learn/health-facts/summary-aboriginal-torres-strait-islander-health/>

Australian Commission on Safety and Quality in Health Care
<https://www.safetyandquality.gov.au/standards/nsqhs-standards>

Australian Charter of Healthcare Rights
<https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>

Prisoner Specific References

Queensland Department of Health (Queensland Health) 2018, Offender Health Services Review Final Report, Queensland Health, Brisbane.
<https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/offender-health-project>

The health of Australia's prisoners 2018
<https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/contents/table-of-contents>

Australian Institute of Health and Welfare The health of Australia's prisoners 2015
<https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015/contents/table-of-contents>

Standard Minimum Rules for the Treatment of Prisoners
https://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf

Corrective Services Regulation 2017
<https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2017-0176>

Corrective Services Act 2006
<https://www.legislation.qld.gov.au/view/pdf/2017-05-30/act-2006-029>

Overcrowding at Brisbane Women's Correctional Centre
https://www.ombudsman.qld.gov.au/ArticleDocuments/467/Overcrowding_at_Brisbane_Womens_Correctional_Centre.pdf.aspx?Embed=Y

Queensland Government Prisons and Detention Centres
<https://www.qld.gov.au/law/sentencing-prisons-and-probation/prisons-and-detention-centres>

Queensland Corrective Services
<https://corrections.qld.gov.au/about-queensland-corrective-services/>

Released Prisoners Returning To Prison
<https://www.sentencingcouncil.vic.gov.au/statistics/sentencing-statistics/released-prisoners-returning-to-prison>

Queensland Corrective Services Publications –
<https://corrections.qld.gov.au/documents/publications/>

Queensland Parole Boards Annual Report 2017-18
<https://corrections.qld.gov.au/documents/publications/>

Queensland Corrective Services Drug and Alcohol Policy
<https://corrections.qld.gov.au/documents/publications/>

The United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules)
https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf

Persons in Corrective Services
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4512.0>

Prisoners in Queensland
<http://www.qgso.qld.gov.au/products/reports/prisoners-aus/prisoners-aus-2017.pdf>

Medication use by Australia's prisoners 2015: how is it different from the general community?
<https://www.aihw.gov.au/reports-data/population-groups/prisoners/overview>

Appendix 1: Example Activity Measures Identified for Prison Health Services

The following are examples of activity measures for Prison Health Services. Activities for each prison will vary, dependent upon the role that QCS determines for that prison.

Assessment

- Reception triage
- Reception health – comprehensive
- Reception health – referral to other health services
- Transfers in from other correctional centres
- Transfers back from court
- Transfers back from hospital
- Transfers out to other correctional facilities
- Post Code Yellow
- Attending Code Blue
- Post Code Blue
- Alcohol and Drug Withdrawals

Medical/ Nurse Practitioner Review

- As per triage process and prison health service guidelines
- Chronic Disease management and referrals
- Acute Care management and referrals
- Routine best practice recommendations for stages of life

Medication management

- Review of medication needs on transfer
- Alcohol and drug withdrawal regimes
- Administration of regular medications: including Scheduled medications
- Administration of PRN and Nurse Initiated medications
- Medication reviews
- Monitoring compliance
- Diversion risk assessment

Clinical Care

- Wound care and management
- Observations
- Blood Glucose management
- Vaccinations
- Antenatal/Postnatal care
- Termination of Pregnancy (TOP) care
- Palliative care
- Disability care
- Aged care
- Mental Health care
- Referral to specialised services – Prison Mental Health, Sexual Health, Midwifery
- Communicable disease screening, vaccination and treatment, including access to universal testing and treatment for Hepatitis C in Queensland correctional centres in conjunction with broader population health approaches in the community, to ensure that prison health centres do not become a reservoir for Hepatitis C
- Discharge planning, including sending discharge summaries to patients' My Health Record to enable continuity of care in the community
- Coordinating access to allied health services including podiatry, dietetics and physiotherapy
- Diagnostic services appropriate to the primary care setting
- Multidisciplinary alcohol and other drugs (AOD) addiction services
- Multidisciplinary chronic pain management services
- Chronic disease screening and ongoing management
- Sexual and reproductive health care and education

Legislation

- Safety Orders

Continuum of Care

- Discharge documentation
- Transfer documentation
- Transfer of treatment/medication: scripts vs supply

Documentation

- Medical File documentation
- Release of Information (ROI)
- Pathology review
- Radiology review
- Source collateral health information
- Other prisons
- Community health services
- Hospitals
- Pharmacies

Consumer interaction

- Management of Health Service Requests
- Response to Blue Letters
- Response to Office of the Health Ombudsman (OHO) and Ministerial requests

Miscellaneous duties

- Mandatory training
- Continuous professional development
- Supervision and mentoring of Registered Nurses
- Health education for patients
- Harm minimisation education for patients
- Review/triage of waiting lists
- Arranging patient attendance and escort by QCS officers

- Arranging escort of staff by QCS officers
- Awaiting ingress and egress through secure doorways
- Additional time required to administer medicines during lockdowns
- Relief time to engage in prison health service redesign
- Other QCS information request/s

Acknowledgements

Queensland Health acknowledges the authors, reviewers and editors of the Business Planning Framework EB9 and EB10 Addenda Project from which this document is derived.

This addendum was authored by Queensland Health, Office of the Chief Nursing and Midwifery Officer (OCNMO), and Queensland Nurses and Midwives Union (QNMU) by:

- Denise Sticklen, Speciality Practice Lead: Correctional Services Addendum
- Tarryn Seumanu, Assistant Director of Nursing (OCNMO) (co-lead)
- Amanda Clark, Assistant Director of Nursing (OCNMO) (co-lead)
- Jamie Shepherd, Professional Officer Team Leader, QNMU (co-lead)

Queensland Health would also like to thank its nurses and midwives for contributing to this project and delivering excellent standards of evidence-based patient care to the people of Queensland. Special acknowledgement is given to members of:

The Correctional Services Speciality Users Group –

- Denise Sticklen, Speciality Practice Lead: Correctional Services Addendum, NUM Townsville Men's and Women's Correctional Centre Townsville HHS
- Vickye Coffey, DONM/Facility Manager, Mareeba Hospital, Cairns and Hinterland HHS
- Vanessa Brooks, ND / Program Manager, Mental Health & Specialised Services, West Moreton HHS
- Juliet Graham, Nursing Director of Workforce, West Moreton HHS
- Robin Stocks, Nurse Manager Informatics, Wide Bay HHS
- Keith Portman, CN, Palen Creek Correctional Centre, Metro South HHS
- Raquel How, Nurse Practitioner, Wacol Prison, West Moreton HHS
- Suzanne Golby, Nurse Educator, Wacol Prison, West Moreton HHS
- Gayle Hocking, NUM, Wide Bay Correctional Services, Wide Bay HHS
- Lorraine Reid, NUM, Wolston Correctional Centre
- Evelyn Dwyer, NUM, Brisbane Correctional Centre
- Cara-Lee Bradley, ADON, Prison Health Services
- Bradley Elms, Program Manager, Wide Bay Mental Health Alcohol and Other Drugs Service, WBHHS
- Kim Hyam, NUM, Borallon Training Correctional Centre
- Suzanne Suthers, NUM, Brisbane Youth Detention Centre
- Marie Finlay, Director of Operations/Nursing Director, Prison Health Services (Mental Health and Specialised Services West Morton Health Service)
- Darren Holzberger, DON, Capricornia Correctional Services
- Marlena Kussrow, A/NUM, Beaudesert Correctional Services

The BPF Strategic Addenda Project Team –

- Andrew Stevens, Principal Industrial Advisor, DOH
- Greg Moore, EB9 Project Manager, DOH
- Kylie Badke, Industrial Officer, QNMU
- Tarryn Seumanu, Speciality Practice Lead: Remote Setting Addendum

- Jillian Richardson, Speciality Practice Lead: Rural Setting Addendum
- Denise Sticklen, Speciality Practice Lead: Correctional Services Addendum
- Debbie McCarthy, Speciality Practice Lead: Emergency Departments Addendum
- Lynette Zeller, Speciality Practice Lead: Maternity Services Addendum
- Desley Horn, Speciality Practice Lead: Paediatric Addendum

The BPF Subject Matter Expert Reference Group - Glenn Hokin, Jane Davies, Jeff Dippel, Jeffrey Souter, Juliet Graham, Lynne Cameron, Michelle Eley, Neil Pratt, Paolo La Penna, Rachelle Cooke, Rohan Harbert, Cindy Patterson, Dean Cartwright, Clair Nunn, Fiona Jonsen, Gillian Tassell, Helen Gold, Janette Mollee, Jo-anne Doyle, Kylie Cookson, Melissa Cavill, Ninette Johnstone, Robin Stocks, Troy Lane.

The EB9 and EB10 Executive Directors of Nursing and Midwifery Services

- Chris Small, EDNM, South West HHS
- Veronica Casey, EDNM, Metro South HHS
- Judy Morton, EDNM, Townsville HHS
- Alanna Geary, EDNM, Metro North HHS
- Michelle Garner, EDNM, North West HHS
- Robyn Henderson, EDNM, West Moreton HHS
- Julie Rampton, EDNM, Mackay HHS

The statewide Executive Directors of Nursing and Midwifery Services.

Special acknowledgement is given to the following contributors:

- Shelley Nowlan, Chief Nursing and Midwifery Officer, OCNMO
- Karyn Ehren, Director of Nursing, Workforce Sustainability
- Rachel Borger, Director, Industrial Relations, Employment Arrangements Unit
- Renee Muggleton, Project Support Officer, Employment Relations
- Diana Schmalkuche, Director of Nursing, Workforce Sustainability, OCNMO for her contribution in co-leading and commencing the project.
- Sandra Eckstein, Assistant Director of Nursing, OCNMO for her contribution in co-leading and commencing the project.
- Susan Krimmer, Acting Assistant Director of Nursing, OCNMO for her contribution in co-leading and commencing the project.
- Sharyn Hopkins, Professional Officer, QNMU for her contribution in co-leading and commencing the project.
- Denise Breadsell, Professional Officer, QNMU for her contribution in draft review.
- Sarah Beaman, Acting Professional Officer, QNMU for her contribution in draft review.
- Leanne Jiggins, Professional Officer, QNMU for her contribution in draft review.
- Kate Veach, Director Organising & Professional Services, QNMU for her contribution in draft review.

