CHHHS Operational Plan 2015 - 2016

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Acknowledgment:
Sunshine Coast Hospital and Health Service

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Strategic Objectives
The Cairns and Hinterland Hospital and Health Service's Operational Plan for 2015-2016 outlines our key priorities for the coming year. It not only aims to provide the best possible service to our community but to further our aims under our strategic directions.

The context for this year's Operational Plan is one of increasing demand for our services, with a growing and ageing population.

Over the last ten years, the number of presentations to Cairns Hospital’s Emergency Department has almost doubled.

We also have enhanced services for cardiac care, cancer care and mental health care over recent years, while the roll out of the ground breaking digital hospital will improve patient care and streamline records administration.

With the many and various competing demands on our service, identifying our priorities for the coming year is a balancing act. As always we are guided by focussing on what is best for our patients in a way that makes the most of our resources.

I look forward to working with our talented staff, our motivated Board and our passionate partners to deliver high quality health care to our community, not only for the next 12 months but for many years to come.

Julie Hartley-Jones, CBE
Chief Executive
Cairns and Hinterland Hospital and Health Service

A day in the Cairns and Hinterland Hospital and Health Service

| 8 Babies born | over 1,185 Pathology patient episodes are performed |
| 412 People will present at our hospital Emergency Departments | 3,856 Pharmacy items are dispensed or supplied |
| 1,108 Outpatient occasions of service are delivered | $1.931 Million invested in delivering hospital and health services |
| 262 People are admitted to hospital, including 101 through Emergency Departments | 5,252 People are employed, including 500 doctors, 2,546 nurses, 588 allied health and 1,618 support staff as at 26th April 2015 |
Summary of Key Operational Priorities

- Develop and implement an Patient Safety and Quality Framework and Operational Plan
- Maximise the current capacity within Rural Facilities to enhance service provision in surgery, oncology, Stroke and Endoscopy
- Develop and implement a CHHHS targeted savings strategy to assist the funding of service priorities
- Undertake Clinical Redesign in Community Health and Mental Health Services
- Establish a ‘Program Management Office (PMO)’ to manage and drive changes required to improve Outpatient Services
- Plan for implementation of the 7 Day Hospital
- Open the Adolescent Inpatient Unit
- Open the Community Care Unit and Youth Prevention and Recovery Care (YPARC)
- Commence operation of the CT PET scanner
- Commence development of a High Dependency Unit and General Medical Unit at Cairns Hospital
- Implement the Midwifery Group Practice model at Mossman and Atherton
- Undertake integrated Workforce Planning, including professional and operational sub plans
- Develop and implement an annual Internal Audit Plan
- Implement the Allied Health Professional Plan and associated Strategic Plans
- Develop and implement an Information and Communication Technology (ICT) Strategic Plan
- Implement an annual Staff Recognition and Engagement Week
- Enhance the patient experience through the implementation of Interactive Patient Stations at Cairns Hospital
- Commence planning for the development of a Tropical Australian Academic Health Science Centre
- Establish the Aboriginal and Torres Strait Islander Community Consultation Committee
- Implement a service wide patient experience survey
- Develop and implement a community engagement strategy, a proactive media plan and a visual identity for CHHHS
- Showcase the research and quality activities of the HHS through an annual symposium

Major Projects

- Implement the eHealth Program
- Commence planning for a Patient Pathway Project to optimise patient flows into and out of CHHHS facilities
- Undertake a Land and Building Transfer Project
- Finalise current major redevelopment projects
Section 1: Vision, Values and Purpose

The Cairns and Hinterland Hospital and Health Board (CHHHB) is committed to achieving the best possible health outcomes for Queenslanders seeking care within our region.

Our vision has been developed with a focus on the future and provides the framework for all strategic planning within CHHHS.

Our Strategic Directions

1. Health services focused on patients and people
2. Empowering the Community and our health workforce
3. Providing Queenslanders with value in health services
4. Investing, innovating and planning for the future

Our Purpose and Vision

To provide world-class health services to improve the social, emotional and physical wellbeing of people in Cairns, Hinterland and North East Australian region.

(Figure 1: The CHHHS Vision)
Section 2: CHHHS Operational Planning Framework (2015)

The CHHHS Operational Planning Framework (2015) facilitates the identification and development of health service priorities as detailed within the CHHHS Strategic Plan 2013-17.

This operational plan describes in greater detail the services that will be provided within CHHHS and the service standards that will be achieved in the short term, guiding business over a twelve month period, and informing the internal budget process for the year.

Cohesion must exist between the strategic plan and the operational plan, with evidence of strong linkages between strategy and day-to-day operations. This ensures that operational objectives support the strategic objectives of the HHS as defined within the strategic plan.

How to use the CHHHS Operational Plan 2015-16 within service planning

The CHHHS Operational Plan 2015-16 is to be used as a guiding document and provide clear direction for the development of divisional operational plans, unit service plans, performance targets and individual performance plans. It is within these documents that service priorities are further refined and cascaded throughout the organisation.

Service Planners are to ensure that the strategies and actions developed within divisional operational plans have a clear alignment back to the CHHHS Strategic Plan 2013-17.
Section 3: Our Current Services and Organisational Structure

The Cairns and Hinterland Hospital and Health Service (CHHS) was established in 1996 and is a major provider of health care services to the Cairns and Hinterland region. The CHHS is a statutory health service, and its governance structure is designed to ensure the delivery of high-quality, patient-centered care.

The CHHS is divided into five divisions:

1. **Division 1: Family Health and Wellbeing**
2. **Division 2: Integrated Medicine and Emergency Services**
3. **Division 3: Critical Care and Perioperative**
4. **Division 4: Integrated Care**
5. **Division 5: Finance and Performance**

Each division is headed by an Executive Director, who reports to the Chief Executive Officer. The Chief Executive Officer is responsible for the overall management and strategic direction of the CHHS.

The CHHS also has a number of executive management teams, which are responsible for overseeing the delivery of specific services and programs. These include:

- **Executive Management Team**: Medical Nursing, Allied Health, Clinical Leads
- **Executive Management Team**: Hinterland Hub, Medical Nursing, Allied Health, Clinical Leads
- **Executive Management Team**: Cassowary Hub, Medical Nursing, Allied Health, Clinical Leads
- **Executive Management Team**: Trinity Hub, Medical Nursing, Allied Health, Clinical Leads

The CHHS is committed to ensuring that its services are delivered to the highest standards of quality and safety. The organisation is continuously improving its processes and services to meet the changing needs of its patients and community.
Within the divisional structure, and aligned with the strategic priorities of the CHHHS and key responsibilities of the Division, a committee structure has been designed to facilitate effective governance, improve the clarity of decision making, monitor safety and quality of health care, manage risk, and support the Division Management Team and the CHHHS Executive to discharge their duties and responsibilities effectively.

Each level of Tier committee has terms of reference clearly describing their respective purpose, functions and authority. These committees provide integration and uniformity of approach to service planning, service development, resource management, and performance management and reporting.
Our Service Profile

The Health Service is responsible for providing health services to the people of the Far North. With a geographical area of 141,000 square kilometres spanning from Tully in the south, Cow Bay in the north and Croydon in the west, our staff commit every day to improving the social, emotional and physical wellbeing of people in the Cairns and Hinterland and the North East Australian Region. The outer western region of our Health Service encompasses extremely remote communities.

The Health Service supports a population of 283,197 which is forecast to grow by 9% by 2026, with the highest level of growth occurring within the 65 and over age group. Tourism is a key industry and contributes to a relatively high transient population. It is estimated that 9% of the population are Indigenous Australians, compared to 3.5% for Queensland as a whole.

Cairns Hospital is the specialist referral hospital for Far North Queensland, as we deliver health services across the continuum of care and provide health services to the Torres and Cape York Hospital and Health Service.

(Figure 3: Map of Cairns and Hinterland Hospital and Health Service)

Clinical Services and Non-Clinical Services

Service Divisions within the Health Service provide a broad range of community, primary care, inpatient, ambulatory, outpatient and outreach health services across the continuum of care. These services are provided in a variety of settings including hospitals, community health centres and in the home.

Our main business is to not only provide primary healthcare to patients, but to also work with providers within the primary healthcare sector to enable them to more appropriately manage their patients. This includes having systems in place to safely return patients back to their care provider within the primary healthcare sector.

Included is a range of Acute, Sub-Acute, Community, Allied Health and Specialist Services across the CHHHS as well as outreach services across the Torres and Cape York communities. Services are listed by Division and include:
Division 1: Family Health and Wellbeing

Children's Services
Antenatal and Gynaecology Services
Maternity
Mental Health and ATODS
Offender Health
Oral Health
Paediatric Medicine
Sexual Health
Tropical Public Health Service

The Division of Family Health and Wellbeing also provides genetic counselling, and manages the Child Safety Unit in addition to the Community Health Centre located at Edmonton and Smithfield.

Division 2: Integrated Medicine and Emergency Services

Acute Medicine
Adult Community Health Services
Cairns North Health Facility
Cardiology Services including Interventional Services
Chemotherapy and Radiotherapy
Dermatology
Diabetes and Endocrine Services
Emergency Medicine
Endoscopy
Gastroenterology and Hepatology Services
General Medicine
Haematology
Home and Community Care
Hospital Alternative Services including Hospital in the Home
Infectious Diseases
Neurology
Older Persons including Geriatric Evaluation and Management Services
Palliative Care

Persistent Pain Management Service
Rehabilitation and Stroke Services
Renal Services
Respiratory Medicine
Rheumatology
Transition Care Services

Division 2 also maintains the management of Community Health Centres located at Cairns North, Innisfail, Jumbun, Mission Beach and Tully.

Service expansion within Division 2
In April 2015, CHHHS expanded its service delivery to meet the needs of three remote communities that were identified as having a significant service gap in the delivery of primary healthcare services. The establishment of Primary Health Clinics at The Lynd, Mt Surprise and Einasleigh will ensure the provision of multi-disciplinary care closer to patients’ residence through the utilisation of innovative primary and assisted telehealth services.

Division 3: Critical Care and Perioperative Services

Allied Health
Acute Pain Services
Anaesthetic & Perioperative Services
Breast Screening and Surgery
Burns (low acuity burns)
Colorectal Surgery
Critical Care
Day Surgery
Ear, Nose and Throat
General Surgery
Gynaecology Surgery
Intensive Care Services
Medical Imaging Services
Ophthalmology
Division 4: Integrated Care

The Health Service delivers quality healthcare to regional patients through the support of the Division of Integrated Care. This Division provides quality health services through its 19 regional facilities, located throughout the catchment to support the requirements of local populations based on service need. In addition to this, the Division further supports CHHHS through the delivery of all operational services including the provision and management of patient medical records.

Regional facilities play an important role in sustaining the provision of healthcare within local catchments through the investment of a skilled, localised workforce. Such investment includes the provision of some surgical services that are performed locally through the establishment of a skilled medical workforce. Embedding sustainable solutions within regional facilities ensures the provision of quality health outcomes without the need to refer to Cairns Hospital with procedures that could be done elsewhere.

Each regional hospital services the community within their designated scope with a mandate to be as self-sufficient and efficient as possible.

Hospitals within CHHHS

- Atherton Hospital 57 beds
- Babinda Multi-Purpose Health Centre 22 beds
- Cairns Hospital 347 overnight beds 124 day beds
- Gordonvale Hospital 24 beds
- Herberton Hospital 38 beds
- Innisfail Hospital 49 beds
- Mareeba Hospital 54 beds
- Mossman Multi-Purpose Health Centre 32 beds
- Tully Hospital 20 beds
Division 5: Finance & Performance

Division 5 provides an extensive range of services to the Chief Executive, Health Service Leadership Team, Senior Managers, Business Service Managers, and to a wide range of stakeholders within Queensland Health.

The Service encompasses the following areas:
- Business Support
- Contract Services
- Financial Accounting
- Funding Information and Costing
- Management Accounting
- Performance
- Systems Integration & Reporting

This Division delivers core performance reporting to the Board, sub committees, CHHHS Executive and Divisions to maintain the accountability framework and inform key decision making. Support is given to the Chief Executive in funding negotiations with the Department of Health and other external agencies, in addition to maintaining a framework to deliver and update the Five Year Forecast for the Health Service and supporting business planning model.

Compliance is facilitated with all statutory and regulatory requirements relating to financial stewardship, including the preparation of budget papers Tridata submission, annual financial statements and ensuring appropriate financial management policy within an overarching governance framework.

Division 6: Office of the Chief Executive

Division 6 includes the Executive Management Team and the corporate and clinical functions which they directly oversee. It includes the Office of the Chief Executive, which governs the Health Service-wide actions relating to Departmental and Ministerial liaison, media, marketing, communications, internal audit, legal services, release of information, executive support and corporate governance.

Division 6 also includes the portfolios of clinical governance, clinical research, patient liaison, nursing and medical education, library/knowledge centre, human resources, learning and development, occupational health and safety, recruitment, Aboriginal and Torres Strait Islander health, strategic planning, telehealth, population epidemiology, and ICT.

Our Achievements

- Cardiac Catheter Lab opens 24/7 (April 2015)
- NEST:
  - Reduced surgical long wait list to zero by June 2014
  - 0% of elective surgery patients waiting longer than the clinically recommended timeframe for their urgency category (Feb 2015)
  - Reduced dental waiting lists from 1307 to zero
- NEAT:
  - ED patients released within 4 hours which is improved to 72% from 66%
- Redevelopment:
  - Completion of Blocks D and E
  - Hospital Foundation/children’s playground

(The new children’s playground in Block D)

- ieMR implementation of Release 1 and Release 2
- Re-commencement of urology services in Cairns (Jan 2014)
- EQuIPNational Accreditation achieved (Mar 2015)
Section 4: Our Opportunities and Strengths

Opportunities

- Our relationship with General Practitioners and private providers within the Primary Health Network
- Use of technology to improve the delivery of health services i.e. the provision of care closer to patients’ residence via telehealth

(A consultation via Telehealth)

- Our links with many universities / higher education providers
- Partnerships with other HHSs and partner organisations i.e. MOU with Cairns Regional Council to share information and experience on a range of topics
- Joint appointments with key stakeholders
- Opportunity to improve existing models of care
- Providing care based on evidence
- Enhance the service capability of our rural facilities
- Geographical opportunities through access to regional expertise i.e. local research performed in diseases of the tropical world such as dengue fever and the Mossman ulcer
- Culturally effective care to provide improved culturally delivered services

(Staff within the Paediatric Unit)

Strengths

- Dedicated and talented staff - our committed and passionate workforce

- Attractive location to entice and retain staff
- Our medical education reputation
- Clinician engagement
- Moving to become a Digital Hospital
- New facilities within the recently completed hospital redevelopment

(The new rehabilitation gym within Block D)

- Successful divisional structure aligned for optimum service delivery
- An engaged community that supports the HHS
- Our Board that governs professionally with local knowledge and community awareness

(Assisting with patient care)
Section 5: Our People

CHHHS aims to build the capability of our people to deliver services, meet legislative/mandatory requirements, and to meet strategic needs and individual requirements through the provision of quality developmental programs and activities. Employee development activities are designed to improve not only the technical skills and knowledge people have, but also their attributes, attitudes and behaviours. Developmental activities can be designed to deliver specific skills in a short period to meet an immediate need, or designed to meet broader requirements over a longer period.

Many of the programs CHHHS has supported or implemented were developed in response to the employee opinion survey results of 2013 and 2014 with alignment to the Heath Workforce Australia LEADS framework and CHHHS organisational values. Examples include senior and middle manager development programs, regular staff training in Code of Conduct / Bullying and Harassment, Performance and Development plans, new recruitment and selection for panel member training, and supporting Indigenous Health Worker up-skilling through Study and Research Assistance Scheme (SARAS).

In 2015 a greater emphasis is being brought on to indigenous employee development with the implementation of the school-based indigenous trainee program. This program has 9 school-based trainees and 4 full-time trainees participating with similar numbers expected for the program in 2016.

2015 will also see the introduction of a ‘Health & Recognition’ Week for the CHHHS service aimed at recognising the contributions of CHHHS staff in a wide range of areas, including the length of service employees have given to CHHHS.

(Pearl Foster - Allied Health; Speech Pathology Department and Dyral Lui - Cairns Hospital Kitchen, Indigenous Trainees, 2015.)
Section 6: Performance, Service Efficiency and Outcomes

Service Agreement Key Performance Indicators (KPI’s):
The following Key Performance Indicators are the main ways that continuing improvement will be measured across all services and facilities of the CHHHS for the FY 15/16. On a monthly basis the CHHHS will report to the CHHHS Board and the System Manager on its progress against these KPIs.

**Effectiveness - Safety and Quality**
- Hospital standardised mortality ratio
- Unplanned Hospital Readmission
- Healthcare associated infections
- National Safety and Quality Health Service Standards Compliance
  - Never Events
  - Variable life adjusted display
  - Complaints acknowledged within 5 calendar days
  - Complaints resolved within 35 calendar days
  - SAC 1 incidents with an analysis completed in 90 days
  - Death in low mortality DRGs

**Equity and Effectiveness - Access**
- Shorter stays in Emergency Departments
- Elective surgery – fewer long waiting patients
- Specialist outpatients – fewer long waiting patients
- Post natal in home visiting
- Rate of post discharge community contact
- Ambulatory mental health activity
- Breastscreen Qld screening activity
- Dental waiting lists

**Efficiency and Financial Performance**
- Full year forecast operating position
- Length of Stay in Public Hospitals
- Funded and Cost per QWAU

**Closing the Gap**
- Achievement of Closing the Gap performance indicators contained within the service agreement

**Occupational Health and Safety**
- Achievement of Occupational Health, Safety and Injury Management performance indicators contained within the service agreement

**Patient Experience**
- Maternity patient experience survey
- Small hospital patient experience survey
Activity

Casemix funding is derived by multiplying the WAU value for a particular activity by the Queensland Efficient Price (QEP) for the relevant year. The WAU value for an activity is inclusive of ALL costs associated with delivery of that episode of patient care – including both direct and indirect costs. However when WAU reporting is done, it is not broken up and allocated to each area that contributed to this activity.

WAU values are allocated upon patient discharge, and allocated to the Discharge Unit in HBCIS of the patient. Therefore it is important to understand that a Divisional budget cannot be directly compared with a Division WAU target QEP.

There are four main reasons for capturing all our activity correctly:

1. Patient care: every clinical episode of care, occasion of service or emergency department presentation (and associated clinical documentation) should be counted and coded in a timely manner to ensure optimal continuum of care delivery for the patient.

2. Service planning and clinical research: to ensure we are meeting the needs of our population, we need to understand the disease profile and the service demands our population has on our system.

3. Budget allocation: The funding received by the HHS comes from a number of sources – State, Commonwealth and Compensable/Third Party.

   - State: The majority of this funding is from the ABF stream – in that it pays the QEP for the number of WAUs negotiated. This bucket is capped, so the amount of WAU activity we count relative to others is critical.

   - Commonwealth: this bucket is uncapped until the end of 2016/17, whereby any WAU activity the HHS delivers above prior year is funded at 45% of the NEP (National Efficient Price)

   - Compensable/Third Party: a number of these, including Workcover, are moving to a fee for service model in 2015/16 so it is very important to identify these specific patients to ensure funding stream from these uncapped buckets.

   - Overseas Visitors: charged for services and treatment provided to them. Identification of the funding source (eligible / ineligible / compensable / third party) is as important as identification of the activity.

4. Budget position analysis: if activity is above the levels done in prior years, or purchased within the year, then this is favourable when analysing any budget overrun on variable cost types.
## Activity forecast: Cairns and Hinterland Hospital and Health Service 2015-16

<table>
<thead>
<tr>
<th>Purchased Activity</th>
<th>Projected Activity 2014/15 (QWAU Q18)</th>
<th>Proposed Activity 2015/16 (QWAU Q18)</th>
<th>2015/16 Service Agreement Purchased Activity*</th>
<th>% of Total Service Agreement WAU</th>
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</thead>
<tbody>
<tr>
<td>Inpatients</td>
<td>60,255</td>
<td>62,862</td>
<td>60,212</td>
<td>50%</td>
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<td>Outpatients</td>
<td>14,445</td>
<td>14,933</td>
<td>15,946</td>
<td>13%</td>
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<tr>
<td>Procedures and Interventions</td>
<td>11,270</td>
<td>12,013</td>
<td>10,998</td>
<td>9%</td>
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<tr>
<td>Emergency</td>
<td>17,926</td>
<td>18,555</td>
<td>16,018</td>
<td>13%</td>
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<tr>
<td>Sub and Non Acute</td>
<td>11,564</td>
<td>11,609</td>
<td>10,696</td>
<td>9%</td>
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<tr>
<td>Mental Health</td>
<td>6,519</td>
<td>7,136</td>
<td>7,448</td>
<td>6%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>121,979</td>
<td>127,108</td>
<td>12,138</td>
<td>100%</td>
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</table>

### Funding Allocations

<table>
<thead>
<tr>
<th>Funding Allocations</th>
<th>Cairns &amp; Hinterland</th>
<th>Family Health &amp; Wellbeing</th>
<th>Integrated Medicine</th>
<th>Critical Care &amp; Perioperative</th>
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<tbody>
<tr>
<td>2015/16 Initial Funding Allocation</td>
<td>$712,812,171</td>
<td>$129,011,498</td>
<td>$165,503,372</td>
<td>$162,163,928</td>
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<td>Funding Allocations</td>
<td>Facilities Management</td>
<td>Business Support Services</td>
<td>Executive Office</td>
<td>Corporate Accounting &amp; Contingency</td>
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<tr>
<td>2015/16 Initial Funding Allocation</td>
<td>$147,258,181</td>
<td>$11,981,345</td>
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