Safe applicable healthcare for rural and remote Queensland—an implementation plan
For more information visit:
www.health.qld.gov.au or email Rural_Network@health.qld.gov.au
I have much pleasure in presenting the implementation plan for Safe applicable healthcare for rural and remote Queensland. This plan builds on the report I delivered to the Minister for Health in May 2013. The report and accompanying documents were subject to extensive consultation and feedback.

The draft implementation plan was developed in light of this and subjected to a daylong consultation. Many useful comments from that consultation have been incorporated into this final document.

The implementation plan incorporates, acknowledges and builds on existing Department of Health and Hospital and Health Service (HHS) initiatives. It continues the work between the Statewide Rural and Remote Clinical Network (SRRCN), the HHSs and other areas of the Department of Health, and the partnership with them and organisations in the non-government sector. I look forward to these teams bringing these initiatives to reality over the next six months.

The SRRCN will report on progress in June 2014. Already other issues such as Aboriginal and Torres Strait Islander health and mental health have been raised and we look forward to developing consensus initiatives on these during that time.

I am proud that the hard working frontline service providers of the SRRCN have been able to deliver this plan as promised.

Associate Professor Alan Bruce Chater
Chair
Statewide rural and remote clinical network
Queensland rural and remote health service framework, 2013

Specialist services

Regional hospital

District hospital
24 hours emergency service; advanced life support and stabilisation until transfer, medical, surgical maternity and neonatal services in line with a range of primary, ambulatory, aged care and community services in line with community needs; visiting specialist services; enhanced services in line with patient need; care is integrated with the GP.

Rural hospital
24 hours emergency service; life support and stabilisation until transfer; medical, surgical services with a range of primary, ambulatory, aged care and community services in line with community needs; visiting specialist services; enhanced services in line with patient need; care is integrated with the GP.

Multi-purpose health service
Provides a mix of acute, aged care and community services; enhanced services in line with the patient need; acute services may be similar in mix and services capability to a rural or community hospital.

Community hospital
24 hours emergency services; life support and stabilisation until transfer; medical services with a range of primary, ambulatory, aged care and community services in-line with community needs; visiting specialist services; care is integrated with the GP.

Community clinic with after hours emergency care
Monday to Friday and emergency on-call 24/7

Community clinic
Monday to Friday business hours

Business hours health/medical clinic; basic life support and stabilisation until transfer; triage for lower level medical conditions and minor procedures with a range of primary, ambulatory, aged care and community services in line with community needs; visiting specialist services in line with patient need.
Rural and remote Hospital and Health Service (HHS) facilities

The Torres and Cape HHS
Community Clinics*
- Inner Cluster
  - Thursday Island
  - Horn Island (Ragusville)
- Near Western Cluster
  - Badu Island
  - Kubin
  - St Paul’s (Moa Island)
  - Mabuiag Island
- Central Cluster
  - Yami Island (Lama)
  - York Island (Wasai)
  - Coconut Island (Poruma)
  - Warraber Island (Su)
- Eastern Cluster
  - Darnley Island (Erub)
  - Murray Island (Mer)
  - Stephen Island (Ugar)
- Top Western Cluster
  - Boigu Island
  - Saibai Island
  - Dauan Island
- Northern Peninsula Cluster
  - Bamaga
  - Injinoo
  - New Mapoon
  - Svislet
  - Umagico

*Community clinics that operate on weekdays may not operate five days per week
# The Torres and Cape Hospital and Health Service will be established on 1 July 2014
Map does not include regional and metropolitan hospitals and health facilities.
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<tr>
<th>Priority area</th>
<th>Actions achieved to date</th>
<th>Actions proposed next six months (January to June 2014)</th>
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<td><strong>Organising services for safety</strong>&lt;br&gt;Policy and Planning Branch&lt;br&gt;Chief Health Officer Branch&lt;br&gt;HHSs</td>
<td>• Review and revision of the draft <em>Queensland rural and remote health service framework</em> to&lt;br&gt;  — develop a classification of rural health facilities&lt;br&gt;  — incorporate three types of services to be provided by rural and remote services&lt;br&gt;  • core services&lt;br&gt;  • enhanced services in line with patient need&lt;br&gt;  • services provided in line with community needs&lt;br&gt;  • Classification of hospitals clarified with input from HHSs and other key stakeholders&lt;br&gt;  • Draft data table developed outlining characteristics and performance of rural health facilities&lt;br&gt;  • Review of level one services completed.&lt;br&gt;  • Functional assessment of Clinical Services Capability Framework (CSCF v3.1) and amendment to ensure applicability to rural and remote health services commenced</td>
<td>• Develop a user-friendly description of each service level that consumers can easily understand and relate to&lt;br&gt;  • The updated data table and map of health services be published with 2012–13 data and including Level 1 services&lt;br&gt;  • The classification of each health service, based on the current level of service, to be validated&lt;br&gt;  • The data to be provided in a web friendly form that allows comparison between services&lt;br&gt;  • Functional assessment of CSCF v3.1 specific to rural and remote health services to be completed&lt;br&gt;  • Community clinics (CSCF Level 1)&lt;br&gt;  — Two-tier model of service provision in remote and very remote areas to be adopted&lt;br&gt;  • community clinic with after-hours emergency service—open Monday to Friday during business hours with 24-hour emergency on-call—more than 80 km (or one hour where poor or no road access) from higher health service&lt;br&gt;  • community clinic open Monday to Friday during business hours—clinic within 80 km of higher health service&lt;br&gt;  — Accreditation of Level 1 services to be investigated.&lt;br&gt;  — ensure that revised CSCF reflects these arrangements&lt;br&gt;  • Tier 2 community clinics (providing 24-hour cover)&lt;br&gt;  — development of a guideline that supports Tier 1 clinics to&lt;br&gt;  • provide a minimum safe standard of service provision&lt;br&gt;  • maintain adequate and sustainable staffing standard&lt;br&gt;  • provide a safe and quality emergency, including ambulance, service&lt;br&gt;  • Tier 1 community clinic&lt;br&gt;  — community health centres to host provision of health services by a range of health service providers&lt;br&gt;  • HHSs to review clinics in locations less than 80 km away from a Level 2 (or higher) service to ensure that they are providing optimal services</td>
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<td><strong>Achieving efficiency</strong>&lt;br&gt;Healthcare Purchasing, Funding and Performance Management Branch&lt;br&gt;HHSs</td>
<td>• Feedback provided to Independent Hospital Pricing Authority (IHPA) to improve data&lt;br&gt;  • Queensland Small Hospital Working Group formed&lt;br&gt;  • Funding framework for Telehealth established</td>
<td>• Work with IHPA representatives to ensure that data on rural hospitals is more reliable&lt;br&gt;  • Data analysis and clinician consultation&lt;br&gt;  • Establish funding method for outreach&lt;br&gt;  • Ensure appropriate support and incentives for telechemotherapy, renal dialysis, birthing services and service integration</td>
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<td><strong>Redevelopment and reinvigoration</strong></td>
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| **Multi-purpose health service (MPHS)** Health Purchasing, Funding and Performance Branch Policy and Planning Branch HHS | • Review of MPHS model of service delivery—existing, under development and eligible—complete  
• MPHS guideline produced | • Assist HHSs to implement MPHS in eligible hospitals  
• Review cost-effectiveness of MPHS |
| **Outreach and private/public partnerships** HHS | • Review of Flying Obstetric and Surgery Services Draft Service Plan (South West HHS)  
• Review of service integration  
• Medical Outreach Indigenous Chronic Disease Program (MOICDP) and Rural Health Outreach Fund (RHOF) review and planning (CheckUP and Queensland Aboriginal and Islander Health Council)  
• Regional planning begun | • Consultative group to be established to oversee service mapping and coordination strategies  
— coordinate Telehealth support services  
— service mapping to ensure ongoing complementary skills base to rural generalist skills on-site  
— service mapping between visiting services:  
  • MOICDP/RHOF  
  • HHSs specialist outreach service  
  • private outreach service  
  • flying specialist clinics and emergency services  
• Flying Obstetric and Surgery Services plan implementation and governance group to be established |
| **Providing services closer to home** | | |
| **Telehealth Clinical Access and Redesign Unit (CARU)** HHS | • Report and recommendations paper prepared and presented to Minister for Health  
• Governance group on Telehealth established  
• Developed funding/purchasing incentives to promote the uptake of Telehealth | • Implement Telehealth strategy  
• Scheduled care  
  — establish Telehealth coordinator positions across 17 HHSs  
  — provision/reconfigure fit-for-purpose technologies to meet clinical business requirements  
• Unscheduled care  
  — establish the Telehealth emergency management support unit  
• Telehealth support  
  — establish a Telehealth Support Unit within the Department of Health  
• Enable a whole-of-health-sector network  
  — progress a consultancy to carry out business analysis to define whole-of-health-sector service delivery models and identify fit-for-purpose solutions to address existing operational and system barriers  
• Incentives implemented to assist Telehealth adoption |
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| **Birthing** | • CSCF changes identified to facilitate birthing service  
• Flying Obstetric and Surgery Services reviewed  
• Consultation and collaboration SMNCN  
• Maternity forum organised by QCMB  
• Midwifery education program for 50 newly registered nurses initiative | • Data  
— register of birthing sites and relevant parameters  
— rural services data map to include specific data wrt maternity services  
• Models of care  
— ensure sustainable models for level three birthing services  
— develop options for birthing in level two hospitals  
— ensure that all models respect the role of all providers including midwives, general practitioners, nurse midwives and hospital doctors  
— recommend models of staffing including private and contracted services for Level 2 and 3 services  
— CSCF review to be completed, feedback sought and revised CSCF published to ensure Level 3 services have the ability to provide birthing services and existing Level 2 services are supported to provide birthing within the hub and spoke model  
— maximise and support the involvement of private practising eligible midwives to support HHS services  
— recommend effective employment models for direct entry N(mid) midwives  
— review obstetrics and gynaecology/GP, anaesthetic/GP workforce to sustain and increase rural maternity services  
— ensure that services at all rural service levels are able to deal with the unexpected birth and neonatal resuscitation  
— ensure adequate antenatal and post-natal care at all service levels | • Support services  
— that birthing services without proximate emergency blood supply be supported by an emergency donor panel where a senior clinician provides oversight and HHS boards are aware of their governance responsibility  
— develop support models for more remote birthing services that build on the experience of the renewed Flying Obstetrician/Gynaecologist (FOG) model  
• Education  
— provide safe effective antenatal care in isolated areas by staff support and upskilling especially with ultrasound, Telehealth support and visiting services when required  
— develop a register of standardized education programs for use in rural areas to maintain clinical competency—these should preferably provide onsite team education (e.g. PROMPT course)  
• Systems  
— review birthing documentation and simplify to develop a single entry system that allows emphasis on clinical care rather than on documentation  
— Queensland Maternity and Perinatal Quality Council (QMPQC) explore options to measure the outcomes of rural services and provide data to allow individual services to benchmark their performance |
| **Chemotherapy** | • Pilot sites in Townsville HHS reviewed  
• Queensland Remote Chemotherapy Supervision (QReCS) guide developed and submitted to the networks for endorsement | • Finalise statewide Queensland Remote Chemotherapy Supervision (QReCS) guide  
• Assist HHSs to implement QReCS  
• SRRCN and SCCN to work together to engage with cancer community  
• To work with Clinical Oncological Society of Australia (COSA) and Cancer Nurses Society of Australia (CNSA) to implement this model  
• Explore funding mechanisms to ensure adequate support at tertiary and rural sites |
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| Renal Dialysis | **Plan developed for home dialysis in rural areas**  
**Self care unit at Bamaga Hospital had been expanded from one to four self-care haemodialysis machines** | **Commencement of nurse assisted dialysis unit as part of the recently completed $39 million Community Wellness Centre at Thursday Island Hospital.**  
**Pro forma for introduction of renal dialysis supported by or in rural facilities**  
**Develop plan for staff credentialing**  
**Develop plan for Telehealth support** |
| New technology | **Rural Emergency Services Standardisation project**  
**PoCT differential blood count testing trial in four sites**  
**Integrated electronic medical record (iEMR) plan** | **Establish a register of new rurally appropriate technology**  
**Review results of trial of POC differential blood count testing and advise regarding implementation, including provision for integration into Queensland Health information technology systems**  
**Trial of iEMR in rural facilities within Cairns and Hinterland HHS**  
**Review of iEMR trial by SRRCN and expand to other rural areas**  
**Review and update the rural and remote emergency services standardisation guidelines**  
**Establish new rural clinical guidelines** |
| Workforce | **Co-operation between professions facilitated with respect to development of the generalist team** | **Ensure that the HHS education unit provides each facility with an interdisciplinary advanced life support course onsite each year**  
**Develop a rural health professional education model that additionally**  
— provides backup staff in smaller facilities during education activities  
— provides advice on facility improvement |
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| **Medical**  | - Rural generalist pathway established and now expanded to 80 places  
- Workforce reform in consultation  
- Credentialing and Scope of Clinical Practice Unit | - Formation of a steering group on rural medical workforce  
- Review of rural medical workforce planning with reference to the rural and remote map as outlined in the Rural and Remote Health Service Framework  
- Add staff establishment to the rural services data sheet to ensure that services can benchmark their staff establishment and HHSs can identify services at risk  
- Creation of an interpretive Queensland traffic-light map to enable identification at a state level those services considered to be at-risk according to the framework advised  
- Alignment and standardisation of rural health service credentialing processes, recognising the clinical scope of practice for rural medical practitioners as applied to the current review of CSCF of rural hospitals |
| **Nursing and Midwifery**  
**Partner NMOQ** | - Rural Registered Nurse Graduate pathway—105 new rural graduate registered nursing positions  
- Credentialing and Scope of Clinical Practice policy inclusive of nurse practitioners, eligible midwives and mental health nurses  
- Nurse practitioners specialising in rural and remote pathway  
- Strengthening health services through optimising nursing strategy and action plan released  
- Registered nurse professional practice in Queensland guide developed | - Support the Rural and Remote Executive Director of Nursing subgroup and the Queensland Nursing and Midwifery Executive Council (QNMExC)  
- Continue to implement rural nurse and midwife graduate scheme through NMOQ  
- Implement 2014 round of rural registered nurse graduate employment model  
- Alignment and standardisation of credentialing and scope of practice for nurse practitioners, mental health nurses and eligible midwives  
- Alignment and standardisation of scope of practice of rural and remote registered nurses and registered midwives  
- Work with professional nursing organisations to establish standards and certification pathways for registered nurses and registered midwives practising within rural and remote practice contexts  
- Policy alignment with Strengthening health services through optimising nursing strategy and action plan  
- Guidance to practitioners, employers and consumers regarding registered nurse’s full scope of practice (as in registered nurse professional practice in Queensland) |
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| **Allied health professional services**<br> (Allied Health Professions’ Office of Queensland (AHPOQ)) | • Ministerial Taskforce on health practitioner expanded scope of practice  
• Specific implementation plan for rural and remote developed  
• Endorsement of actions by directors of allied health  
• Expressions of interest for new graduate rural and remote allied health generalists trial sites completed—11 positions allocated  
• Expressions of interest for research grants targeting rural and remote opened  
• Rural and remote workforce mapping concept brief approved | • Trial 11 new graduate rural and remote generalist positions  
• Support HHS to redesign, implement and evaluate service delivery models of care that include use of  
  — allied health assistants/co-workers  
  — Telehealth outreach  
  — student-led clinics  
  — partnerships with other services  
  — 19(2) Medicare exemption  
  — rights to private practice  
  — full scope of practice  
  — broadened skill-sets  
• Conduct Queensland Health rural and remote allied health workforce mapping  
• Provide research funding opportunities for rural and remote service delivery models of care |
| **Other providers**<br> – physicians assistants | • Physician assistants trials completed | • Implementation plan  
• Professional governance and regulation arrangements |
For more information visit:
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