

	Approved by the Executive Director of Clinical Governance, Safety Quality & Risk and the Metro North Health Chief Medical Officer
What engagement or communications have occurred with the HHS Board ?	2 presentations to the MNHHS Board
What engagement or communications have occurred with referring public and private facilities / practitioners ?	Community forum information via MNHHS GP liaison
What engagement or communications have occurred with other key stakeholders ?	IORT stakeholder meetings
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	Nil Future potential to administer IORT at STARS and avoid local treatment with EBR (external beam radiotherapy)
Other comments	Please refer to attachment for more information on IORT implementation at STARS and funding related to this implementation trial. As per Metro North Services Capability Matrix – RBWH is a level 6 radiation oncology and level 6 surgical oncology. STARS currently has a Level 3 Surgical CSCF, which includes breast surgery and adjunct therapies.

Endorsement

Cleared by: (Facility accountable officer)

Name:	Dale Dally Watkins
Position:	A/ Executive Director Surgical Treatment and Rehabilitation Service (STARS)
Signature:	[Redacted]
Date:	6.01.2023

Endorsed by:

Name:	Michele Gardner
Position:	Executive Director Clinical Governance Safety Quality and Risk
Signature:	[Redacted]
Date:	6.1.23
	Contact for January 2023- Belinda.Faulkner@health.qld.gov.au

DOH DISCLOSURE LOG

Approved by: (Health Service Chief Executive)

Name:	Jackie Hanson
Position:	Chief Executive Metro North Hospital and Health Service
Signature:	[Redacted]
Date:	✓ 6/1/23

RTI Release

DOH DISCLOSURE LOG

Temporary CSCF Change Notification Form

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To complete this form, please refer to the public hospitals CSCF established [Notification Process](#).

Where the provision of a health service has ceased, please describe in detail why the service has ceased and provide the risk mitigation actions in the below.

This form must be signed by the accountable officer in the facility and the Hospital and Health Service (HHS) Chief Executive. Once signed, please email to: cscf@health.qld.gov.au

Note: please complete this form in advance of the implementation of the change (where possible). This information will be onforwarded to the Office of the Director-General, Queensland Health for noting.

Hospital and Health Service	Metro North Hospital and Health Service
Facility	Surgical Treatment and Rehabilitation Services (STARS)
Service/s to change (please use the service name as described in the CSCF module)	Surgical Oncology Service
Current level	- Nil
Revised temporary level	Level 3
Anticipated commencement date	9 th January 2023
Anticipated end date	25 th November 2023
Reason for change	<p>The requirement to provide specialised surgical oncology service - intraoperative radiation therapy (IORT) for 20 patients as part of a pilot service trial.</p> <p>This is a prospective observational cohort pilot study, recruiting consecutive eligible patients who provide informed written consent.</p> <p>Primary objective- Evaluation of implementation at STARS.</p> <p>1. Proportion of patients requiring supplemental whole breast EBRT (external beam radiation therapy) in patients who received IORT.</p>

	<p>2. Tolerability and patient satisfaction - measured using Patient Reported Outcome Measures (PROMs)</p> <ul style="list-style-type: none"> • Breast-Q Questionnaire • European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire (QLQ-C30) <p>Secondary objectives</p> <p>Safety outcomes - evaluating postoperative complication rates in WLE + IORT compared to WLE alone</p> <p>Description of service technology</p> <p>Intra-Operative Radiation Therapy (IORT) is a form of Accelerated Partial Breast Irradiation (APBI) for the treatment of early-stage breast cancer that has been shown to have equivalent rates of cancer recurrence at 4 years compared to Whole Breast Irradiation (WBI) with or without a boost in a large clinical trial. IORT has an established Category 1 CPT reimbursement code in the United States. A key article in establishing the efficacy of breast IORT, based on clinical experience with the 50 kV Zeiss system in the TARGIT trial Vaidya et al (2010).</p> <p>Peer reviewed studies have shown a single- fraction radiation treatment, delivered at the time of breast conserving surgery, results in similar recurrence rates when compared to External Beam Radiation Therapy (EBRT).</p> <p>Clinical process and benefits</p> <p>Intraoperative Radiation Therapy by Xofig Axxent system provides clinicians the option to perform radiation therapy in the operating room at the time of lumpectomy. After the tumour has been removed, the IORT device is placed within the tumour bed and radiation is given, such that the breast tissue at highest risk of disease reoccurrence receive the appropriate dose of radiation, while sparing adjacent tissue.</p> <p>Six to eight weeks of daily EBRT post lumpectomy presents logistical challenges for many patients. This may result in patients omitting follow up radiation therapy or electing a mastectomy. IORT procedure can optimise patient compliance with radiation therapy, as it has been shown to effectively provide the complete prescribed course of local treatment delivered at the time of surgery in as little as eight minutes.</p> <ol style="list-style-type: none"> 1. The IORT is focused on the target tissues alone, with rapid attenuation of radiation doses to nearby tissues, sparing nearby organs such as the heart, lung, skin and chest wall 2. Reduces the risk of local complications of external beam whole breast radiotherapy include skin changes (erythema, telangiectasia, thickening), breast fibrosis, wound healing problems due to changes in the microvasculature, and lymphoedema.
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	<p>3. Offering adjuvant radiotherapy as a single session at the time of the procedure is convenient for patients who find the time commitments.</p> <p>4. Increase cost effectiveness compared to external beam radiation.</p> <p>Anticipated outcomes for recipients</p> <ul style="list-style-type: none"> • Reduced financial, social and time burden with reduced need to travel for daily EBRT daily for up to 4-6 weeks. <p>Fewer side effects as the targeted radiation spares irradiating adjacent tissue.</p>
<p>Risk mitigation, including</p> <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	<p>The IORT pilot at STARS will be including only adult patients over the age of 50 and not children, therefore Children's anaesthetic services availability at C\$CF Level 3 will not be required.</p> <p>A strict inclusion criterion has been determined and agreed upon by all investigators of the Intraoperative radiotherapy (IORT) for early breast cancer – a pilot evaluation of implementation, feasibility, safety, and financial analysis study protocol.</p> <ul style="list-style-type: none"> • Technical issues arising during an IORT treatment (e.g. system faults) will generally require the IORT procedure to be aborted • Pathological analysis of the resected tumour and status of the resected margins may be difficult to determine in an intraoperative setting, without portable pathology kits. • The planning of salvage EBRT treatments may be impacted and/or complicated by IORT dose delivery. • The verification of dose in-vivo or under clinical conditions with a phantom is difficult. <p>Patient treatment with IORT will be subject to informed consent to the treatment at time of consultation with the radiation oncologist, and to conditions of the prospective trial being conducted. The patient consent process will include disclosure of the radiation risks relating to the treatment and provide an opportunity to the patient (or representative) to ask questions.</p> <p>The usual referral process for relevant patients to level 5 palliative care, and other services will remain place.</p>
<p>What engagement or communications have occurred with the community?</p>	<p>CBCI community engagement committee Community forum 30/11/22</p>
<p>What engagement or communications have occurred with the consumers?</p>	<p>Community forum 30/11/22</p>
<p>What engagement or communications have occurred with clinicians impacted?</p>	<p>CBCI clinical committee RBWH clinical meetings Ongoing engagement with STARS clinicians and Executive team.</p>

	<p>Approved by the Executive Director of Clinical Governance, Safety Quality & Risk and the Metro North Health Chief Medical Officer</p> <p>Radiation oncologist- RBWH staff are being orientated to the new work area in STARS. Including storage of equipment and consumables.</p> <p>STARS theatre staff are being orientated/trained to the new procedure and equipment, along with the medical officers that have already received formal training.</p> <p>Medical officers and radiation oncologists are being credentialed through the RBWH Medical credentialing committee</p>
What engagement or communications have occurred with the HHS Board ?	2 presentations to the MNHHS Board
What engagement or communications have occurred with referring public and private facilities / practitioners ?	Community forum information via MNHHS GP liaison
What engagement or communications have occurred with other key stakeholders ?	IORT stakeholder meetings
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	<p>Nil</p> <p>Future potential to administer IORT at STARS and avoid local treatment with EBR (external beam radiotherapy)</p>
Other comments	<p>Please refer to attachment for more information on IORT implementation at STARS and funding related to this implementation trial.</p> <p>As per Metro North Services Capability Matrix – RBWH is a level 6 radiation oncology and level 6 surgical oncology.</p> <p>STARS currently has a Level 3 Surgical CSCF, which includes breast surgery and adjunct therapies.</p>

Endorsement

Cleared by: (Facility accountable officer)

Name:	Dale Dally Watkins
Position:	A/ Executive Director Surgical Treatment and Rehabilitation Service (STARS)
Signature:	
Date:	11.01.2023

DOH DISCLOSURE LOG

Endorsed by:

Name:	Belinda Faulkner
Position:	AI Executive Director Clinical Governance Safety Quality and Risk
Signature:	[REDACTED]
Date:	11/11/2023
	Contact for January 2023- Belinda.Faulkner@health.qld.gov.au

Approved by: (Health Service Chief Executive)

Name:	Jackie Hanson
Position:	Chief Executive Metro North Health
Signature:	[REDACTED]
Date:	13/1/23

DOH DISCLOSURE LOG

Short Term (less than three months) Clinical Services Capability Framework Service Level Change Notification Form

To complete this Form, please refer to the *Public Hospitals Clinical Services Capability Framework Notification Process*: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public>

Note: it is imperative this form is completed and provided to cscf@health.qld.gov.au well in advance of the change being implemented.

Hospital and Health Service	Cairns and Hinterland	
Facility	Mareeba Hospital	
Service (please use the service name as described in the CSCF module)	Temporary Reduction of Maternity services at Mareeba Hospital	
Current level	Level 3	
Revised temporary level	Level 1	
Anticipated commencement date	Friday 17/02/23 - 0600	
Anticipated end date	Friday 17/02/23 - 1230	
Reason for change	Medical cover	
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	All efforts have been exhausted to avoid Level 1 services and keep existing maternity services at Mareeba Hospital. No other medical staff available.	
Has this change been communicated with?	Community	Yes
	Consumers	Yes
	Clinicians (with HHS)	Yes
	HHS Board	Yes
	External HHS / Private Hospitals	Yes
Is there any impact to statewide or other Health Services. If yes, please provide detail.	During this period all women presenting for birthing or high-risk antenatal care will be referred/transferred to Cairns Hospital.	
Other comments		

DOH DISCLOSURE LOG

Endorsement

Cleared by: (Facility Accountable Officer)

Name:	Jennifer Fitzsimons
Position:	Director of Nursing Midwifery, Mareeba Hospital
Signature:	[REDACTED]
Date:	17.02.23

Approved by: (Health Service Chief Executive)

Name:	Jeremy Wellwood
Position:	Chief Executive, Cairns and Hinterland Hospital Health Service
Signature:	[REDACTED]
Date:	16/02/2023

Please send completed form to cscf@health.qld.gov.au

DOH DISCLOSURE LOG

Temporary CSCF Change Notification Form

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To complete this form, please refer to the public hospitals CSCF established [Notification Process](#).

Where the provision of a health service has ceased, please describe in detail why the service has ceased and provide the risk mitigation actions in the below.

This form must be signed by the accountable officer in the facility and the Hospital and Health Service (HHS) Chief Executive. Once signed, please email to: cscf@health.qld.gov.au

Note: please complete this form in advance of the implementation of the change (where possible). This information will be onforwarded to the Office of the Director-General, Queensland Health for noting.


Hospital and Health Service	Cairns and Hinterland
Facility	Innisfail Hospital
Service/s to change (please use the service name as described in the CSCF module)	Reduction in Maternity Services at Innisfail Hospital
Current level	Level 3
Revised temporary level	Level 1
Anticipated commencement date	Thursday 0800 hours 23/03/2023
Anticipated end date	Thursday 1800 hours 23/03/2023
Reason for change	No Obstetric medical officer available to roster due to Leave, Maternity Leave and unfilled vacancy. No current staff available to cover.
Risk mitigation, including - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations	All efforts have been exhausted to avoid Level 1 services and keep existing maternity services at Innisfail Hospital. Advertisement has been out for a locum, however, there has been no interest to date.

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What engagement or communications have occurred with the community?	N/A
What engagement or communications have occurred with the consumers?	Consumers have been notified that there will be no birthing at Innisfall during this period.
What engagement or communications have occurred with clinicians impacted?	Clinicians have been consulted and assisted with working additional shifts to minimize the timeframe of reduction of services.
What engagement or communications have occurred with the HHS Board?	Memo for Chief Executive Approval.
What engagement or communications have occurred with referring public and private facilities / practitioners?	N/A – No private birthing at this facility.
What engagement or communications have occurred with other key stakeholders?	Memo will be distributed once approved by the Chief Executive.
Is there any impact to statewide or other Health Services? If yes, please provide detail.	During this period all women presenting for birthing or high-risk antenatal care will be referred/transferred to Cairns Hospital.
Other comments	Reduction in services is for birthing and high-risk antenatal care only.

Endorsement

Cleared by: (Facility accountable officer)

Name:	Michelle Slater
Position:	A/Director of Nursing Midwifery/Facility Manager, Innisfall Hospital
Signature:	
Date:	20/03/2023

Approved by: (Health Service Chief Executive)

Name:	Leena Singh
Position:	Chief Executive, Cairns and Hinterland Hospital and Health Service
Signature:	
Date:	21/3/23

Temporary CSCF Change Notification Form

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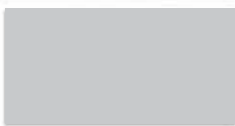
Hospital and Health Service	Darling Downs Hospital and Health Service
Facility	Dalby Hospital
Service/s to change (please use the service name as described in the CSCF module)	Maternity Services
Current level	Level 3
Revised temporary level	Level 1
Anticipated commencement date	1 st April 2023 8am
Anticipated end date	1 st April 2023 5pm
Reason for change	COVID Positive General Practice Obstetrician
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	Birthing mothers presenting in Labour will be assessed by midwife prior to transfer to Toowoomba via QAS.




What engagement or communications have occurred with the community ?	Nil – 9 hour period without coverage.
What engagement or communications have occurred with the consumers ?	Expectant mothers due for delivery in the next two weeks have been contacted regarding the potential for transfer to Toowoomba.
What engagement or communications have occurred with clinicians impacted ?	Clinicians in Dalby and Toowoomba notified of 9 hour bypass window.
What engagement or communications have occurred with the HHS Board ?	Board Chair aware.
What engagement or communications have occurred with referring public and private facilities / practitioners ?	Toowoomba Hospital notified.
What engagement or communications have occurred with other key stakeholders ?	Nil – 9 hour bypass window.
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	No.
Other comments	

Endorsement

Cleared by: (Facility accountable officer)

Name:	Christopher Cowling
Position:	Executive Director of Rural DDHHS
Signature:	
Date:	31 st March 2023

Approved by: (Health Service Chief Executive)

Name:	Jane Ranger
Position:	Action CE
Signature:	
Date:	31-3-23

Temporary CSCF Change Notification Form

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Hospital and Health Service	Darling Downs Hospital and Health Service
Facility	Tara Hospital
Service/s to change (please use the service name as described in the CSCF module)	Emergency
Current level	2
Revised temporary level	1
Anticipated commencement date	8am Friday 7 th of April
Anticipated end date	8am Tuesday 11 th of April
Reason for change	Unexpected Medical Officer leave
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	<ol style="list-style-type: none"> 1) Tara Hospital ED to remain open; patients assessed and triaged as per usual process; 2) Local management as appropriate ie TEMSU and PCCM; 3) RSQ telehealth support for emergency presentations; 4) QAS have been notified of the hospital bypass and will redirect to Chinchilla or Dalby; 5) Decanting of inpatients to Dalby and Chinchilla



What engagement or communications have occurred with the community ?	Nil – staff will notify ambulatory patients presenting for care.
What engagement or communications have occurred with the consumers ?	As above.
What engagement or communications have occurred with clinicians impacted ?	Dalby and Chinchilla Hospital emergency departments have been advised of Tara Hospital bypass.
What engagement or communications have occurred with the HHS Board ?	Board Chair has been notified.
What engagement or communications have occurred with referring public and private facilities / practitioners ?	Dalby and Chinchilla Hospital emergency departments have been advised of Tara Hospital bypass. Private N/A
What engagement or communications have occurred with other key stakeholders ?	QAS have been advised.
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	No.
Other comments	Happy to discuss reasons for unexpected leave outside of this form.

Endorsement

Cleared by: (Facility accountable officer)

Name:	Dr Christopher Cowling
Position:	Executive Director Rural Health and Aged Care
Signature:	
Date:	6 th of April 2023

Approved by: (Health Service Chief Executive)

Name:	Ms Jane Ranger
Position:	A/Health Service Chief Executive
Signature:	
Date:	6 th of April 2023

Temporary CSCF Change Notification Form

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Hospital and Health Service	TCHHS
Facility	Weipa IHS
Service/s to change (please use the service name as described in the CSCF module)	Maternity
Current level	CSCF level 3
Revised temporary level	Continue at CSCF level 1
Anticipated commencement date	Continued from 1.3.23
Anticipated end date	Unknown. Dependent on recruitment.
Reason for change	Ongoing specialist staff recruitment challenges, medical GP Obstetrics specialty.
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	<p>Communication with community and antenatal clients</p> <p>Communication with Cairns for transfer of birthing services to their unit.</p> <p>Maintain midwifery cohort in Weipa and maintain GP obstetrics support for antenatal and postnatal care. This is possible with reduced staffing levels, though cannot cover the on-call requirements safely to enable 24-hour access.</p> <p>Continue all efforts to recruit to available positions, taking into consideration National shortage of specialist workforce in</p>

	obstetrics and midwifery services. Consult with community regarding appetite for Level 2 Maternity services in the interim.
What engagement or communications have occurred with the community ?	Use of local social media platforms such as local paper and Facebook. Updates of maternity services provided to Weipa CAN (Community Advisory Committee) at monthly meetings.
What engagement or communications have occurred with the consumers ?	Primary MGP midwives communicating directly with the expectant mothers within the MGP during the confinement period. Local social media platforms, such as local paper, Weipa newspaper and Facebook.
What engagement or communications have occurred with clinicians impacted ?	Fortnightly workforce planning meetings regarding GPO and midwifery recruitment and status of current CSCF.
What engagement or communications have occurred with the HHS Board ?	Brief to update and reports to ELF.
What engagement or communications have occurred with referring public and private facilities / practitioners ?	Cairns Hospital and Health Service are kept informed on the capacity at Weipa HIS with an unchanged model of referrals into their services at 34-36 weeks.
What engagement or communications have occurred with other key stakeholders ?	Partner health agencies kept informed via regular clinical lead collaborations. Royal Flying Doctor Service Queensland and Apunipima Cape York Health Council are the two primary non-government health sector partners and stakeholders.
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	Impact on CHHHS who will absorb increased activity as birthing mothers relocate and deliver from that hospital.
Other comments	Statewide recruitment to rural generalist workforce to maintain birthing services remotely is acknowledged as complex and exceedingly difficult in the current environment.

Endorsement

Cleared by: (Facility accountable officer)

Name:	Michael Catt
Position:	Acting Executive General Manager, South
Signature:	
Date:	03.03.2023

Approved by: (Health Service Chief Executive)

Name:	Beverley Hamerton
Position:	Health Service Chief Executive
Signature:	
Date:	13/04/2023

Temporary CSCF Change Notification Form

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Note: please complete this form in advance of the implementation of the change (where possible). This information will be onforwarded to the Office of the Director-General, Queensland Health for noting.

Hospital and Health Service	TCHHS
Facility	Cooktown MPHS
Service/s to change (please use the service name as described in the CSCF module)	Maternity
Current level	1 – downgrade requested to CSCF 23.02.2022 for commencement of reduced service 18.02.2022
Revised temporary level	Continue at CSCF level 1
Anticipated commencement date	Continued from 18.02.2022
Anticipated end date	Unknown. Dependent on recruitment.
Reason for change	Ongoing specialist staff recruitment challenges, medical GP Obstetrics and midwifery specialty
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	<p>Communication with community and antenatal clients</p> <p>Communication with Cairns for transfer of birthing services to their unit.</p> <p>Maintain midwifery cohort in Cooktown and maintain GP obstetrics support for antenatal and postnatal care. This is possible with reduced staffing levels, though cannot cover the on-call requirements safely to enable 24-hour access.</p> <p>Continue all efforts to recruit to available positions, taking into consideration National shortage of specialist workforce in</p>

	obstetrics and midwifery services.
What engagement or communications have occurred with the community ?	Use of local social media platforms such as Cooktown Corkboard. Updates of maternity services provided to Cooktown CAN (Community Advisory Committee) at monthly meetings
What engagement or communications have occurred with the consumers ?	Primary MGP Midwives communicating directly with the expectant mothers within the MGP during the confinement period. Local Social media platforms, such as Local Paper, Cooktown Corkboard and ABC radio.
What engagement or communications have occurred with clinicians impacted ?	Fortnightly workforce planning meetings regarding GPO and Midwifery recruitment and status of current CSCF
What engagement or communications have occurred with the HHS Board ?	
What engagement or communications have occurred with referring public and private facilities / practitioners ?	Cairns Hospital and Health Service are kept informed on the capacity at Cooktown MPHS with an unchanged model of referrals into their services at 36-37 weeks.
What engagement or communications have occurred with other key stakeholders ?	Partner health agencies kept informed via regular clinical lead collaborations. Royal Flying Doctor Service Queensland and Apunima Cape York Health Council are the two primary non-government health sector partners and stakeholders.
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	Impact on CHHS who will absorb increased activity as birthing mothers relocate and deliver from that hospital.
Other comments	State wide recruitment to rural generalist workforce to maintain birthing services remotely is acknowledged as complex and exceedingly difficult in the current environment.

Endorsement

Cleared by: (Facility accountable officer)

Name:	Michael Catt
Position:	Acting EGM South
Signature:	
Date:	08.02.2023

Approved by: (Health Service Chief Executive)

Name:	Beverley Hamerton
Position:	HSCE
Signature:	
Date:	10/02/2023

Temporary CSCF Change Notification Form

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Note: please complete this form in advance of the implementation of the change (where possible). This information will be onforwarded to the Office of the Director-General, Queensland Health for noting.

Hospital and Health Service	TCHHS
Facility	Cooktown MPHS
Service/s to change (please use the service name as described in the CSCF module)	Maternity
Current level	1 – downgrade requested to CSCF 23.02.2022 for commencement of reduced service beginning 18.02.2022 and remains ongoing. This is an extension to the reduction to level 1.
Revised temporary level	Continue at CSCF level 1
Anticipated commencement date	Continued from 18.02.2022 ongoing
Anticipated end date	Unknown. Dependent on recruitment of medical staff.
Reason for change	Ongoing specialist staff recruitment challenges, medical GP Obstetrics and Anaesthetics specialty
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	<p>Communication with community and antenatal clients</p> <p>Communication with Cairns for transfer of birthing services to their unit.</p> <p>Maintain midwifery cohort in Cooktown and maintain GP obstetrics support for antenatal and postnatal care. This is possible with reduced staffing levels, though cannot cover the on-call requirements safely to enable 24-hour access.</p>

	Continue all efforts to recruit to available positions, taking into consideration National shortage of specialist workforce in obstetrics and midwifery services.
What engagement or communications have occurred with the community ?	Use of local social media platforms such as Cooktown Corkboard. Updates of maternity services provided to Cooktown CAN (Community Advisory Committee) at monthly meetings
What engagement or communications have occurred with the consumers ?	Primary MGP Midwives communicating directly with the expectant mothers within the MGP during the confinement period. Local Social media platforms, such as Local Paper, Cooktown Corkboard and ABC radio.
What engagement or communications have occurred with clinicians impacted ?	Fortnightly workforce planning meetings regarding GPO and GPA recruitment and status of current CSCF
What engagement or communications have occurred with the HHS Board ?	
What engagement or communications have occurred with referring public and private facilities / practitioners ?	Cairns Hospital and Health Service are kept informed on the capacity at Cooktown MPHS with an unchanged model of referrals into their services at 36-37 weeks.
What engagement or communications have occurred with other key stakeholders ?	Partner health agencies kept informed via regular clinical lead collaborations. Royal Flying Doctor Service Queensland and Apunipima Cape York Health Council are the two primary non-government health sector partners and stakeholders.
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	Impact on CHHHS who will absorb increased activity as birthing mothers relocate and deliver from that hospital.
Other comments	State wide recruitment to rural generalist workforce to maintain birthing services remotely is acknowledged as complex and exceedingly difficult in the current environment.

Endorsement

Cleared by: (Facility accountable officer)

Name:	Michael Catt
Position:	Interim EGM South
Signature:	
Date:	15.05.2023

Approved by: (Health Service Chief Executive)

Name:	Beverley Hamerton
Position:	HSCE
Signature:	
Date:	16/05/2023

Temporary CSCF Change Notification Form

This form is limited to a **temporary** change to a clinical services capability framework (CSCF) service level. Where the change period will be longer than three months (but not permanent), complete and submit this form every three months after the initial three-month period (until the change period ends). For changes that are permanent, please use the [Proposed Permanent Change Notification Form](#).

To complete this form, please refer to the public hospitals CSCF established [Notification Process](#).

Where the provision of a health service has ceased, please describe in detail why the service has ceased and provide the risk mitigation actions in the below.

This form must be signed by the accountable officer in the facility and the Hospital and Health Service (HHS) Chief Executive. Once signed, please email to: cscf@health.qld.gov.au

Note: please complete this form in advance of the implementation of the change (where possible). This information will be onforwarded to the Office of the Director-General, Queensland Health for noting.

Hospital and Health Service	Townsville
Facility	Ingham Hospital
Service/s to change (please use the service name as described in the CSCF module)	Maternity Services
Current level	3
Revised temporary level	Nil
Anticipated commencement date	0700 Friday 12 May 2023
Anticipated end date	0700 Monday 15 May 2023
Reason for change	Emergent midwifery staff leave
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	<p>Expectant women have been notified by phone by their Caseload Midwife.</p> <p>A midwife will be available to answer all calls and assess all presentations.</p>

What engagement or communications have occurred with the community ?	Impacted women and families are aware of the bypass dates.
What engagement or communications have occurred with the consumers ?	All women have been notified of the bypass by their MGP midwife and the steps to follow if needing advice or clinical care during this period.
What engagement or communications have occurred with clinicians impacted ?	All clinicians within Ingham Maternity Services and supporting services have been notified.
What engagement or communications have occurred with the HHS Board ?	Email notification has been completed.
What engagement or communications have occurred with referring public and private facilities / practitioners ?	A Registered Midwife remains on-call during this period.
What engagement or communications have occurred with other key stakeholders ?	Email correspondence has been sent to Townsville University Hospital Maternity Services.
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	No
Other comments	

Endorsement

Cleared by: (Facility accountable officer)

Name:	Vicki Carson Service Group Director
Position:	Health & Wellbeing Service Group
Signature:	Townsville Hospital & Health Service
Date:	Telephone: (07) 4433 1421 20 April 2023

Approved by: (Health Service Chief Executive)

Name:	Kieran Keyes
Position:	Health Service Chief Executive
Signature:	
Date:	

DOH DISCLOSURE LOG

Temporary CSCF Change Notification Form

This form is limited to a **temporary** change to a clinical services capability framework (CSCF) service level. Where the change period will be longer than three months (but not permanent), complete and submit this form every three months after the initial three-month period (until the change period ends). For changes that are permanent, please use the [Proposed Permanent Change Notification Form](#).

To complete this form, please refer to the public hospitals CSCF established [Notification Process](#).

Where the provision of a health service has ceased, please describe in detail why the service has ceased and provide the risk mitigation actions in the below.

This form must be signed by the accountable officer in the facility and the Hospital and Health Service (HHS) Chief Executive. Once signed, please email to: cscf@health.qld.gov.au

Note: please complete this form in advance of the implementation of the change (where possible). This information will be onforwarded to the Office of the Director-General, Queensland Health for noting.

Hospital and Health Service	Townsville
Facility	AYR HEALTH SERVICE
Service/s to change (please use the service name as described in the CSCF module)	Maternity
Current level	3
Revised temporary level	1
Anticipated commencement date	21 st April 2023
Anticipated end date	24 th April 2023
Reason for change	SMO staffing deficits
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	Tertiary Service notified of temporary reduction in CSCF and timeframes

What engagement or communications have occurred with the community ?	Nil
What engagement or communications have occurred with the consumers ?	All consumers who may be impacted by this situation are notified by the Midwifery team about: <ol style="list-style-type: none"> 1. The requirement to transfer. 2. Clinical escalation/communication to midwives of AHS.
What engagement or communications have occurred with clinicians impacted ?	All midwives and medical officers informed of the bypass and plan for: <ol style="list-style-type: none"> 1. Midwife rostered for transfer escort 2. MO attendance for assessment prior to transfer 3. Handover document sent to TUH CMC Maternity and birth suite notified. 4. Email to THHS, Patient Flow, After-hours Nurse Management, Bed Management, Nursing Directors and Service Group Director RHSG & Health & Well Being, Clinical Director – Obstetrics and Gynaecology.
What engagement or communications have occurred with the HHS Board ?	Nil
What engagement or communications have occurred with referring public and private facilities / practitioners ?	Maternity patients currently booked in as shared care notified as per above.
What engagement or communications have occurred with other key stakeholders ?	QAS notified as per usual QHAT process
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	
Other comments	

Endorsement

Cleared by: (Facility accountable officer)

Name:	
Position:	
Signature:	Tracey Gabiola DON-Ayr Health Service
Date:	Ph: (07) 47830811 24/4/23

Approved by: (Health Service Chief Executive)

Name:	Kieran Keyes
Position:	Health Service Chief Executive
Signature:	[REDACTED]
Date:	[REDACTED]

DOH DISCLOSURE LOG

Temporary CSCF Change Notification Form

This form is limited to a **temporary** change to a clinical services capability framework (CSCF) service level. Where the change period will be longer than three months (but not permanent), complete and submit this form every three months after the initial three-month period (until the change period ends). For changes that are permanent, please use the [Proposed Permanent Change Notification Form](#).

To complete this form, please refer to the public hospitals CSCF established [Notification Process](#).

Where the provision of a health service has ceased, please describe in detail why the service has ceased and provide the risk mitigation actions in the below.

This form must be signed by the accountable officer in the facility and the Hospital and Health Service (HHS) Chief Executive. Once signed, please email to: cscf@health.qld.gov.au

Note: please complete this form in advance of the implementation of the change (where possible). This information will be onforwarded to the Office of the Director-General, Queensland Health for noting.


Hospital and Health Service	Townsville
Facility	Ingham Hospital
Service/s to change (please use the service name as described in the CSCF module)	Maternity Services
Current level	3
Revised temporary level	Suspension of service for 24hrs
Anticipated commencement date	0700 Monday 15 May 2023
Anticipated end date	0700 Tuesday 16 May 2023
Reason for change	Emergent sick leave midwifery staff
Risk mitigation, including <ul style="list-style-type: none"> - for other Services where the revised Service level doesn't meet all criteria for the revised level - referral considerations 	<p>Expectant women have been notified via telephone by their Caseload midwife.</p> <p>A midwife remains available to answer all calls and complete clinical assessment for all presentations.</p>




What engagement or communications have occurred with the community ?	Impacted women and families have been notified of bypass date.
What engagement or communications have occurred with the consumers ?	All women have been notified of the bypass date by their Caseload midwife along with the steps to follow if needing advice or clinical care during this period.
What engagement or communications have occurred with clinicians impacted ?	All clinicians providing services within Ingham Maternity Services have been notified.
What engagement or communications have occurred with the HHS Board ?	Email notification has been completed.
What engagement or communications have occurred with referring public and private facilities / practitioners ?	All referrals will be completed as per BAU and a midwife will remain on-call during this period.
What engagement or communications have occurred with other key stakeholders ?	Email correspondence has been sent to Townsville University Hospital Maternity Services
Is there any impact to statewide or other Health Services ? If yes, please provide detail.	N/A
Other comments	To note: There are no expected births to occur during this period for women who meet the low-risk criteria.

Endorsement

Cleared by: (Facility accountable officer)

Name:	Vicki Carson
Position:	Service Group Director – Women's and Children's Service Group
Signature:	
Date:	15/05/2023

Approved by: (Health Service Chief Executive)

Name:	Kieran Keyes
Position:	Health Service Chief Executive
Signature:	
Date:	15/05/2023

DOH DISCLOSURE LOG

Long Term (three months or more) Clinical Service Capability Framework Service Level Change Notification Form – Facility Summary

To complete this Form, please refer to the *Public Hospitals Clinical Services Capability Framework Notification Process*: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public>

Facility: Weipa Integrated Health Service Hospital and Health Service: TCHHS		Change commencement date: 31/10/2022		
Clinical Services Capability Framework version 3.2 Services	Current level	New level	Risk mitigation	Reason for the change or reason the service ceased
	Level 1 maternity service	Level 3 maternity service		
Alcohol & Other Drugs				
• Ambulatory				
• Emergency				
• Inpatient - adult				
• Inpatient - child and youth				
Anaesthetic	3 (no 24/7 oncall theatre)	3 (with 24/7 on call theatre)	<p>Rural Generalist with Anaesthetics (GPA) trained proceduralist to provide:</p> <ul style="list-style-type: none"> • General anaesthesia • Local anaesthesia • Regional anaesthesia • Pre anaesthetic consultation clinics • Post anaesthetic care and review • Have completed the Advanced Rural Training module in Anaesthesia and are credentialed to work within this scope of practice in TCHHS. <p>Qualified and experienced nursing staff onsite with anaesthetics and post-operative care skills</p> <p>Standardised clinical equipment with guidelines for checking are in place</p> <p>Dedicated theatre, Sterilisation services (CSSD) and post anaesthetic recovery area.</p> <p>Access to an Intensive care via RSQ retrieval to Cairns and a Children intensive care via RSQ to Townsville.</p>	Commencement of birthing in Weipa

DOH DISCLOSURE LOG

Anaesthetic-Children's	As above	As above	As above Dedicated equipment to provide Anaesthetic care for low risk children for sedation and general anaesthesia as per the GPA credentialling. Paediatric and neonatal resuscitation equipment on hand in the birth and operating suite. Access to an children's Intensive care via RSQ retrieval to Townsville. Support to children's intensive care via telemedicine during the retrieval process.	As Above
Cancer				
• Children's				
• Haematological Malignancy				
• Medical Oncology				
• Radiation Oncology				
• Radiation Oncology-Children's				
Cardiac				
• Cardiac (Coronary) Care Unit				
• Cardiac Diagnostic & Interventional				
• Cardiac Medicine				
• Cardiac Outreach				
• Cardiac Surgery				
• Cardiac Rehabilitation–Inpatient				
• Cardiac Rehabilitation–Outpatient				
• Cardiac Rehabilitation–Ongoing prevention & maintenance				
Close Observation Children				
Emergency				
Emergency–Children's				
Geriatric				
• Emergency geriatric care				
• Geriatric acute inpatient				
• Ambulatory				
• Cognitive impairment				
• Consultation liaison				
• Geriatric evaluation and management				


<ul style="list-style-type: none"> Interim care 				
<ul style="list-style-type: none"> Geriatric rehabilitation 				
<ul style="list-style-type: none"> Ortho-geriatric 				
Intensive Care			Accessible and available at Cairns Hospital. Current agreement in place. RSQ retrieval and telemedicine support.	
Intensive Care–Children’s			Accessible and available at Townsville Hospital. Current agreement in place. RSQ retrieval and telemedicine support.	
Maternity	1	3	<p>Access to a Rural Generalist Obstetrics (GPO) trained proceduralist to provide:</p> <ul style="list-style-type: none"> 24/7 access to medical support Elective caesarean sections for low risk women at or beyond 39 weeks. Intrapartum care for planned births of 37 weeks. Capacity to provide emergency caesarean sections. <p>Midwifery group practice midwives for low-risk birthing and intrapartum care.</p> <ul style="list-style-type: none"> A dedicated Clinical Midwifery Consultant to manage the service Trained Clinical midwives providing 24/7 access to midwifery care (antenatal, intrapartum and post natal) <p>Aboriginal Health Practitioners</p> <ul style="list-style-type: none"> Aboriginal health practitioners within the MGP team to provide culturally appropriate care <p>Allied health</p> <ul style="list-style-type: none"> Women’s health Physiotherapist and Child Health Nurse onsite at Weipa Hospital. <p>Equipment and space</p> <ul style="list-style-type: none"> Dedicated birth suite with resuscitation (maternal and neonatal) capacity Secondary birthing space with resuscitation (maternal and neonatal) capacity Dedicated inpatient maternity bed <p>Training</p> <ul style="list-style-type: none"> Nursing, midwifery, and medical staff trained to manage maternal emergency’s (theatre and non-theatre) 	Commencement of birthing in Weipa Hospital

			<ul style="list-style-type: none"> Nursing staff trained in imminent birth and neonatal resuscitation (mandatory requirements) Nursing ward staff trained to care for the post-natal women to support the midwives Medical and midwifery staff have completion of mandatory training, FSEP, MEP, ALSO <p>Access to tertiary obstetrician through Retrieval Services Queensland (RSQ) and Cairns Hospital telemedicine.</p> <p>Procedures developed to support the Maternal care:</p> <ul style="list-style-type: none"> Epidural and PCA management Caesarean management Post-natal care MGP model of care Theatre recall Maternity retrieval process 	
Medical				
Medical–Children’s				
Medication	3	3	<p>Access to a onsite pharmacist during Business hours.monday- friday 24/ 7 access to a onsite pharmacy, TL each shift has access to the pharmacy. Out of hours access to pharmacy support via Cairns Hospital or the Weipa Pharmacist via a request to the DON</p>	
Medical Imaging	3	3	<p>Skilled and endorsed radiography staff Access to nursing and medical officer staff in the radiography suite. Services include:</p> <ul style="list-style-type: none"> Diagnostic obstetric and breast ultrasound CT scanning 	Commencement of birthing in Weipa Hospital
Mental Health–Adult				
• Ambulatory				
• Acute inpatient				
• Non-acute inpatient				
Mental Health–Child & Youth				
• Ambulatory				
• Acute inpatient				
• Non-acute inpatient				
Mental Health–Older persons				
• Ambulatory				
• Acute inpatient				
Mental Health–Statewide & Other Targeted services				
• Adult Forensic				
• Child & Youth Forensic				

• Deafness & Mental Health				
• Eating Disorder				
• Emergency				
• Evolve Therapeutic				
• Homeless Health Outreach				
• Perinatal & Infant				
• Transcultural				
Neonatal	1	3	<p>Dedicated area constructed (2) with specialised neonatal resuscitation equipment in place.</p> <p>Nursing and medical staff trained to recognise and stabilise the unwell neonate.</p> <p>Tertiary level care accessible and available from Townsville Hospital with a current agreement in place.</p> <p>Neonatal hearing screening equipment</p> <p>Child health and safety services onsite in Weipa, additional child health services through partner organisations (Apunipima Cape York Health Council) in Mapoon and Napranum.</p>	Commencement of birthing in Weipa Hospital
Nuclear Medicine				
Palliative Care				
Pathology	2	3	<p>Point of care testing available onsite for after hours and urgent results</p> <p>Access to an offsite and accredited laboratory service available with 24-hour results via Cairns. Twice daily scheduled Qantas flights from Weipa to Cairns</p>	Commencement of birthing in Weipa Hospital
Perioperative				
• Acute Pain				
• Day Surgery				
• Endoscopy				
• Operating Suite	3 (no 24/7 oncall theatre)	3 (with 24/7 on call theatre)	<p>Oncall 24/7 obstetric theatre and anaesthetics.</p> <ul style="list-style-type: none"> • 3 trained theatre nursing staff oncall • 1 GPO with 1 GPA oncall. • 1 Senior Medical Officer oncall as required <p>Access to registered health practitioners to provide anaesthetics and caesarean sections under specific circumstances.</p>	Commencement of birthing in Weipa Hospital

			Additional trained Registered Nurse staff to provide anaesthetics, instrument, and circulating roles. Designated sterilisation services with trained and endorsed staff to provide the service	
• Post-Anaesthetic Care	As above	As above	As Above Dedicated PACU area with immediate access to anaesthetic equipment and staff.	Commencement of birthing in Weipa Hospital
• Children's Post-Anaesthetic Care			Dedicated PACU area with immediate access to anaesthetic equipment and staff. Qualified GPA onsite.	
Persistent Pain				
Rehabilitation				
Renal				
Surgical				
Surgical oncology				
Surgical-Children's				

Summary cleared by: (Facility Accountable Officer)

Name:	Kindee Lawty
Position:	Director of Nursing and Midwifery Weipa Hospital
Signature:	
Date:	29.07.2022

Summary approved by: (Health Service Chief Executive)

Name:	Beverly Hamerton
Position:	Health Services Chief executive – Torres and Cape Hospital and Health Service
Signature:	
Date:	16/08/2022

Please send completed form to cscf@health.qld.gov.au

DOH DISCLOSURE LOG

Proposed Permanent CSCF Change Notification Form (HHS)

This form is for use where the proposed change to a clinical services capability framework (CSCF) service levels are **permanent**.

To complete this form please refer to the public hospitals CSCF established [Notification Process](#).

Prior to completing this form, it is recommended that where significant changes to CSCF levels are proposed, the Hospital and Health Service (HHS) reviews and implements the relevant steps in the [Guide to engagement and consultation on clinical service review](#) or the [Maternity service review-engagement consultation guide](#)

This form must be signed by the accountable officer in the facility and the Health Service Chief Executive. A completed [Proposed Permanent CSCF Change Notification Form \(facility\)](#) is to be attached for each facility where a change to a service is proposed. Once all paperwork is completed and signed, please email to: cscf@health.qld.gov.au.

Note: Completion of this form and endorsement by the System Management advisory Committee through the Notification Process is required prior to implementing any change to CSCF levels.

Hospital and Health Service	Darling Downs Health
Facility	Toowoomba
Service/s to change (please use the service name as described in the CSCF module)	Cancer – Children's Close Observation services - Children
Reason/s for change	Children's oncology has been in place in Toowoomba for several years. Review of the current CSCF noted that this had not been recorded. The Children's close observation is a new module. A temporary adjustment was made to the approved CSCF however this now needs to be made permanent.
What engagement or communications have occurred with the community ?	As there is no change to the services, no formal media release has been completed. However, the children's oncology service has moved from oncology to the paediatric ward (as well as governance) and this has been very well publicised. A close observation area had already been in place in the paediatric ward for many years. The introduction of the new module provided guidance on developing admission and discharge criteria, as well as providing direction regarding staffing requirements.
What engagement or communications have occurred with the consumers ?	Families have been well consulted regarding the change in location of services and also discussed at the Women's & Children's Advisory Group



What engagement or communications have occurred with clinicians impacted ?	Additional training has been conducted and this will continue to support clinicians to up skill and feel confident. This is for both close observation and oncology. A site visit by Queensland Paediatric Palliative Care Haematology Oncology Network (QPPHON) from Children's Health Queensland has occurred at our request and we have developed a very good relationship for support.
What engagement or communications have occurred with the HHS Board ?	N/A
What engagement or communications have occurred with referring public and private facilities / practitioners ?	We have already developed close links to CHQ and this has recently been strengthened with the relocation of the service. CHQ are our referral facility for oncology.
What engagement or communications have occurred with other key stakeholders ?	Nil
Is there any impact to statewide or other Health Services ? If yes; please provide detail.	Nil
Other comments	An audit against the CSCF module of the current oncology service for children was undertaken and no deficits were noted. This was done with the assistance of QPPHON.

Hospital and Health Service:		Change commencement date:					
Clinical Services Capability Framework version 3.2 Services	Toowoomba	Insert facility name	Insert facility name	Insert facility name	Insert facility name	Insert facility name	Insert facility name
Alcohol & Other Drugs							
• Ambulatory							
• Emergency							
• Inpatient - adult							
• Inpatient - child and youth							
Anaesthetic							
Anaesthetic-Children's							
Cancer							
• Children's	4						
• Haematological Malignancy							
• Medical Oncology							
• Radiation Oncology							

• Radiation Oncology-Children's								
Cardiac								
• Cardiac (Coronary) Care Unit								
• Cardiac Diagnostic & Interventional								
• Cardiac Medicine								
• Cardiac Outreach								
• Cardiac Surgery								
• Cardiac Rehabilitation-Inpatient								
• Cardiac Rehabilitation-Outpatient								
• Cardiac Rehabilitation-Ongoing prevention & maintenance								
Close Observation Services - Children	2							
Emergency								
Emergency-Children's								
Geriatric								
• Emergency geriatric care								
• Geriatric acute inpatient								
• Ambulatory								
• Cognitive impairment								
• Consultation liaison								
• Geriatric evaluation and management								
• Interim care								
• Geriatric rehabilitation								
• Ortho-geriatric								
Intensive Care								
Intensive Care-Children's								
Maternity								
Medical								
Medical-Children's								
Medication								
Medical Imaging								
Mental Health-Adult								
• Ambulatory								
• Acute inpatient								
• Non-acute inpatient								

Mental Health–Child & Youth							
• Ambulatory							
• Acute inpatient							
• Non-acute inpatient							
Mental Health–Older persons							
• Ambulatory							
• Acute inpatient							
Mental Health–Statewide & Other Targeted services							
• Adult Forensic							
• Child & Youth Forensic							
• Deafness & Mental Health							
• Eating Disorder							
• Emergency							
• Evolve Therapeutic							
• Homeless Health Outreach							
• Perinatal & Infant							
• Transcultural							
Neonatal							
Nuclear Medicine							
Palliative Care							
Pathology							
Perioperative							
• Acute Pain							
• Day Surgery							
• Endoscopy							
• Operating Suite							
• Post-Anaesthetic Care							
• Children's Post-Anaesthetic Care							
Persistent Pain							
Rehabilitation							
Renal							
Surgical							
Surgical oncology							
Surgical–Children's							

Cleared by: (Facility accountable officer)

Name:	Shirley-Anne Gardiner
Position:	Executive Director Toowoomba Hospital
Signature:	[REDACTED]
Date:	9 September 2022

Approved by: (Health Service Chief Executive)

Name:	Annette Scott
Position:	Health Service Chief Executive
Signature:	[REDACTED]
Date:	12/09/2022

RTI Release

DOH DISCLOSURE LOG

Long Term (three months or more) Clinical Services Capability Framework Service Level Change Notification Form – Hospital and Health Service Summary

To complete this Form, please refer to the Public Hospitals Clinical Services Capability Framework Notification Process:
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public>

Hospital and Health Service:		Change commencement date:					
Cairns and Hinterland							
Clinical Services Capability Framework version 3.2 Services	Atherton Hospital	Babinda MPHS	Cairns Hospital	Cairns South Health Facility	Chillagoe PHC	Cow Bay PHC	Croydon PHC
Alcohol & Other Drugs							
• Ambulatory	1	1	5	-	-	1	-
• Emergency	1	1	5	-	-	-	-
• Inpatient - adult	1	-	6	-	-	-	-
• Inpatient - child and youth	-	-	-	-	-	-	-
Anaesthetic	3	-	5	-	-	-	-
Anaesthetic-Children's	3	-	4	-	-	-	-
Cancer							
• Children's	-	-	5	-	-	-	-
• Haematological Malignancy	4	-	5	-	-	-	-
• Medical Oncology	4	-	5	-	-	-	-
• Radiation Oncology	-	-	5	-	-	-	-
• Radiation Oncology-Children's	-	-	-	-	-	-	-
Cardiac							
• Cardiac (Coronary) Care Unit	-	-	5	-	-	-	-
• Cardiac Diagnostic & Interventional	3	-	5	-	-	-	-
• Cardiac Medicine	3	-	5	-	-	-	-
• Cardiac Outreach	-	-	YES	-	-	-	-
• Cardiac Surgery	-	-	-	-	-	-	-
• Cardiac Rehabilitation-Inpatient	-	-	5	-	-	-	-
• Cardiac Rehabilitation-Outpatient	4	-	5	-	-	-	-
• Cardiac Rehabilitation-Ongoing prevention & maintenance	-	-	YES	-	-	-	-

Clinical Services Capability Framework version 3.2 Services	Atherton Hospital	Babinda MPHS	Cairns Hospital	Cairns South Health Facility	Chillagoe PHC	Cow Bay PHC	Croydon PHC
Close Observation - Children	-	-	2	-	-	-	-
Emergency	3	2	5	-	1	-	1
Emergency-Children's	-	-	5	-	-	-	-
Geriatric							
• Emergency geriatric care	3	-	5	-	-	-	-
• Geriatric acute inpatient	3	-	6	-	-	-	-
• Ambulatory	1	1	4	-	-	-	-
• Cognitive impairment	-	-	6	-	-	-	-
• Consultation liaison	3	-	6	-	-	-	-
• Geriatric evaluation and management	-	-	6	-	-	-	-
• Interim care	-	2	3	-	-	-	-
• Geriatric rehabilitation	-	-	5	-	-	-	-
• Ortho-geriatric	-	-	4	-	-	-	-
Intensive Care	-	-	6	-	-	-	-
Intensive Care-Children's	-	-	5	-	-	-	-
Maternity	3	-	5	-	-	-	-
Medical	4	2	5	-	1	1	1
Medical-Children's	2	1	4	-	1	1	1
Medication	4	2	6	2	1	1	1
Medical Imaging	4	1	5	-	-	-	1
Mental Health-Adult							
• Ambulatory	3	2	5	-	1	2	1
• Acute inpatient	2	-	5	-	-	-	-
• Non-acute inpatient	-	-	-	-	-	-	-
Mental Health-Child & Youth							
• Ambulatory	3	-	4	-	-	-	-
• Acute inpatient	-	-	3	-	-	-	-
• Non-acute inpatient	-	-	-	-	-	-	-
Mental Health-Older persons							
• Ambulatory	-	-	5	-	-	-	-
• Acute inpatient	-	-	4	-	-	-	-
Mental Health-Statewide & Other Targeted services							
• Adult Forensic	-	-	*	-	-	-	-
• Child & Youth Forensic	-	-	*	-	-	-	-
• Deafness & Mental Health	-	-	-	-	-	-	-

Clinical Services Capability Framework version 3.2 Services	Atherton Hospital	Babinda MPHS	Cairns Hospital	Cairns South Health Facility	Chillagoe PHC	Cow Bay PHC	Croydon PHC
• Eating Disorder	-	-	6	-	-	-	-
• Emergency	-	-	5	-	-	-	-
• Evolve Therapeutic	-	-	5	-	-	-	-
• Homeless Health Outreach	-	-	-	-	-	-	-
• Perinatal & Infant	-	-	3	-	-	-	-
• Transcultural	-	-	*	-	-	-	-
Neonatal	3	-	5	-	-	-	-
Nuclear Medicine	-	-	5	-	-	-	-
Palliative Care	4	2	5	-	1	1	1
Pathology	4	2	5	2	2	2	2
Perioperative							
• Acute Pain	-	-	5	-	-	-	-
• Day Surgery	3	-	4	-	-	-	-
• Endoscopy	4	-	5	-	-	-	-
• Operating Suite	3	2	5	-	-	-	-
• Post-Anaesthetic Care	3	-	5	-	-	-	-
• Children's Post-Anaesthetic Care	3	-	5	-	-	-	-
Persistent Pain	-	-	2	-	-	-	-
Rehabilitation	3	2	5	-	-	-	-
Renal	3	-	5	2	-	-	-
Surgical	3	-	5	-	-	-	-
Surgical oncology	-	-	5	-	-	-	-
Surgical-Children's	3	-	4	-	-	-	-
Trauma							
• Emergency Service	2	2	4	-	1	-	1
• Perioperative Service	2	-	5	-	-	-	-
• Surgical Service	2	-	5	-	-	-	-
• Intensive Care Service	-	-	6	-	-	-	-
• Acute Inpatient Service	3	-	5	-	-	-	-
• Rehabilitation Service	3	2	3	-	-	-	-
• Specialist Outpatient Service	-	-	5	-	-	-	-
• Pain Management Service	-	-	5	-	-	-	-
• Dedicated Trauma Service	-	-	2	-	-	-	-

Hospital and Health Service:		Change commencement date:					
Clinical Services Capability Framework version 3.2 Services	Dimbulah PHC	Forsayth PHC	George town PHC	Gordon vale hospital	Herberton Hospital	Innisfail Hospital	Lotus Glen CC
Alcohol & Other Drugs							
• Ambulatory	-	-	-	-	-	2	-
• Emergency	-	-	-	-	-	1	-
• Inpatient - adult	-	-	-	-	-	3	-
• Inpatient - child and youth	-	-	-	-	-	-	-
Anaesthetic	-	-	-	-	-	3	-
Anaesthetic-Children's	-	-	-	-	-	3	-
Cancer							
• Children's	-	-	-	-	-	-	-
• Haematological Malignancy	-	-	-	-	-	3	-
• Medical Oncology	-	-	-	-	-	3	-
• Radiation Oncology	-	-	-	-	-	-	-
• Radiation Oncology-Children's	-	-	-	-	-	-	-
Cardiac							
• Cardiac (Coronary) Care Unit	-	-	-	-	-	-	-
• Cardiac Diagnostic & Interventional	-	-	-	-	-	3	-
• Cardiac Medicine	-	-	-	-	-	3	-
• Cardiac Outreach	-	-	-	-	-	-	-
• Cardiac Surgery	-	-	-	-	-	-	-
• Cardiac Rehabilitation-Inpatient	-	-	-	-	-	-	-
• Cardiac Rehabilitation-Outpatient	-	-	-	-	-	4	-
• Cardiac Rehabilitation-Ongoing prevention & maintenance	-	-	-	-	-	-	-

DOH DISCLOSURE LOG

Clinical Services Capability Framework version 3.2 Services	Dimbulah PHC	Forsayth PHC	George town PHC	Gordon vale hospital	Herberton Hospital	Innisfail Hospital	Lotus Glen CC
Close Observation - Children	-	-	-	-	-	-	-
Emergency	-	-	1	-	-	3	1
Emergency-Children's	-	-	-	-	-	-	-
Geriatric							
• Emergency geriatric care	-	-	-	-	1	3	-
• Geriatric acute inpatient	-	-	-	-	-	4	-
• Ambulatory	-	-	-	-	-	4	-
• Cognitive impairment	-	-	-	-	4	4	-
• Consultation liaison	-	-	-	-	-	4	-
• Geriatric evaluation and management	-	-	-	-	-	3	-
• Interim care	-	-	-	2	2	-	-
• Geriatric rehabilitation	-	-	-	-	-	3	-
• Ortho-geriatric	-	-	-	-	-	-	-
Intensive Care	-	-	-	-	-	-	-
Intensive Care-Children's	-	-	-	-	-	-	-
Maternity	-	-	-	-	-	3	-
Medical	1	1	1	2	2	4	2
Medical-Children's	1	1	1	-	-	2	-
Medication	1	1	1	3	2	4	2
Medical Imaging	-	-	1	-	-	4	-
Mental Health-Adult							
• Ambulatory	1	1	1	-	-	3	3
• Acute inpatient	-	-	-	-	-	2	-
• Non-acute inpatient	-	-	-	-	-	-	-
Mental Health-Child & Youth							
• Ambulatory	-	-	-	-	-	3	-
• Acute inpatient	-	-	-	-	-	-	-
• Non-acute inpatient	-	-	-	-	-	-	-
Mental Health-Older persons							
• Ambulatory	-	-	-	-	-	-	-
• Acute inpatient	-	-	-	-	-	-	-
Mental Health-Statewide & Other Targeted services							
• Adult Forensic	-	-	-	-	-	-	-
• Child & Youth Forensic	-	-	-	-	-	-	-
• Deafness & Mental Health	-	-	-	-	-	-	-

Clinical Services Capability Framework version 3.2 Services	Dimbulah PHC	Forsyth PHC	George town PHC	Gordon vale hospital	Herberton Hospital	Innisfail Hospital	Lotus Glen CC
• Eating Disorder	-	-	-	-	-	-	-
• Emergency	-	-	-	-	-	-	-
• Evolve Therapeutic	-	-	-	-	-	-	-
• Homeless Health Outreach	-	-	-	-	-	-	-
• Perinatal & Infant	-	-	-	-	-	-	-
• Transcultural	-	-	-	-	-	-	-
Neonatal	-	-	-	-	-	3	-
Nuclear Medicine	-	-	-	-	-	-	-
Palliative Care	1	1	1	3	2	3	1
Pathology	1	1	2	1	1	4	2
Perioperative							
• Acute Pain	-	-	-	-	-	-	-
• Day Surgery	-	-	-	-	-	3	-
• Endoscopy	-	-	-	-	-	4	-
• Operating Suite	2	-	-	-	-	3	-
• Post-Anaesthetic Care	-	-	-	-	-	3	-
• Children's Post-Anaesthetic Care	-	-	-	-	-	3	-
Persistent Pain	-	-	-	-	-	-	-
Rehabilitation	-	-	-	-	-	3	-
Renal	-	-	-	-	-	3	-
Surgical	-	-	-	-	-	3	-
Surgical oncology	-	-	-	-	-	-	-
Surgical-Children's	-	-	-	-	-	3	-
Trauma							
• Emergency Service	-	-	1	-	-	2	-
• Perioperative Service	-	-	-	-	-	2	-
• Surgical Service	-	-	-	-	-	2	-
• Intensive Care Service	-	-	-	-	-	-	-
• Acute Inpatient Service	-	-	-	-	-	3	-
• Rehabilitation Service	-	-	-	-	-	3	-
• Specialist Outpatient Service	-	-	-	-	-	-	-
• Pain Management Service	-	-	-	-	-	-	-
• Dedicated Trauma Service	-	-	-	-	-	-	-

DOH DISCLOSURE LOG

Hospital and Health Service:		Change commencement date:					
Clinical Services Capability Framework version 3.2 Services	Malanda PHC	Mareeba Hospital	Milla Milla PHC	Mossman Hospital	Mt Garnet PHC	Raven shoe PHC	Smithfield CHC
Alcohol & Other Drugs							
• Ambulatory	1	2	1	2	-	1	-
• Emergency	-	1	-	1	-	-	-
• Inpatient - adult	-	3	-	3	-	-	-
• Inpatient - child and youth	-	-	-	-	-	-	-
Anaesthetic	-	3	-	-	-	-	-
Anaesthetic-Children's	-	3	-	-	-	-	-
Cancer							
• Children's	-	-	-	-	-	-	-
• Haematological Malignancy	-	-	-	-	-	-	-
• Medical Oncology	-	-	-	-	-	-	-
• Radiation Oncology	-	-	-	-	-	-	-
• Radiation Oncology-Children's	-	-	-	-	-	-	-
Cardiac							
• Cardiac (Coronary) Care Unit	-	-	-	-	-	-	-
• Cardiac Diagnostic & Interventional	-	3	-	-	-	-	-
• Cardiac Medicine	-	3	-	3	-	-	-
• Cardiac Outreach	-	-	-	-	-	-	-
• Cardiac Surgery	-	-	-	-	-	-	-
• Cardiac Rehabilitation-Inpatient	-	-	-	-	-	-	-
• Cardiac Rehabilitation-Outpatient	-	4	-	4	-	-	-
• Cardiac Rehabilitation-Ongoing prevention & maintenance	-	-	-	-	-	-	-

DOH DISCLOSURE LOG

Clinical Services Capability Framework version 3.2 Services	Malanda PHC	Mareeba Hospital	Milla Milla PHC	Mossman Hospital	Mt Garnet PHC	Raven shoe PHC	Smithfield CHC
Close Observation - Children	-	-	-	-	-	-	-
Emergency	-	3	-	2	-	-	-
Emergency-Children's	-	-	-	-	-	-	-
Geriatric							
• Emergency geriatric care	-	3	-	-	-	-	-
• Geriatric acute inpatient	-	4	-	-	-	-	-
• Ambulatory	-	4	-	1	-	-	-
• Cognitive impairment	-	4	-	-	-	-	-
• Consultation liaison	-	4	-	-	-	-	-
• Geriatric evaluation and management	-	4	-	-	-	-	-
• Interim care	-	-	-	-	-	-	-
• Geriatric rehabilitation	-	4	-	-	-	-	-
• Ortho-geriatric	-	-	-	-	-	-	-
Intensive Care							
Intensive Care-Children's	-	-	-	-	-	-	-
Maternity	-	3	-	1	-	-	-
Medical	1	3	1	3	1	1	-
Medical-Children's	1	2	1	2	1	1	-
Medication	1	4	1	3	1	1	2
Medical Imaging	-	4	-	3	-	-	-
Mental Health-Adult							
• Ambulatory	1	3	1	3	1	1	-
• Acute inpatient	-	2	-	2	-	-	-
• Non-acute inpatient	-	-	-	-	-	-	-
Mental Health-Child & Youth							
• Ambulatory	-	-	-	-	-	-	-
• Acute inpatient	-	-	-	-	-	-	-
• Non-acute inpatient	-	-	-	-	-	-	-
Mental Health-Older persons							
• Ambulatory	-	-	-	-	-	-	-
• Acute inpatient	-	-	-	-	-	-	-
Mental Health-Statewide & Other Targeted services							
• Adult Forensic	-	-	-	-	-	-	-
• Child & Youth Forensic	-	-	-	-	-	-	-
• Deafness & Mental Health	-	-	-	-	-	-	-

Clinical Services Capability Framework version 3.2 Services	Malanda PHC	Mareeba Hospital	Milla Milla PHC	Mossman Hospital	Mt Garnet PHC	Raven shoe PHC	Smithfield CHC
• Eating Disorder	-	-	-	-	-	-	-
• Emergency	-	-	-	-	-	-	-
• Evolve Therapeutic	-	-	-	-	-	-	-
• Homeless Health Outreach	-	-	-	-	-	-	-
• Perinatal & Infant	-	-	-	-	-	-	-
• Transcultural	-	-	-	-	-	-	-
Neonatal	-	3	-	1	-	-	-
Nuclear Medicine	-	-	-	-	-	-	-
Palliative Care	1	3	1	2	1	1	-
Pathology	1	2	1	2	2	1	1
Perioperative							
• Acute Pain	-	-	-	-	-	-	-
• Day Surgery	-	3	-	-	-	-	-
• Endoscopy	-	4	-	-	-	-	-
• Operating Suite	-	3	-	2	-	-	-
• Post-Anaesthetic Care	-	3	-	-	-	-	-
• Children's Post-Anaesthetic Care	-	3	-	-	-	-	-
Persistent Pain	-	-	-	-	-	-	-
Rehabilitation	-	4	-	2	-	-	-
Renal	-	-	-	3	-	-	2
Surgical	-	3	-	2	-	-	-
Surgical oncology	-	-	-	-	-	-	-
Surgical-Children's	-	2	-	-	-	-	-
Trauma							
• Emergency Service	-	2	-	2	-	-	-
• Perioperative Service	-	2	-	-	-	-	-
• Surgical Service	-	2	-	-	-	-	-
• Intensive Care Service	-	-	-	-	-	-	-
• Acute Inpatient Service	-	3	-	-	-	-	-
• Rehabilitation Service	-	3	-	2	-	-	-
• Specialist Outpatient Service	-	-	-	-	-	-	-
• Pain Management Service	-	-	-	-	-	-	-
• Dedicated Trauma Service	-	-	-	-	-	-	-

DOH DISCLOSURE LOG