Department of Health (DoH) strategic plan 2025-2029 alignment resource

The *In-reach rehabilitation model of care* (MOC) delivers early, multidisciplinary rehabilitation within acute wards in partnership with the treating teams. It improves functional outcomes, decreases length of stay, reduces the length or need for inpatient rehabilitation admission, prevents deconditioning and hospital-acquired complications, and enhances patient flow.

This guide maps how the In-reach MOC aligns with the Queensland Department of Health Strategic Plan 2025–2029. It provides practical actions, examples, measures, and an implementation roadmap to demonstrate how this model supports the Department's vision for a responsive, consumer-centred, efficient, and sustainable health system.

Strategic pillar	Strategic objectives	In-reach strategies	Evidence & measures	Detailed examples
Workforce	Prioritise safety and wellbeing; develop contemporary workforce models; build pipelines (incl. rural/remote); grow First Nations workforce; empower leadership.	• Shared-care governance • Advanced practice roles: Rehab physician/ CNC/HP5, senior AH professional (AHPs) • Structured capability building for acute clinicians • Culturally safe care with First Nations liaison • Flexible staffing and AHA support	• Orientation & mandatory training completion • Supervision logs • Staff retention and career progression metrics • Cultural safety training completion	• Monthly multidisciplinary skills sessions on safe mobilisation and cognitive screening • First Nations cultural safety huddles co-facilitated with liaison services
Access	Capacity planning to patient needs; address service gaps; reduce wait times; improve clinical outcomes; develop First Nations health equity strategies; enhance real-time data; reduce ambulance ramping	• Improve access to rehabilitation for services without sub-acute rehab units • Optimise early access to rehab in acute wards • Direct home discharge pathways • Relationship building with community/sub-acute rehab links • Standardised referral/acceptance	• Referral volume & acceptance time • In-reach length of stay • Proportion discharged home • Transfers avoided • Bed availability proxy and flow indicators	• Orthopaedic ward workflow: early mobilisation starting post-op day 1 and goal-based discharge planning • Stroke cohort: parallel care with early language/cognitive rehab while acute medical team leads primary care • Bariatric patients: safe therapy using appropriate equipment and liaison with community providers

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Sustainability	Outcome-based purchasing; health needs–aligned resource allocation; cross-sector collaboration; embed sustainability in governance; enhance prevention and early intervention	• AROC reporting and value-based KPIs • Optimise therapy intensity to prevent deconditioning • Integrate with commissioning frameworks • Sustain acute workforce but supporting therapy intensity	• Bed days saved (AN-SNAP vs actual) • Activity Based Funding (ABF) metrics • HACs (falls/pressure injuries) trend • Readmission rates • Staff survey results	• Value-based care business case showing return on investment from avoided subacute admissions and reduced acute • Quarterly sustainability dashboard tracking HACs and bed day savings
Innovation	Integrate digital solutions (incl. AI) in models-of-care; accelerate access to innovative treatments; strengthen research and tele trial participation; robust risk mitigation for rollouts	• Shared digital care plans • Decision-support for therapy progression • QI cycles using dashboard analytics • Pilot AI-enabled scheduling where available	• Digital utilisation metric • Research governance approvals • Improvement cycles documented	• Use of virtual meetings to support regional and rural patient and carer inclusion • Digital whiteboards showing daily therapy goals and progress
Health Assets	Capital Management Framework; reduce carbon emissions; expand integrated EMR; optimise physical and digital asset reliability and security; model demand and service strategies	• Use existing acute spaces for therapy • low capital load • integrate with EMR for documentation and handover • Secure data practices • Schedule-to-demand matching	• Therapy space utilisation • EMR documentation completeness • Asset readiness audits • Sustainability indicators	• Configure small therapy zones on acute wards with low-carbon equipment choices • EMR-embedded care plans and discharge summaries accessible to community providers