## Service direction

| Intensive care services are continuously improving efficiency, effectiveness and quality of care, and are sustained over time to meet service need. | Intensive care services meet local service need in line with the Clinical Services Capability Framework minimum requirements for that service and for supporting services, prioritising regional service need. | Intensive care services practice as part of a coordinated, statewide service system and work in collaboration with private sector services where practicable. | Intensive care services are supported with information systems and technology, improving service access, quality and integration. |

## Objectives

1. Appropriate admissions to and discharges from intensive care services ensure that patients receiving intensive care are those most likely to benefit from the care.
2. Increase use of intensive care service models that drive efficiency and effectiveness.
3. Increase use service standards and benchmarking practices that drive efficiency, effectiveness and quality of care, relevant to local health services and local health needs.
4. Improve coordination and management, and ensure clinical appropriateness, of patient retrieval and transfer between intensive care services.
5. Increase research capabilities of intensive care services, particularly translational research and use of clinical audits, to improve the quality of care provided.

## Priority actions

### Short-term (1–2 years)

- Develop and implement policy on criteria for admission to and discharge from intensive care, appropriate to each intensive care service and relevant to other local services.
- Promote the development of new research and use of existing research to inform and drive service improvements.
- Develop and implement policy on criteria for transfer of patients between intensive care services.
- Implement the policy on criteria for transfer of patients between intensive care services (noted above) locally, ensuring:
  - Transfers are primarily for a patient requiring a service from an ICU with a specific clinical treatment not available locally.
  - Routine transfers should not occur as a result of the local service being unable to meet its self-assessed Clinical Services Capability Framework for Public and Licensed Private Health Facilities version 3.1 (CSCF v3.1) level; or for insufficient resources to meet local service need.
- Develop a methodology for using Australian and New Zealand Intensive Care Society CORE data to inform current and future service need.

### Medium-term (3–5 years)

- Develop and implement policy on coordination/management of patient retrieval and transfer.
- Develop service standards and benchmarks for areas of clinical practice that are open to standardisation.
- Implement flexible rostering practices and staff to patient ratios based on complexity of patient care.

### Long-term (6–10 years)

- Implement service standards and benchmarks for areas of clinical practice that are open to standardisation.
- Implement service models (i.e. ‘where’ and ‘how’ services are delivered)—particularly for outreach services—that promote efficiency while retaining effectiveness, safety and quality.

### Short-term (1–2 years)

1. Intensive care services adapt to meet increasing patient care needs (i.e. older patients with multiple comorbidities).
2. Intensive care services are able to treat patients locally, at the level of care the patient requires, with supporting types and levels of local acute care services.
3. Intensive care services meet emergency department and elective surgery demand, contributing to national targets including the National Emergency Access Target (NEAT) and the National Elective Surgery Target (NEST).
4. Improve recruitment, retention and skill of the intensive care workforce, at statewide and local levels.

### Short-term (1–2 years)

1. Improve coordination of intensive care services between HHS including coordination of patient transfers.
2. Improve sharing of resources and expertise of intensive care services between HHS.
3. Increase coordination of intensive care services between private and public sectors where practicable.
4. Improve intensive care capacity and planning for regional and statewide disasters, ensuring planning is coordinated within and across HHS and with other emergency care providers.

### Short-term (1–2 years)

- Provide clinical support to other parts of the service system:
  - formalised peer support arrangements for services of similar CSCF v3.1 level of service.
  - formalised support arrangements between services of lower and higher CSCF v3.1 level of service.

### Medium-term (3–5 years)

- Develop local and/or regional disaster plans, inclusive of intensive care service demand (such as pandemic).
- Define and formalise the relationships between, and roles of each intensive care service in local intensive care service delivery.

### Long-term (6–10 years)

- To meet local intensive care service need:
  - develop links with relevant local services (e.g. hospital wards, palliative care) to facilitate timely and appropriate admission and discharge.
  - explore private sector services accepting public sector patients when surge demand issues arise.

### Short-term (1–2 years)

- Promote staff use of existing telehealth infrastructure to assist with higher CSCF v3.1 level intensive care services supporting lower CSCF v3.1 level services.
- Develop an improved data collection tool for more accurate tracking of inter-hospital transfer of intensive care patients.

### Medium-term (3–5 years)

- Explore the further development of an intensive care bed availability identification tool available across the service system.
- Develop a list of clinical technology and standardised equipment required to provide patient care, and implement new technology and equipment where feasible.

### Long-term (6–10 years)

- Plan the implementation of the intensive care clinical information system across all service sites.
Adult intensive care
statewide health service strategy
2013

Intensive care services provide complex critical care for patients. The Adult intensive care statewide
health service strategy 2013 provides public sector adult intensive care services with a 10-year vision
for intensive care services across Queensland. This vision for a world-class service is for an integrated
and sustainable, coordinated, statewide system in collaboration with private sector services where
possible.

Services in regional Queensland will have greater ability to treat patients locally and therefore meet local
health needs. In 2023, services will continue to provide high quality care and produce high quality
outcomes for patients with critical care needs, subsequently providing an increasingly efficient and
effective support service for acute care services backed by best practice service models, a skilled
workforce and innovative technology.

The strategy embraces the themes of the Blueprint for better health care in Queensland and focuses on:

- improving care services for people with cancer
- empowering the health workforce to drive the strategy
- improving the efficiency of services, and
- planning for the future.

The 10 year strategy will provide continuous improvements in the capability of intensive care services in
Queensland.

For more information contact
Policy and Planning Branch
System Policy and Performance Division
Department of Health
GPO Box 48, Brisbane QLD 4001
Statewide_Planning@health.qld.gov.au