

Operations Management Plan

GENESISCARE FRENCHS FOREST

JOCELYN GUARD

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A. Introduction

Our purpose and values



- Our purpose is to design care experiences that get the best possible life outcomes
- Our approach to patient care is to deliver high quality, patient centric care to patients at our Frenchs Forest site. This is reflected in our Purpose and Values (shown above).
Patient centred model of care
- Consistent with our approach nationally and globally we will provide a patient centred model of care that is comprehensive, evidenced based and holistic.
- We will provide patients with access to the latest clinical techniques (including IGRT, IMRT, VMAT, DIBH and stereotactic radiotherapy), sub-specialised care, integration with tertiary providers and ensure patients have access to the full spectrum of appropriate and supportive care.
- Our organisation has a major focus on quality and safety in everything that we do and are committed to improving access to high quality treatment for people affected by cancer.
- We are committed to providing care in line with clinical efficacy, safety and published guidelines (specifically EviQ and NCCN). We regularly report on our adherence with clinical guidelines against treatment intent and treatment modality to demonstrate our commitment to evidence-based care and appropriate service delivery.
- We are strongly supportive of an MDT based approach. Our Radiation Oncologists are active participants in both the public and private MDTs.
- Our organisation is underpinned by a national approach to Safety and Quality. This is supported by a Safety and Quality Framework that supports the network to deliver a quality standardised, evidenced base service that can be benchmarked across all States.
- We are accredited under National Health Services Standards. In September 2016 we underwent an organisation wide survey where it received acknowledgement of the high-quality approach to safety and quality evidenced not only by the culture of our staff, but also quality of evidence provided.
- Our organisation is committed to evidence-based treatment and supports protocol driven therapy, multi-disciplinary team-based care, sub-specialisation, clinical

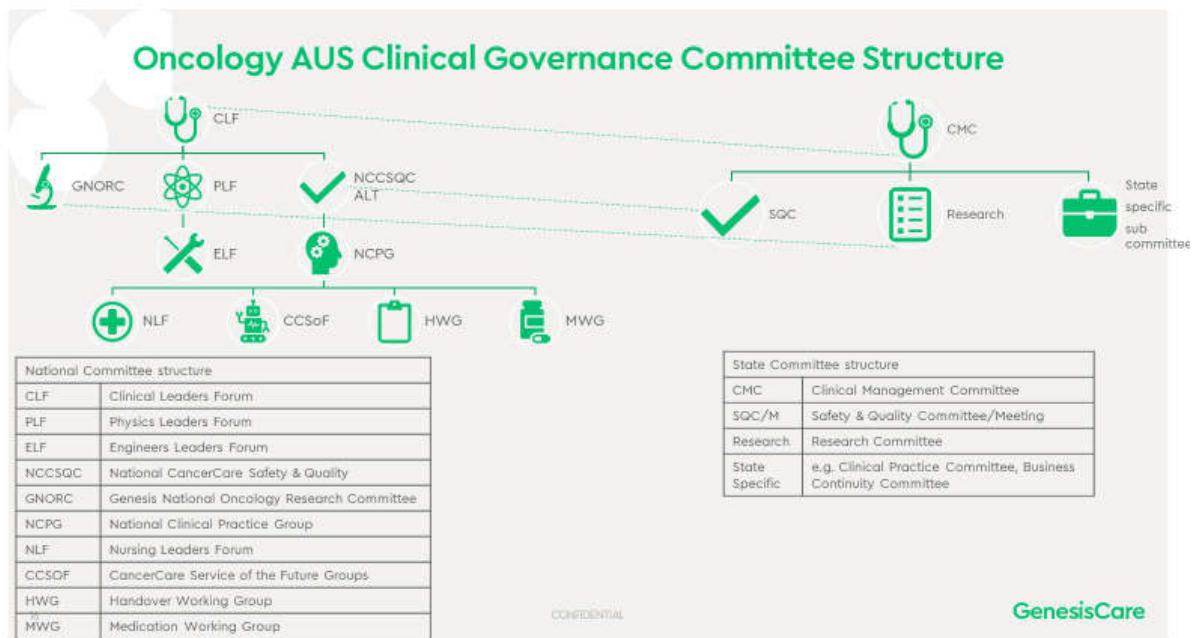
independence and the collection and analysis of data. As the MOSAIQ Oncology Information System platform is deployed and standardised protocols are used in all centres providing public care, we will contribute to and work within these protocols.

- We promote national clinical collaboration through an Oncology Clinical Leadership Forum (CLF) with representatives from each of the core general and sub-specialist areas of Radiation Oncology. The CLF is heavily involved in the development and analysis of high quality and safe evidence-based care pathways.

B. Governance arrangements:

Our current clinical and cooperate governance is set out in our global Safety and Quality Framework. This sets out the fundamentals to provide governance for safety and quality in all of our health care services. It provides the organisation with guidance on establishing the systems, procedures and behaviours necessary to maintain high standards of care, and to continually strive for excellence through continuous improvement.

Our Board recognises that governance for safety and quality is more than policies, data and accountabilities. It is how the organisation, led by the Board, through its actions, creates a culture which unites executives, managers, clinicians and consumers to deliver best possible healthcare outcomes.



C. Accreditation standards

We always strive to strengthen our organisation and prove that we provide high-quality and safe care according to best practices. We are and will continue to be patient-focused in care provision and demonstrated by understanding the needs of our patients. We evaluate our services from a patient's perspective, always ensuring they are our priority. We also maintain effective leadership, in working with continuous improvement principles as evidenced by the outcomes we achieve.

We are accredited by the Australian Council on Healthcare Standards (ACHS) following the second edition of the National Safety and Quality Health services Standards program and the Royal Australian and New Zealand College of Radiologists (RANZCR) standards.

In September 2016 we underwent an organisation wide survey where we received acknowledgement of the high-quality approach to safety and quality evidenced not only by the culture of our staff, but also by the quality of the evidence we provide.

We will ensure that we meet the standards above at our new services within the Fit for Purpose Medical Centre at Frenches Forrest.

This is a positive indication that a culture of safety exists in our organisation, not only at the time of accreditation but throughout the whole cycle evidenced by possessing a strong clinical governance model.

D. Policies and Procedures

While we have our own policies and procedures documented for the services that we provide, the basis for these policies is in line with the national and state Health service policies and guidelines. We maintain as much as is applicable National based policies to ensure we are maintaining standardised care practices across all our sites and that we can report and benchmark accordingly.

E. Key business activities

The scope of the clinical service that we will provide within the Frenchs Forest centre will ensure that the patients referred to us will receive the care that will allow them to have the best life outcomes possible.

We provide world class Adult Oncology services from initial consult, to treatment and follow up care.

(We will be exempt from the care of paediatric patients as categorised by NSW Health.)

Our centre is designed over 4 floors:

- On the ground level there will be a Medical consultation suite consisting of 7 consulting rooms, and a dispensary.
- On level 1 there will be a radiation oncology unit with 1 linear particle accelerator and CT planning.
- On level 2 a medical oncology/haematology unit with 13 clinical treatment spaces and a pathology blood collection service.
- On level 3 a medical imaging service provided by an external provider.

The building is situated within the Forrest Central Business Park and will be provisioned with 4 levels of basement parking providing 75 carparks for both patients and staff.

These services will be delivered by a world class dedicated Oncology workforce which will include:

- A dedicated Centre Leader
- Radiation Oncologists, Medical Oncologists, Haematologists
- Radiation Therapists who will undertake both treatment and planning roles,
- Experienced registered nursing staff in radiation and medical oncology and haematology treatments
- Cancer Nurse Coordinator
- Patient services officers and accounts staff
- Physics team
- Pharmacists
- Engineering support
- Pathologists (external supplier)
- Medical imaging team (external supplier)

The number of staff working on site will be:

staff	numbers
Consulting RO	3
Consulting MO/haematology	4
Patient Service Officers	6
Nurses cover both MO/RO	7
Radiation Therapists	5
Engineers	1 only on site as required central role
Physicists	1
Pharmacists /Pathologists	2
Allied Health	1
Management /additional administration	3
Imaging suite – Radiographer	1
Imaging suite – Support staff	3

These staff will be supported by the shared services team we have available which include, Safety and Quality, Finance, Human Resources, Information Technology, Legal and Marketing.

We will have a care coordinator model to the delivery of our patient care, with dedicated Cancer Nurse Coordinators working with our patients to guide them through their journey through our services and act as a conduit to ensure the smooth referral of patients to support and allied health professionals as required by the patients individual needs

The services that we will be delivering are including the following tumour groups:

- Breast
- GU
- Thoracic
- Upper and lower GI
- Haematological
- Skin
- CNS
- Rapid access palliative care

➤ Simple Head and Neck

Expected patient volumes through the centre will be as estimated below:

Patients- Consulting	55 per day - max 11 per hour
Patients – RO	40 patients per day, average treatment time 15 minutes = 30 minutes on site
Patients – MO	36 – 48 patients per day (regime dependent / 3 – 4 patients per hr
Imaging suite – patients	PET: 5 patients per day Gamma: 5 patients per day
Patients- Imaging/SIM	3

The service will be provided on state-of-the-art equipment which will include:

- linear accelerator with stereotactic capabilities the number of which will increase depending on volumes.
- A dedicated treatment CT scanner which will reduce the length of time patients have to wait for Simulation
- Dedicated IT applications to ensure the timely, correct and secure capture of patient data as required for ongoing patient treatment, mandatory reporting and deidentified research.

This equipment will allow us to deliver the latest evidence-based protocols and techniques which include: VMAT, IMRT, IGRT, DIBH, SRS and SABR for our Radiation Oncology patients. We as an organisation have developed National protocols for the delivery of our treatments particularly in the SRS and SABR techniques, to ensure that our Clinicians can be accredited to these evidence-based best practice techniques. Allowing for benchmarking centres across our national network.

The service will supply 13 dedicated treatment chairs/ beds for infusional chemotherapy, immunotherapy and supportive treatments.

We are currently working to have nationally recognised standardisation across all our treatments thorough the work we have developed with our Tumour Specific Reference Groups

F. Service accreditation

The service will be accredited and meet the standards set down by RANZCR Radiation Oncology Practice Standards and the National Safety and Quality Standards.

The service will have a valid Radiation Oncology and medical Oncology Licence and the linear accelerators will be independently audited to ensure they meet Australian Clinical Dosimetry Service (ACDS) quality assurance.

Our staff follow robust accreditation standards and each of our Oncologists credentials are presented to the Clinical Management Committee (CMC) and Medical Advisory Committee (MAC) for approval prior to commencement in their roles.

We follow up yearly with all staff to ensure that credentials are up to date, including AHPRA licences, Radiation licences, and insurance details are up to date.

G. Hours of operation

The Oncology Service at Frenchs Forest will operate a regular service:

- Monday – Saturday 7am – 7pm
- Closed for Public holidays
- Rare out of hours emergency cases for patients from Northern Beaches Hospital for radiation oncology emergencies (e.g. spinal cord compression) so they do not have to travel to RNS will be delivered as required (estimated to 1 per quarter)
- We do not have the provisions to care for patients overnight, any patients that require care that is not suitable to an ambulant care area will be referred to the appropriate inpatient hospital setting.

Staff will be arriving for the morning shift from 7am with the first patient on treatment in the Radiation Oncology space at 7.30am.

Staff will be leaving the centre at 5pm with last patient on the machine at 4.30pm. On occasion physics staff will stay later to conduct tests required on the linear accelerator and CT machine.

H. Referral management plan for ambulatory patients

Patients will be referred into the Oncology services via several referral routes including, via the MDT meetings and clinics and via Frenchs Forest based clinicians.

Referrals will be accepted based on our criteria for patients to receive treatment via the modalities we deliver of Radiation Oncology, infusional chemotherapy, immunotherapy and supportive treatment.

I. Patient management protocols

The service will provide treatment planning, therapy delivery, and patient follow-up as per our evidence-based treatment protocols.

We follow the EVIQ based treatment protocols for medical oncology, Haematology and Radiation oncology, along with our National standardised protocols that have been driven by our subspecialty work in SRS and SABR. Our Network of oncologists have developed National Tumour Reference groups to standardise protocols across all sites.

J. Diversity management

As part of our Patient experience initiatives we are committed to provide equitable care and access to services that are responsive to the diverse needs of our community through the Culturally and Linguistically Diverse (CALD) & Aboriginal and Torres Strait Islander (ATSI) Strategy.

The strategy is developed around the 3 i's CALD & ATSI approach

- Identify: demographics of the area in which our centre is located and any existing minority groups or culturally diverse patient cohorts.
- Inform: the team about the cultural needs and requirements of ATSI and CALD patients that we may treat.
- Include: relevant patient facing information and links to resources as part of our service offering.

To cater to the needs of CLAD & ATSI patient cohorts, each of the 3i's is required to be actioned by appropriate team members.

K. Complaints management and reporting

We have a commitment to efficient and fair resolution of complaints and notifications. We acknowledge the patients right to complain and we actively solicit feedback from patients. As per our *Feedback, complaints and notifications management policy*.

We respond quickly, constructively and sensitively to complaints. The aim is to provide a satisfactory resolution to the issue which is fair to the patient and the person subject to the complaint.

The principals underpinning complaint management are that:

- The rights and responsibilities of consumers to be treated with respect, dignity and consideration for their privacy,
- To have their feedback and complaints treated as genuine and be properly investigated.
- To ensure promotion of transparency, fairness and accountability of the complaint process.

We ensure monitoring of trends to assist in the continual improvement of services and to minimise risk to consumers thus improving the safety and quality of care provided.

We recognise the need to be fair to both the complainant/notifier and the organisation or person against whom the complaint is made.

Handling complaints causes stress for staff and doctors and those involved will need support and should be offered counselling if required. Procedural fairness ensures decisions or actions are perceived to be fair and based on a fair process. Perceived fairness of the process is distinct and separate from the outcome of the process.

L. Consumer satisfaction monitoring and reporting

Consumer and patient satisfaction are a key driver of our service, to which we have developed a dedicated Patient experience team to support our Centres.

We collect on a monthly basis patient and consumer satisfaction surveys and report on our Net Promoter Score (NPS).

We aim for an NPS score over 90% in line with our other centres, this puts us in the top percentile for consumer satisfaction in outpatient-based services across Australia.

Our Patient experience team will work with our centre to develop the following local relationships:

- Facilitate co-design with consumers for policies and procedures by engaging consumers to improve our service

- Improve the safety and quality of the health service by including patient feedback and facilitating partnerships in the planning, design, delivery, measurement and evaluation of care through the following Consumer engagement programs:
 - Consumer Advisory Committee (CAC)
 - Consumer Representative Panel (CRP)
 - Advocacy Group Strategy
 - Focus Groups
 - Patient Satisfaction Survey (PSS)
 - Feedback Forms
- Provide training and support to consumer representatives to actively participate in service improvement efforts.

M. Staff satisfaction monitoring and reporting

We are dedicated to ensuring that all our staff are engaged and motivated to participate in the delivery of the best care to allow patients to have the best life outcomes.

We follow our robust staff engagement strategies with the support of our talent and culture team.

We ensure that new staff will take part in our 60day on-boarding roadmap to provide the framework for our new employee experience. The roadmap is designed to help new staff feel welcome and set them up for success in their career with us.

We will support our individual team members with development and career planning. Goal Setting and Performance planning strategy allows us to monitor staff engagement and performance in their day to day activities and ensure that they have identified potential stretch goals to allow them to continually work on improving.

We regularly survey our employees to understand what we are doing well and how we can improve our engagement. How we work together is every bit as important as what we do. We need an effective strategic plan and a strong positive culture to have the greatest impact on patient care.

We work on a foundation of mutual respect, trust and support, we ask all staff to:

- Help to build and maintain a culture that is just and fair to all
- Demonstrate great behaviour
- Act in the best interests of our company
- Make decisions that comply with legislative requirements

N. Waste management

Please refer Garbology Waste Management Plan.

O. Traffic management

75 carparks have been provided for patients and within the 4-level underground carpark. A boom gate will be installed at the entrance to ensure that only patients and staff of the hospital are able to access the underground parking facilities. A dedicated delivery area has been developed on the ground floor to allow delivery trucks to park off the road to avoid any disruption to traffic. The roundabout will remain clear of obstruction with the 2-way driveway into the parking floors.

There will be a dedicated emergency ambulance bay outside the front of the building to allow ease of access in an emergency.