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JUNE 2018

BYRON CENTRAL HEALTH & WELLNESS HUB

PLAN OF MANAGEMENT

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BYRON CENTRAL HEALTH & WELLNESS HUB - PLAN OF MANAGEMENT

This Plan of Management (PoM) sets out the key policies and management practices for the hospital. The PoM also sets out the methods by which management will ensure compliance with the policies, including processes for address of concerns raised by staff, patients, neighbours, and the wider community. The hospital will be professionally managed and operated in a way as to minimize any adverse impacts on the neighbourhood.

The adoption of PoM is intended as an internal management reference manual to provide an understanding of the designed controls and processes for staff, patients and visitors; measurement mechanisms of potential gaps; and process improvement procedures.

The PoM sets out the control procedures to provide reasonable assurance of the achievement of objectives relating to:

1. Effectiveness and efficiency of interim staging & scheduling to minimize any traffic impacts; and
2. Implementation mechanisms to address compliance with applicable laws and regulations – including patient safety and quality.

This POM is in accordance with the development consent conditions and must be complied with at all times.

1) OPERATIONAL STRATEGY

This Byron Central Health & Wellness Hub (“BWH”) seeks to meet the expanding need for health care choices in the Byron Bay and surrounding areas. While the new Byron Central Public hospital addresses and consolidates the demand for a modern public facility, there are few options for significant local private health care; including surgical and ancillary services. The BWC facility will provide a range of services to a catchment that is expected to cater primarily for the broader Byron shire; but will also act as a secondary catchment to Ballina and Tweed districts due to its accessibility from the Pacific Highway and the services that will be provided.

The BWH espouses an integrated model of health service delivery and represents industry best practice. The co-location of a variety of health care services under one roof has significant benefits for the community, patients, staff and practitioners on a number of levels.

FACILITY PROFILE

- Multidisciplinary Primary Care General Practice bringing together General Practice with allied health professionals. The ability to co locate medical and allied health practitioners in the same facility allows for a continuum of care across a number of disciplines. This greatly assists in the management of chronic illness but also the multi-disciplinary management of patient care and wellbeing. This is the future of primary care in a General Practice setting. The range of services include General Practice, physiotherapy, psychology, skin clinic and other similar uses. This is located on the ground floor of the main building.

- Two theatre surgery with visiting consulting rooms for specialists. This reinforces an integrated care model and reduces the anxiety of seeing multiple practitioners in multiple locations. This is located on the first floor of the main building.
- Overnight recovery accommodation for day surgery patients after their procedures if required. This approach encompasses best practice, whereby overnight hospitalization is limited to type of procedure, family circumstances, distance or convenience the patient is unable to travel home.
- Restaurant/café for the benefit of the patients, families, staff and support for the overnight accommodation.
- Pharmacy for the benefit of patients, families, staff and support for the overnight accommodation.

SITE & SURROUNDS

This site is important as part of the growing entry precinct to Byron Bay but also as the gateway to Ewingsdale, Mullumbimby and surrounding areas within the Byron Shire. With this there is an opportunity to meld the characteristics of the various communities as re-establishing the green corridor from Ewingsdale Road into the Ewingsdale enclave.

This Facility will retain elements of the rural character and acknowledge the eclectic and holistic nature of the Byron Shire through the site planning, form and overall appearance of the precinct. The range of uses and location has been a strong influence on the design philosophy with the creation of a village grouped around a central outdoor space. The buildings have been separated into varying modules and configurations to reinforce the village but also account for change in level across the site. Roof forms varying in height and pitch are influenced by the rolling hill tops to the west. Layering of the building façade with earth tone materials ties the buildings to the site and surrounding rural area. The inclusion of natural light and views from the within the building are now key components of these types of buildings contributing to the overall philosophy of care. In addition, the screens provide shade to glazed areas but also privacy.

The primary objective of BHW is patient wellbeing, facilitated by creating a comfortable environment which can reduce anxiety but also contribute to overall health. This environment contributes significantly to the staff and doctors ability to provide a high level of care.

2) REGULATORY MATTERS AND COMPLIANCE

The hospital has been developed to comply with all applicable Australian Health Facility legislation and guidelines. The regulatory instruments and extrinsic material by which this hospital is managed include the following:

1. Private Health Facilities Act 2007;
2. Private Health Facilities Regulation 2017;
3. Poisons and Therapeutic Goods Act 1966;
4. Australasian Health Facility Guidelines (HFG);
5. NSW Health Inpatient Statistics Collection (NSWISC) as specified in Policy Directive 2005/175.

The café shall be operated and maintained to ensure compliance to the requirements of NSW Food Act and Food Regulation. The operator will provide Notification with the NSW Food Authority via online application.

3) INTERIM RESTRICTIONS AND MANAGEMENT REQUIREMENTS

A. ACCESS AND TRAFFIC

The Byron Health and Wellness Hub is located at McGettigans Lane in Ewingsdale adjacent to the Byron Hospital. Ewingsdale Road is the primary arterial road connecting Byron Bay to the Pacific Highway. Ewingsdale Road experiences high traffic volumes throughout the day, including at the primary site access intersection at McGettigans Lane which experiences peak turning traffic movements around typical school pick-up and drop-off times.

Whilst Council has plans to upgrade the intersection in the future, the BWH must operate under the stringent series of restrictions and management requirements as outlined within this Plan of Management (PoM) and accompanying documents prior to the installation of intersection upgrades. These interim restrictions and operational management requirement are designed to restrict the BWH's traffic impacts and limit further exacerbation of peak traffic periods until the intersection upgrade is constructed.

The interim restrictions and operational procedures outlined within this PoM and supplementary procedure manuals and hand books include the following:

1. Restrictions to the number of GP and Allied Health professional consulting rooms in operation during specific periods of the day;
2. Restrictions to the number of patient consultations per hour for each health professional;
3. Implementation and utilisation of a centralised patient booking system. Specific additional patient requirements outlined for periods on either side of the closure periods;
4. Restrictions to surgery patient arrival and departure times as outlined within the *BWH Patient and Visitor Handbook*;
5. Restrictions and requirements for staff arrival times as outlined within the *BWH Staff Procedures Handbook*;
6. Implementation and monitoring of the BWH Workplace Travel Plan (WPT) in accordance with established best practice as identified by the NSW Government Premiers Council for Active Living;
7. Implementation of a BWH minibus service which will service patients, visitors and staff. The minibus service will operate on a regular route and schedule between BWH and the Byron Bay CBD. The service may also allow for on-demand pick-up services and integrate with the centralised patient booking system; and
8. Implementation of the BWG *Transport Access Guide* outlining transport options, maps and travel information.

B. OPERATION RESTRICTIONS PRIOR TO INTERSECTION UPGRADES

The following table outlines operational restrictions for the BWH in a typical week; and the resultant expected staff and patient movements on and off the site during each period is graphically demonstrated in the chart that follows.

Schedule of Health Care Services and Operational Restrictions Prior to Intersection Upgrades									
	Surgical		General Practitioners		Allied Health		Café / Food Services	Pharmacy	Support Functions (Reception / Office)
Time	Staff	Patients	Staff	Patients	Staff	Patients			
Prior to 7:00am	12 total (6 per theatre incl. 4 nurses / assistants, 1 surgeon, 1 anesthetist)	~1-5 per theatre	8 FTE Doctors	0	4 staff	0	3 staff	4 staff	3 Staff
7:00am-8:00am		0	0	24		6			
8:00am-9:15am	Restricted operations during this period - No GP or Allied Health Consultations - No patient admissions or discharges - No staff change overs, bus services or deliveries - internal administrative services only								
9:15am-10:00am				18		5			
10:00am -2:00pm	Surgical staff shift change	Patient admissions and discharges	GP staff shift change	3 patients per GP/hr	Allied Health staff shift change	1 patient/ 40mins per practitioner	Café staff shift change	Pharmacy staff shift change	Support staff shift change
2:00pm – 2:30pm				12		3			
2:30pm-4:00pm	Restricted operations during this period - No GP or Allied Health Consultations - No patient admissions or discharges - No staff change overs, bus services or deliveries - internal administrative services only								
4:00pm-8:30pm		Patient discharges		3 patients per GP/hr		1 patient/ 40mins per practitioner			

Key operational considerations, as outlined in the table, for each component are as follows:

1. Surgical

The surgical teams will arrive in the morning (prior to 7:00/7:30am). The site has two theaters capable of treating an average of circa. 1-5 patients – depending on the complexity of the cases. Each theatre will have a maximum of two sessions per day, being a morning and afternoon session. Patient admission will begin at 7am (for the morning session) and at 11am (for the afternoon session). Morning session patient discharges will occur between 10:00am and 2:00pm. Afternoon session patient discharges will occur between 5:00pm and 7:00pm (unless patient is staying overnight).

2. General Practitioners

Doctors will arrive in the morning (prior to 7:00/7:30am) with a maximum of eight FTE (Full Time Equivalent) general practitioners. Each practitioner will consult a maximum average of 3 patients per hour during the specified times. No booking will be able to be made outside these periods. The General Practice will be operate internal administrative functions (eg. Patient notes, staff training, food breaks, etc.) only between 8:00am and 9:15am and between 2:30pm and 4:00pm.

3. Allied Health

The allied health component will be limited to a maximum of 4 practitioners operating under the centralised booking system providing 40min sessions times per patient. Allied Health services will not provide appointments between 8:00am and 9:15am and between 2:30pm and 4:00pm.

4. The Café and Pharmacy

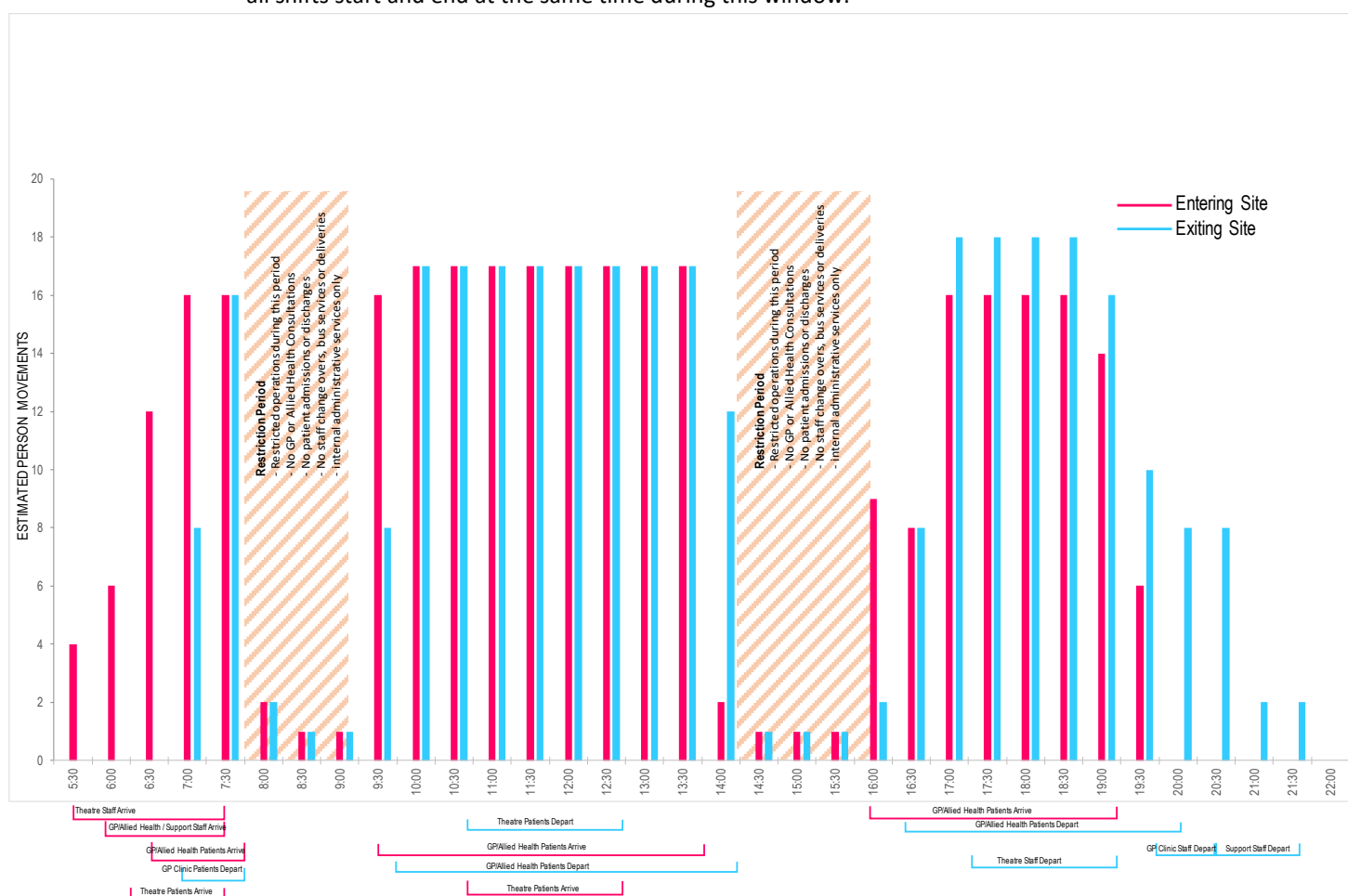
These components are to operate as ancillary services to the BWH (i.e. servicing patients and staff on site).

5. Support functions

Support functions will operate at all times; noting however that there will be no on-site patients to check-in during the closure periods.

6. Staff Shifts

All shift changes for BWH staff will be scheduled to occur between 10:00am and 2:00pm. This period is outside of the morning and afternoon peak periods. Shifts will be scheduled to ensure that not all shifts start and end at the same time during this window.



The “Estimated Person Movements” chart above demonstrates the impact of the interim operational measures as outlined in this PoM. In particular, the measures to be adopted will serve to significantly reduce resultant traffic impacts, especially those associated with the peak periods.

C. BWH COMMUNITY BUS TRANSPORT SERVICE

The BWH is committed to providing a facility which is accessible to all residents of the Byron region as well as provide sustainable transport options to reduce the dependence on private vehicles and traffic congestion on

the surrounding roads. This transport facility is provided to further supplement the operational restrictions detailed above.

A dedicated BWH transport 'minibus' service shall be provided for the facility linking key population areas and transport nodes of the region. The transport service shall provide the opportunity for both patients and staff to utilise the service. The facility shall provide routine services. Detailed routes, frequencies and timing shall be determined through consultation with local stakeholders and community health groups.

The transport service shall also provide 'on-demand/request' services to patients with special needs. These services shall be booked within the centralized booking system.

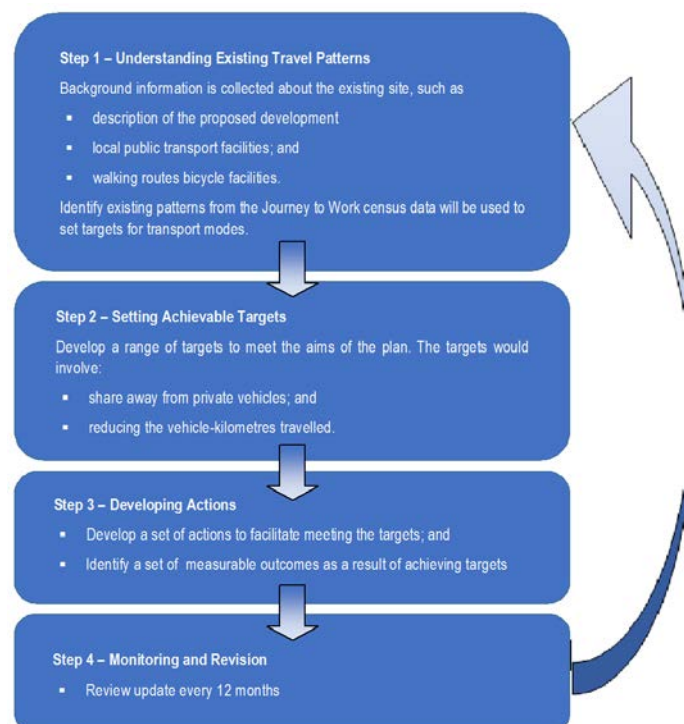
Monitoring, review and evaluation of the transport service shall be undertaken every 12 months as part of the BWH Workplace Travel Plan review process.

D. STAFF PROCEDURES RELATING TO TRAFFIC AND ACCESS

Staff will operate under the *BWH Staff Procedures Handbook*. With regards to access, this handbook will outline all necessary requirements for staff to adhere to including:

- Hours of operation
- Booking of patients, admissions and discharges;
- Shift starts and change overs; and
- Actions as a result of non-conformance.

The handbook shall also incorporate the *BWH Workplace Travel Plan*. The Workplace Travel Plan is a work place specific document that identifies strategies to reduce the dependency on private vehicles and proposes a range of strategies aimed at encouraging public transport and active transport use. The Work Travel Plan is designed as a 'live document' that shall be updated annually to monitor progress towards targets and review the success of current strategies. This is illustrated in the Workplace Travel Plan Process below.



4) SERVICES & ADMISSION PROCEDURES

SURGICAL SERVICES

SURGERY - ADMISSIONS

On arrival, the patient shall visit main reception for admission to be finalised. It's most important that the patient arrives on time for appointments for the purpose of debriefing, induction and medication.

BWH Transport Service shall be advised daily of any scheduled patient pick-up requirements and times.

SURGERY OPERATING TIMES

Morning Surgery

8.00am – 12.00pm (**Admission before 7am**)

Afternoon Surgery – 12pm

12.00pm – 5.00pm (**Admission before 12pm**)

Waiting times prior to surgery may be experienced. These delays are necessary to accommodate the clinical scheduling requirements of treating doctors.

DISCHARGE

All patients are required to be formally discharged by the staff at the specified time required as outlined within the Operational Procedures.

On discharge, all patients must be given any necessary instructions, including a prescription for any medications ordered and details of a follow-up appointment with doctors.

BWH Transport shall be advised daily of any scheduled patient departures.

GENERAL MEDICAL & ALLIED HEALTH SERVICES

The Byron Health and Wellness Hub will provide a comfortable environment for the patients, doctors as well as a number of support services including practice nurses, and other allied health services.

The BWH encourages employment of both female and male GPs; and in addition to routine consulting involving the diagnosis and management of diseases and injuries, the clinic will provide the following services:

- Children & Adult Immunisation;
- Men & Women's Health;
- Pregnancy Care;
- Skin Cancer Checks;
- Minor Surgery; and
- Chronic Disease Coordination.

GENERAL MEDICAL & ALLIED HEALTH OPERATING HOURS

Standard operating hours for General Medical and Allied Health Services are:

- 7:30am to 8:00am;

- 9:15am to 2:30pm and
- 4:00pm 8:30pm.

The Clinic will operate by Appointment Only. Patients will need to call the clinic, or book on-line, to make an appointment. However, cases of emergency and emergency telephone calls will be promptly dealt with.

5) AMENITY OF NEIGHBOURHOOD

The hospital is to comply with the relevant amenity provisions outlined within the council consent and health legislation, which include:

A. NOISE

Onsite activity noise emissions from the proposed development (i.e. vehicle activity, patron's outdoor activity, alfresco dining at the restaurant, deliveries, waste collection and mechanical plant) have the potential to impact upon surrounding noise sensitive receivers; and have been assessed in accordance with the "NSW Industrial Noise Policy" to ensure an acceptable level of acoustical amenity can be achieved.

Based upon the assumed noise source levels and recommended acoustic treatments and management controls, external noise impacts at the offsite receivers are predicted to be at or below the relevant external "Background +" criterion with the exception of waste collection at the nearest dwelling across Quarry Lane.

To minimise the potential of noise annoyance, waste collection and delivery activities will be limited to the daytime period between 7am and 6pm. **This excludes peak intersection periods between 8:00am-9:00am and 2:30pm-4:00pm.**

Based upon the adopted noise source levels, the following acoustic treatments and management principles are recommended to mitigate onsite activity noise emissions:

- Café/ Food Services hours be limited to between 7am and midnight;
- The ceiling above the indoor and outdoor dining areas of the restaurant should have an absorptive lining such as perforated plasterboard with insulation batts above.
- Waste collection and deliveries be limited to the daytime period between 7am and 6pm.
- Carpark and driveway hardstand areas be finished with surface coatings which prevent tyre squeal (an uncoated concrete or asphalt surface is acceptable).
- Drainage grating over trafficable areas be well secured to prevent rattling.
- Mechanical plant be designed and installed to comply with the relevant noise criterion requirements;

B. LIGHTING AND SIGNAGE

Outdoor display lighting, other than for reasonable security, will not be used between the hours of 10.00pm and 5.00am on any day. Such lighting will be located/ shielded so no additional light is cast on adjoining land and motorists are not distracted.

C. SECURITY

The Byron Health & Wellness Facility is committed to providing a safe and secure environment for patients, staff and visitors. Hospital security arrangements keep patients, staff and visitors safe from inappropriate behaviour such as violence and aggression.

➤ SAFETY AND SECURITY IN HOSPITAL

To keep staff, patients and visitors safe, hospitals use a range of security measures, including the use of CCTV cameras, duress alarms for staff members and electronic access control systems for doorways.

The key purpose of the security function is to:

- Ensure safety for our patients, families and staff.
- Facilitate thorough credentialing of all staff.
- Provide clear record of identity, employing body and professional status.
- Limit private, sensitive and high risk areas to appropriately qualified staff.

In line with the above, **ALL** staff members and visitors requiring security access to restricted areas of the hospital **MUST** fulfil the Credentialing process outlined below. The credentialing process is managed by Human Resources or the Head of Department (or delegated staff member).

➤ STAFF CREDENTIALING

Security access should not be granted without completion of the credentialing process, which entails the following:

- BWH Staff Procedures Manual and Induction Course
- Working with Children Check (receipt of application will be accepted in the first week).
- Fit 2 Work Police Check for Paid Staff Only (A Statutory Declaration stating 'no prior convictions' is acceptable, where Fit 2 Work checks are delayed or recently acquired).
- Qualifications against defined scope of practice - for all clinical staff.

➤ STAFF & VISITOR SECURITY ACCESS CARDS

Staff members are required to obtain a security photo ID. Some contracted staff will fall under this process also. Staff will be required to present Photo ID in order to obtain their security pass.

Security Photo ID is required if any of the statements below apply to the Visitor engagement:

- The Visitor requires **regular** access to the hospital over a sustained period of time (i.e. more than once a week, and over a period of at least six months).
- The Visitor will have access to patients and families on a professional basis without BWH supervision.
- The Visitor requires special access to medicine supplies, or areas deemed high risk.
- The Visitor requires IT log-ins.

Any Visitors who fall outside the above list of engagement conditions can be issued with a temporary, non-photo access pass. Temporary Security General Access Day Passes can only be obtained by the following process:

- Prior notification in writing of the person's full name, date of visit and Department they will be attending
- The Visitor must present a formal letter from RCH as proof of reason to visit the hospital
- The Visitor must also show photo identification to obtain the pass
- The pass must be returned at the end of the visit and signed out

➤ PATIENT SAFETY IN HOSPITAL

Another part of keeping patients safe in hospital is making sure they get the right treatment, do not pick up infections, have falls, take the wrong medication or develop pressure sores.

- **Identification checks**

Hospital patients will be asked to wear an identification (ID) band with their name and other important details around their wrist or ankle, or both. This is to make sure that hospital staff can identify the patient easily and that they receive the right treatment and care. Staff will check ID bands before giving any medication or treatment.

- **Personal information security**

All hospital staff, including the administration and medical care teams, must take reasonable precautions to protect patient personal health information from unauthorised access, improper use, unlawful destruction and accidental loss.

- **Food safety**

The BWH complies with NSW food safety regulations in place to prevent food contamination and to keep patients safe from food poisoning.

D. PARKING

- The car parking layout has been designed in accordance with AS2890.1 as required by Council's DCP.
- The car park incorporates staff and patient car parking on-grade in addition to secure underground staff parking;
- Access to facilities for persons with a disability shall be provided in accordance with AS1428 with an accessible car parking spaces provided within the onsite car park;
- All vehicles entering and leaving the site must do so in a forward direction;
- All driveways and turning areas must be kept free of obstructions;
- All signage included in this consent will be maintained and clearly visible at all times; and
- The carpark, and vehicular movements within, will be controlled via the installation of appropriate devices to ensure that the car park is utilised by bona-fide patients and staff of the site.

6) QUALITY CONTROL

The Byron Health and Wellness Hub is committed to the ongoing improvement of patient care and experience in all areas. We place a strong emphasis in delivering quality, person-centred patient care and in managing risks. The BWH has a strong commitment to safety and quality and this is reflected in our approach to:

- Continuous review and improvement of our patient safety and quality systems;
- Assisting healthcare professionals and Accredited Medical Practitioners to monitor the safety and quality of care they deliver;

- Creating safe environments and systems of work for staff.
- Corporate Governance
 - Meeting the obligations under the Corporations Act (2001) and all other federal and state legislations and regulations applicable to health;
 - Meeting statutory and industry standards for financial, asset and business management; and
 - Human resources management will foster an environment of teamwork, open communication and support of professional development while meeting all statutory requirements including work, health and safety standards.
- Clinical Governance
 - Accreditation and credentialing of all Accredited Medical Practitioners and Allied Health Practitioners;
 - Clinical Incidence reporting, review and corrective action when required; and
 - Effective management and monitoring of complaints.

7) COMPLAINT RESOLUTIONS:

The Byron Health and Wellness Hub (BWH) is committed to an effective and fair complaints system and supports a culture of openness and willingness to learn from incidents including complaints.

Any person can make a complaint. This may be:

- the patient who received the health service
- a parent or guardian
- a relative, friend or representative chosen by the person
- a health service provider, or
- any other concerned person.

PROCEDURE AND PRINCIPALS:

Consumers and their families are encouraged to provide suggestions, compliments, concerns and complaints and are involved in feedback on the complaints process.

Consumers and their carers are encouraged to discuss any concerns about clinical care with their treating doctor or nurses or they can complete the Consumer Feedback form.

All complainants are treated with respect, sensitivity and confidentially and underpinned by complaints principles. All complaints are handled without prejudice or assumptions about how minor or serious they are. The emphasis is on resolving the issue.

Consumers, their families, clinicians and staff can make complaints on a confidential basis or anonymously if they wish, and be assured that their identity will be protected.

All clinicians and staff are to encourage consumers and their families to provide feedback about the service, including complaints, concerns, suggestions and compliments.

Clinicians and staff are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

Personal information in individual complaints is kept secure with restricted access and confidential and is only made available to those who need it to deal with the complaint.

Consumers are provided with access to their medical records in accordance with the Freedom of Information policy.

COMPLAINTS PROCESS

The complaints process includes four main steps and includes:

- Assessment
- Information gathering
- Resolution and Outcome
- Implementation of practice improvement

The CEO/DON(or nominated staff member) is responsible for coordinating the investigation and resolution of formal complaints, conducting risk assessments (in consultation with clinicians), liaising with complainants, maintaining a register of complaints and other feedback, providing regular reports on informal and formal complaints, and monitoring the performance of the complaints policy and procedure.

TRAINING AND EDUCATION

The hospital will provide training in dispute management, customer service and complaints management procedures as part of induction and through regular updates.

Information about trends in complaints and how individual complaints are resolved is routinely built into the education /training and addressed at the Continuum of Care and Quality meetings.

Consumers are provided with information on the Complaints Management process

CONSUMER ENGAGEMENT /PARTICIPATION

Information is provided about the complaints policy and external complaints bodies that consumers can go to with a complaint, such as the Health Services Commissioner in a variety of ways:

- publicity about the service;
- posters in reception;
- discretely located suggestion boxes; and
- by clinicians and staff inviting feedback and comments.
- All patients admitted will receive consumer information regarding compliments and complaints.

MONITORING AND EVALUATION

The Facility will prepare and maintain a register on the number and type of complaints, the outcomes of complaints, recommendations for change and any subsequent action that has been taken. The reports are provided to staff, clinicians and Management.

The Facility will annually review the complaints management system to evaluate if the complaints policy is being complied with and how it measures up against the indicators in the *Better Practice Guidelines on Complaints Management for Health Care Services and Complaints Management Handbook*.

Formal complaints are acknowledged in writing or in person within **72 hours**.

The acknowledgment provides contact details for the person who is handling the complaint, how the complaint will be dealt with and how long it is expected to take. If a complaint raises issues that require notification or consultation with an external body, the notification or consultation will occur within **five days** of those issues being identified.

Formal complaints are investigated and resolved within **10–35** days, depending on the level of complexity and investigation required.

Practice improvement changes occur as a result of consumer complaints and suggestions.

8) CONDITIONS OF DEVELOPMENT CONSENT

Management will ensure that all the conditions of the development consent are:

- Easily available in written form at the premises;
- Made known to all relevant management and staff at the premises including the obligation to comply with the conditions;
- Complied with at all times.

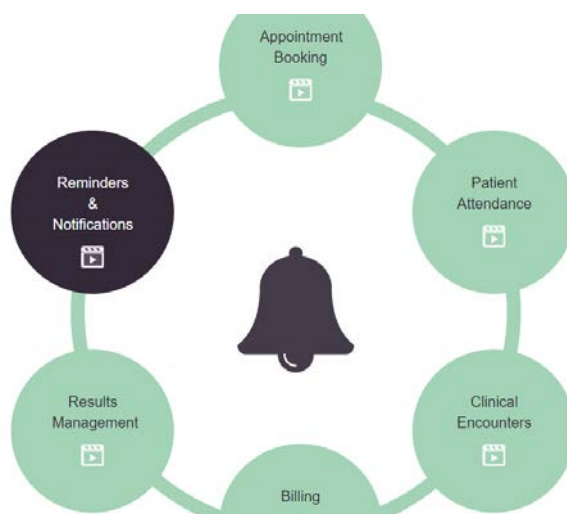
9) PLAN IMPLEMENTATION

The Plan of Management will be adhered to via a range of compliance procedures as outlined below:

A. ADVANCED MEDICAL SYSTEMS

A best-practice medical software tool will be implemented – providing a full-featured, powerful and easy to use Practice Management application, that supports all areas of practice and clinical operation. The software tool will encompass all key elements required to ensure compliance and enforcement of operational scheduling as outlined in the Plan of Management.

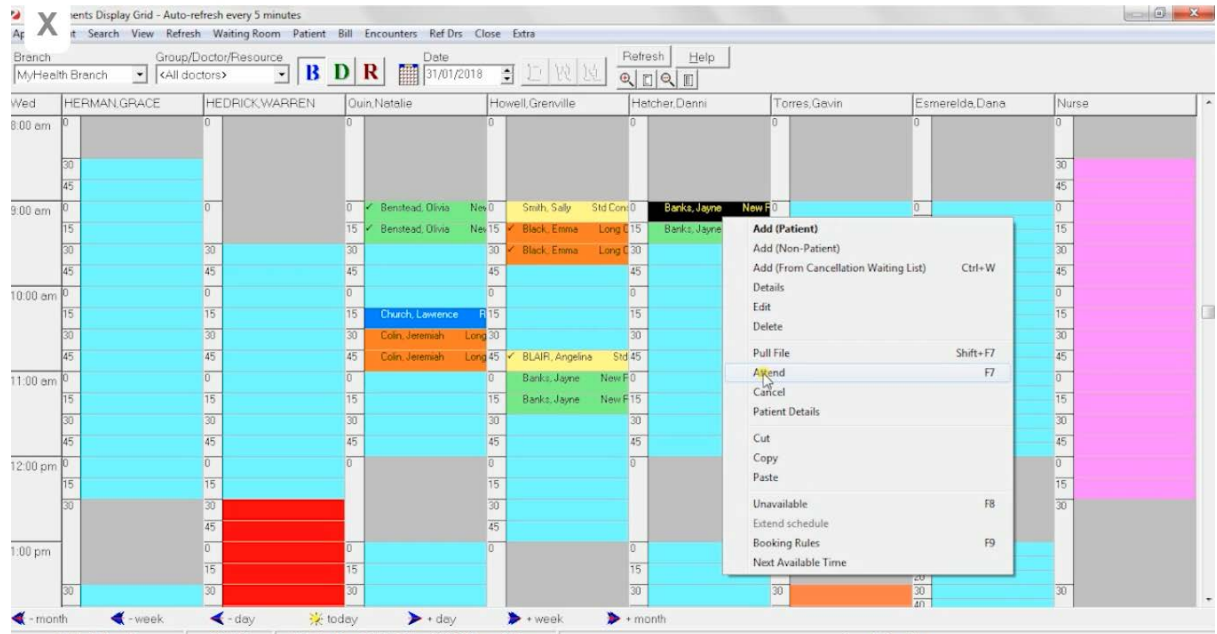
A graphical representation of the application's key features is shown below.



As depicted in the picture, the software system will provide the following functions and benefits:

1. SCHEDULING

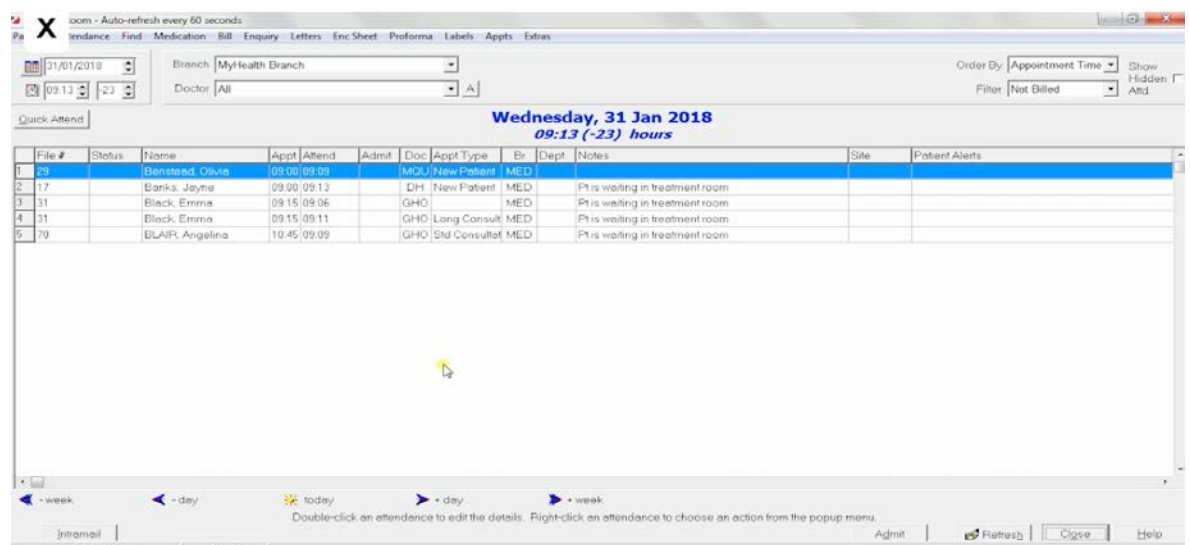
The automated electronic scheduling software will control practitioner appointments as demonstrated below. Each medical practitioner's hours of consulting are shown in a column; and the system will be set-up to ensure that no bookings can be made during the restricted operations period (as outlined in section 4 of this PoM).



2. DATA COLLECTION FOR ORGANIZATIONAL EFFICIENCY & COMPLIANCE:

The electronic scheduling software will perform a real-time assessment of wait times to reduce bottlenecks for patients. It will also be used to track actual patient movements as compared with planned or scheduled movements. This information will then be used to modify scheduling behaviour/practices to align with actual on-the-ground observations. In addition, it will help office staff track and analyse no-show trends within the practice.

The diagram below portrays an example of the system's operational tracking ability.



As depicted in the above diagrammatic example for a typical morning, there are columns for:

- The patients;
- The patients' appointment time;
- The time patients actually arrival time/ check-in at the practice;
- The time the patients are admitted by the medical practitioner; and
- The time they patients depart the medical centre.

This information will be analysed on a regular (fortnightly or monthly) basis for the entire facility, including all medical and allied health patients – and fed back into the operational management schedule to ensure compliance with mitigating any traffic impacts during the nominated peak periods.

3. LOCATION MANAGEMENT

The medical software will also be used to fine-tune patient location management to maximize patient convenience. In particular, the system allows pinpointing of where patients are coming from, so population health strategies can be tailored, and resource allocation can be optimised.

4. BWH TRANSPORT BOOKINGS

The medical scheduling system can also be integrated with the BWH minibus transport service booking system to improve utilisation of the bus service, and efficiencies with organisation of bookings.

B. ENGAGEMENT AND ADVICE

Respond to direct queries for advice from members of the public and stakeholder groups.

C. PROVISION OF GUIDANCE AND SUPPORTING MATERIALS

Guidance materials such as fact sheets and practice notes are to be made available online and at the facility outlining the BWH schedule and other compliance obligations for staff and members of the public.

- For patients, key documents (including the *BWH Patient and Visitor Handbook* and the *BWH Transport Access Guide*) will be emailed, &/or sent via sms, along with the booking confirmation (either PDF versions or web links to documents published on the BWH website).
- For staff, key information and relevant documentation (including the *BWH Staff Procedures Handbook* and the *BWH Workplace Travel Plan*) will be provided to staff as part of the induction process.

10) MONITORING OF COMPLIANCE

To ensure compliance with the PoM, the following monitoring strategies will be implemented:

SITE INSPECTIONS:

- Periodic Site inspections by assessors will assist in ensuring the PoM is being complied with. Any non-compliances can be followed up with compliance and enforcement actions.
- Inspections generally include pre-inspection activities such as obtaining general site information before entering the facility or site. Other activities that may be conducted during the on-site visit include:
 - interviewing facility or site representatives,

- reviewing records and reports,
- taking photographs, and
- observing facility or site operations.

RECORD REVIEWS

Record reviews are a review of records for the purposes of reviewing information to determine compliance. Record reviews may be combined with an on-site inspection.

INFORMATION REQUESTS

Information requests are an enforceable, written request for information to a regulated entity or a potentially responsible party about a site, facility, or activity. Information requests may be warranted when there is:

- A continuing pattern of non-compliance by a facility,
- A referral from another agency,
- A study or studies conducted by the regulating agency indicating a potential compliance problem.

These requests normally ask for information on facility operations, records, reports, or other documents to verify or substantiate the compliance status of the facility or the site.

11) ONGOING PLAN REVIEW PROCESS

Management responsible for the implementation of this PoM may develop and implement Supplementary Plans of Management to address issues not otherwise covered by the Plan of Management approved by Council, without further referral to Council, provided such Supplementary Plans of Management do not detract from or contradict anything in the Plan of Management approved by Council or the conditions of consent generally.

The PoM will be reviewed by the Byron Health and Wellness Hub management at least every 12 months, and any supplementary &/or improved plan/s, may be prepared and implemented if necessary.

This Plan of Management is dated June 2018.