

# Decontaminating Business Planning Processes in Sterilising Services

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Business Planning Framework

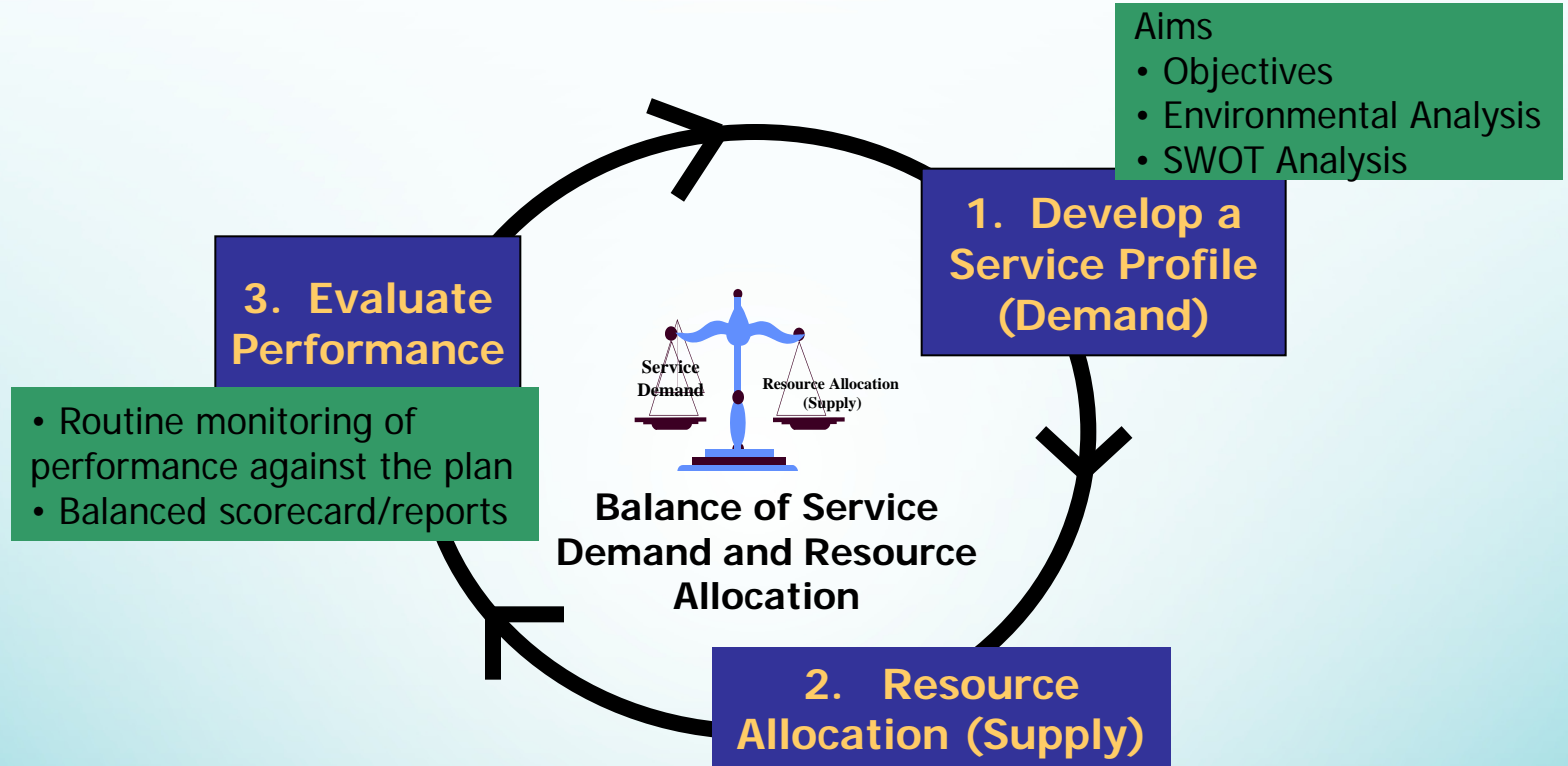
Nursing and Midwifery Office, Queensland

# Session Overview

This session will review;

- the purpose of service profiles
- service profile format
- how to set service objectives and;
- evaluation strategies/methods to measure service performance

# 3 Stages of the QH B.P.F Cycle



- Aims
- Objectives
  - Environmental Analysis
  - SWOT Analysis

- Routine monitoring of performance against the plan
- Balanced scorecard/reports

- Match of:
- Service Demand
  - Activity
  - Acuity/Complexity
  - Other factors
- To
- Resource Allocation (Supply)

# Service Profile Definition

“ working document that articulates the strategies for achieving the goals of the unit. It is the “statement” of what the service, unit or department expects to achieve over a set period as a step towards “fulfilling its strategic plan ”

(BPF 4<sup>th</sup> Edition 2008 p.9)

<http://qheps.health.qld.gov.au/policy/docs/imp/qh-imp-901.pdf>

Tool that articulates the demand placed on nursing/  
midwifery resources

# Benefits of Service Profiles

- Assist clinical teams to plan for service delivery
- Clearly defines service goals and objectives
- Identifies tasks and priorities
- Determines the resources required to deliver services
- Provides guidance for monitoring, evaluating and reporting service performance

# Service Profiles (starting point)

1. What is the aim of the service?
2. What are the objectives of the service?
3. Description of present service.
4. Analysis of the internal environment.
5. Analysis of the external environment.
6. Completing a SWOT analysis.



# Aim of the Service

Linked to QH strategic directions and plans

[http://www.health.qld.gov.au/about\\_qhealth/strat\\_plan/intro.asp](http://www.health.qld.gov.au/about_qhealth/strat_plan/intro.asp)

Succinct statement

Broadly covers the purpose of the service



# Service Objectives

- Easy to understand (e.g. consumers, clinicians, managers, business teams and finance officers)
- Specific
- Realistic and achievable
- Time orientated
- Outcome focused
- Measurable
- Prioritised



# Describing Present Service

- Service location (e.g. geographical and physical)
- Service boundaries (e.g. geographical)
- Recognised type of service (e.g. statewide, children)
- Current role delineation (e.g. Clinical Service Capabilities Framework [http://qheps.health.qld.gov.au/pcb/cscfv3\\_home.htm](http://qheps.health.qld.gov.au/pcb/cscfv3_home.htm))

# Internal Environment

- **Structural:** Location, size, design of facility, services within facility, organisation/unit structural design, cost centre structure, service structure, nursing/midwifery structure, model/s of care
- **Human Resource Management:** Leadership/Management, organisational culture, core staffing (skillmix management), support staff, teaching and training/development commitments/needs, recruitment methods, other indirect patient commitments (portfolio work, quality improvement, research)
- **Information Technology Management:** Clinical and management IT (what is in place, is it suitable), information management requirements (appropriate systems/access/accuracy)
- **Performance:** Performance versus budget, pt activity/acuity, KPI's

# External Environment

- **Policy/legal Factors:** State and Commonwealth direction/plans/initiatives  
Legislation, Licensing organisations, professional groups, Industrial Groups and Education Imperatives
- **Economic Factors:** Internal and National economy, Public/Private interface, private health care providers, capital works
- **Social Factors:** Population demographics, cultural influences, morbidity/mortality, community expectations, workforce issues
- **Technological Factors:** e-health, tele-health, internet
- **Research and Evidence Based Practice:** Data collections, research activities, resources to support nursing/midwifery workloads

# Skillmix links & SWOT Analysis

**Strengths:** a distinctive competence of the **internal** service

**Weakness:** an **internal** deficiency that limits service performance

**Opportunity:** **external** area of potential

**Threat:** unfavourable factor in the **external** environment



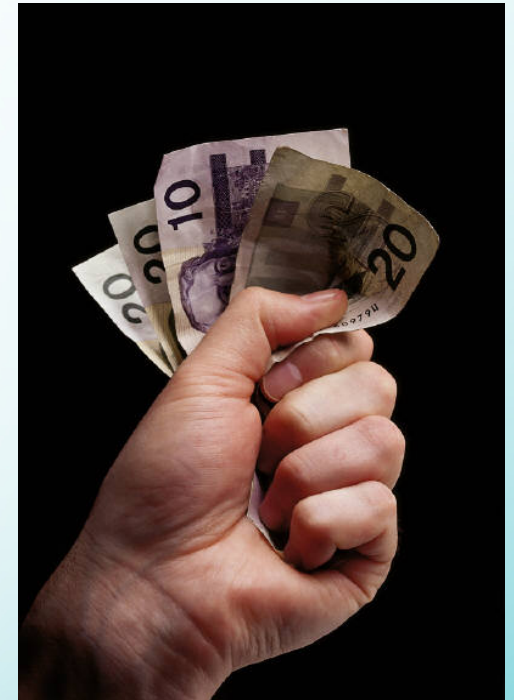
# More Considerations...

**Staff costing types:** fixed/variable/ semi-variable

**Funding Models/Sources:** activity based funding, state and or commonwealth sources

**Budgets types:** flexible/fixed etc

Total productive hours costs + Non- productive hours costs  
=  
Total nursing/midwifery labour costs



# Top Service Profiling Tips

Be thorough and inclusive

Be consistent and transparent

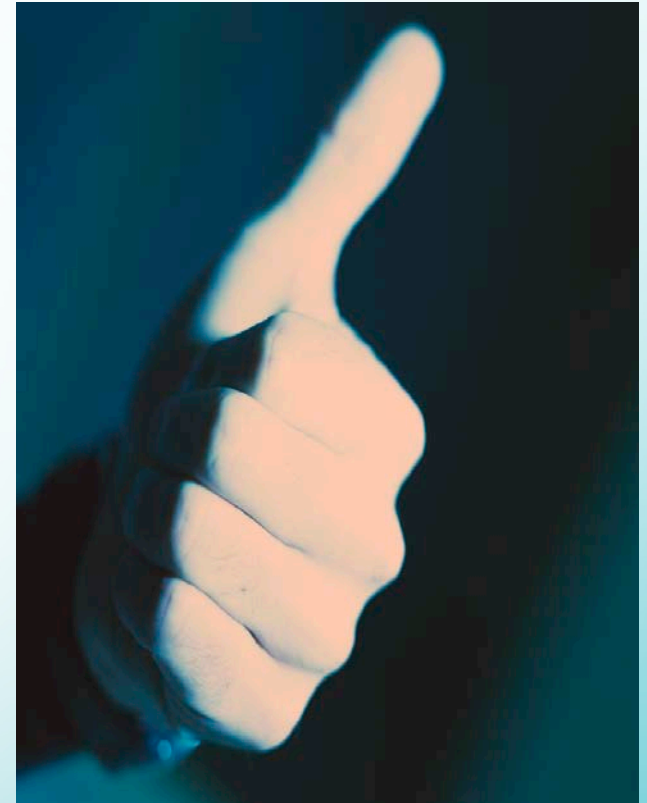
Articulate the uniqueness/complexity of your services

Use relevant service trends and internal/external data comparisons to support qualitative assessments

Be proactive, embrace change

Collaboration between clinicians, managers and business team members is essential to maximising the overall results

Encourage staff to become involved in the local BPF networks



# Additional Resources

- Your local intranet site for further information/resources relevant to BPF implementation in your area
- Nursing and Midwifery Office Queensland (NMOQ) intranet site

<http://qheps.health.qld.gov.au/nmoq/default.htm>