



Model of Service

Justice Health Services: Alexander Maconochie Centre
& Bimberi Youth Justice Centre

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1. Introduction

This Model of Service (MoS) aims to provide a comprehensive framework for Justice Health Services (JHS) staff who deliver healthcare services within the Alexander Maconochie Centre (AMC) and the Bimberi Youth Justice Centre (BYJC).

This MoS sets out the evidence-based framework for describing the right care, at the right time, by the right person/team and in the right location across the continuum of care, ensuring that AMC and BYJC clients receive high-quality, evidence-based care throughout their time in custody.

This MoS:

- Outlines the principles, benefits and elements of care;
- Provides the basis for how we deliver evidence-based care to every client, every day through integrated clinical practice, education and research; and
- Contains information on service co-ordination and service offerings required for client treatment at both AMC and BYJC.

Background

This MoS is relevant to the JHS staff who operate within the AMC and BYJC. JHS is part of the Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) division within Canberra Health Services (CHS).

The AMC is the first adult custodial facility in Australia to be designed, built, and operated under Human Rights legislation. It accommodates clients with a range of security classifications from low through to high, and with diverse backgrounds and health needs.

The BYJC is the ACT's only youth detention facility. It accommodates children and young people from 12 years old (note: from July 2025 the minimum age will be changed to 14 years old) to 21 years of age who have been refused bail or sentenced to a period of detention. It was the first youth detention centre in Australia designed and purpose-built to meet human rights standards. Child and Youth Protection Services (CYPS) in Community Services Directorate (CSD) has administrative responsibility for BYJC. Primary health services and forensic mental health services are provided by JHS within CHS.

People in custody (referred to in this document as clients) at both AMC and BYJC have the right to access comprehensive and holistic healthcare that is comparable to that provided in the broader community. However, as stakeholders of ACT Corrective Services (ACTCS) at AMC and CYPS at BYJC, JHS staff operate in a unique environment, facing both operational and clinical challenges that differ from those encountered at other CHS facilities.

The provision of healthcare in the AMC and BYJC context requires a multidisciplinary approach, encompassing various healthcare disciplines and services. This MoS is designed to ensure that clients receive the highest standard of care, despite the operational constraints of a correctional facility, maintaining a focus on patient-centred, culturally sensitive, and equitable healthcare delivery.



2.Principles

CHS Vision, Role and Values

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. Our vision and role are more than just words, they are our promise to each other, to our clients and where possible their families and to the community. We all have a role to play in delivering on this promise:

- CHS vision: Creating exceptional health care together
- CHS role: To be a health service that is trusted by our community.

Our values together with our vision and role, tell the world what we stand for as an organisation. They reflect who we are now, and what we want to be known for. They capture our commitment to delivering exceptional health care to our community. Our values:

- We are reliable - we always do what we say
- We are progressive - we embrace innovation
- We are respectful - we value everyone
- We are kind - we make everyone feel welcome and safe.

Service Principles

The care that JHS provides at AMC and BYJC is underpinned by the following principles:

Client-Centred Care

To ensure JHS takes a client-centred approach, all healthcare treatment and support delivered to clients is tailored to individual circumstances and healthcare needs. This includes ensuring all points of interaction between the client and the healthcare team are personalised, from medication plans, chronic and complex care requirements, and alcohol and other drug treatment needs, through to discharge planning.

This approach includes encouraging client engagement with their health by providing education to clients on their healthcare needs, undertaking health promotion activities and supporting clients to play an active role in their healthcare plans. Staff should also provide regular opportunities for clients to ask questions and receive education on their healthcare to support this approach.

Comprehensive Care

All healthcare delivered to clients is thorough, addressing a wide range of health factors, including physical health, mental health, substance use and medical history. Initial findings are followed up with additional assessments, referrals, and necessary pathology to ensure ongoing and comprehensive care.



The Nurse-led Clinic and General Practitioner (GP) Clinic provide a broad range of services from routine assessments to acute and chronic care, women's health, health assessments and disease prevention programs ensuring holistic management of client health. The JHS team implements early intervention strategies and ongoing monitoring to manage health conditions through a client's time in custody. If a client has a health concern that cannot be adequately addressed at AMC or BYJC, JHS will facilitate referrals to the appropriate healthcare provider in the community, providing comprehensive care.

Timely Intervention

JHS prioritises timely intervention for all clients and their healthcare needs by providing opportunities for clients to have regular access to nursing staff to discuss any health concerns or issues. This can also include health screening on admission into custody, and advanced discharge planning to ensure all healthcare requirements are in place when a client is released from custody.

Integrated Services & Support

Often a client's healthcare will involve a multi-disciplinary approach to comprehensively manage the individual's needs. Coordination with various teams and services for referrals and emergency responses is crucial to ensure a comprehensive and integrated care approach for clients. JHS has established strong professional working relationships with key healthcare partners and external stakeholders to ensure clients experience an integrated service.

Accessibility & Continuity of Care

JHS will ensure equitable access to health services for all clients, with special focus on vulnerable populations such as the elderly and First Nations clients. This includes ensuring that medications are accessible to clients, whether they are in their accommodation area or out for appointments/work, and that all necessary health information and arrangements are made to facilitate seamless care after release.

The Nurse-led clinics are available seven days a week to ensure clients have consistent access to healthcare. The GP clinic is open during business hours to provide consistent access to general medical care.

Evidence-Based Practise

JHS will ensure that all healthcare practices follow up-to-date clinical guidelines and evidence-based practices to deliver high-quality care and improve health outcomes of clients.

3. Description of Service

JHS caters to clients of all ages, genders, backgrounds, cultures, and varying health statuses, recognising the diverse needs of the client population. Healthcare is also provided for the following priority groups:



- **Aboriginal and Torres Strait Islander Health:** Culturally sensitive, comprehensive health assessments for Aboriginal and Torres Strait Islander clients, addressing specific health concerns, and incorporating Aboriginal cultural support services to ensure the delivery of culturally safe and appropriate care.
- **Culturally and linguistically diverse backgrounds (CALD):** Health services that are culturally safe and responsive to the diverse ethnic, cultural, linguistic, spiritual and religious needs of people from CALD backgrounds.
- **LGBTIQ+:** Health Services that address the specific health needs of LGBTIQ+ people and are sensitive to using gender inclusive and culturally aware language.
- **Disability Support:** Tailored health services for clients with disabilities, including physical, sensory, and cognitive impairments. This includes specialised medical care and support for daily living activities in partnership with ACTCS and their Supports and Interventions Team.

Care Setting

The JHS provides high-quality primary healthcare services to clients in custody at AMC and BYJC. At the AMC these services are delivered primarily through the Hume Health Centre (HHC) and its associated satellite clinics, located in designated accommodation areas within the AMC. At BYJC, health services are provided at Building 7, Client Services.

The provision of health services at AMC is governed by the *Corrections Management Act 2007*, and at BYJC by *The Children and Young Persons Act 2008*. Both of these Acts stipulate that the healthcare provided within these facilities must be equivalent to that of what is available in the community. The HHC at AMC operates seven (7) days a week from 7:00 am to 9:30 pm and is staffed by a multidisciplinary team that includes General Practitioners (GPs), Registered Nurses (RNs), and administrative staff. Together, they ensure the day-to-day and ongoing health requirements of clients are met.

Health services at BYJC operate 7 days a week from 08:00 am to 4:30 pm and is staffed by a multidisciplinary team that includes RNs, Medical Officers, in-reach allied health and administrative staff. Together, they ensure the day-to-day and ongoing health requirements of clients are met.

4. Services

The services delivered by the JHS team can be grouped into eight main components of service delivery:

1. Health Assessments
2. Nurse-led Clinics
3. GP Clinic
4. Complex Care Team



5. Alcohol & Other Drugs Team
6. Medication Administration
7. Segregation Health Checks
8. Discharge Planning

Please see below for further detail on these eight components of service delivery.

Health Assessments

All clients undergo a health screening assessment within 24 hours of induction into AMC. This initial assessment is completed in conjunction with clinicians from the CHS Custodial Mental Health Service (CMHS).

A second, more comprehensive health assessment, including pathology, is offered 2-5 days post-induction. These assessments aim to identify the client's physical health needs, such as acute or chronic diseases, current illnesses or injuries, allergies, prescribed medications, vaccination status, and substance use. The goal is to understand the client's health status comprehensively and to address any immediate or underlying health concerns.

Health assessments are conducted in accordance with the following National Safety and Quality Health Service (NSQHS) Standards:



[Recognising and Responding to Acute Deterioration Standard](#)



[Comprehensive Care Standard](#)



[Communicating for Safety Standard](#)

Nurse-led Clinics

The JHS offers nurse-led clinics at both the HHC and AMC's satellite clinics located in the Women's Accommodation Area (WCC), the Accommodation Unit (AU), and the Special Care Centre (SCC). Clinics operate from 7:00 am to 5:00 pm, seven (7) days a week.

In addition to scheduled appointments, nurses provide walk-in services during routine medication rounds, conducting initial assessments and treatment, and referring clients to the main nurse's clinic, GP clinic, or other health services as necessary.

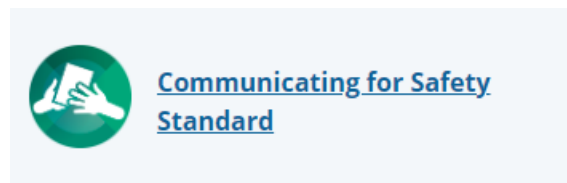
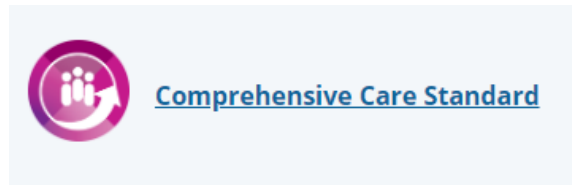


JHS provides a Code Blue Medical Emergency Response, supported by senior nursing staff, the GPs and external ACT Ambulance Services (ACTAS).

Nurses address a range of health concerns and services, including:

- Treatment of minor injuries and illnesses
- Phlebotomy and other pathology collection services, such as routine blood tests, immunity screening, blood-borne virus (BBV) screening, and sexually transmitted infection (STI) screening
- Acute injury management
- Post-incident reviews and health assessments
- Chronic health condition management
- Wound dressings and care
- Primary health assessments
- Medication administration, including opioid maintenance therapy (OMT)
- Electrocardiograms (ECGs)
- Ear assessments and irrigation
- Health education and advice

Nurse-led Clinics are conducted in accordance with the following NSQHS Standards:



General Practitioner (GP) Clinic

JHS provides a GP service to clients at AMC and BJYC. All JHS clients must be able to access timely and effective primary healthcare, that is equivalent with the Australian community for their health condition/s and care. Where a health condition cannot be managed by JHS, client care is facilitated by referral for external opinions, expertise and/or investigation and treatment services.

The AMC GP clinic operates from 8:30 am to 5:00 pm, Monday to Friday.

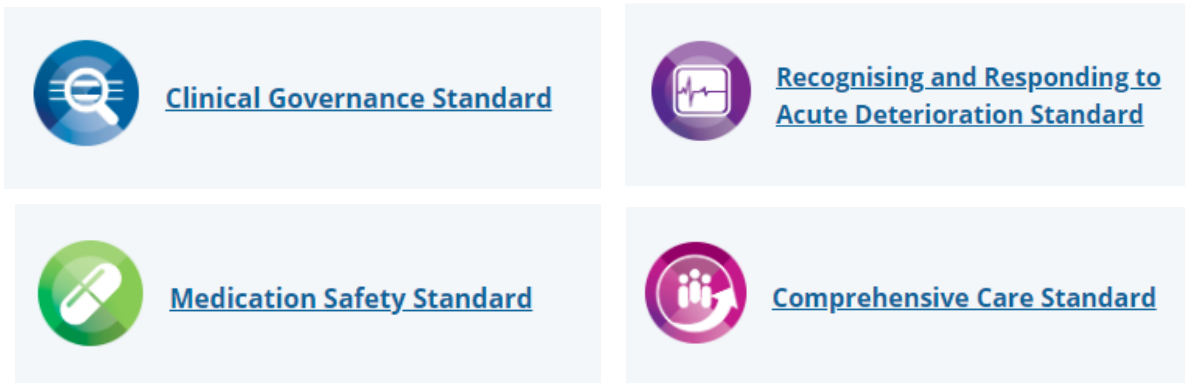
The BYJC clinic operates one morning a week with the GP being on call 7 days a week.

Clinics predominately run from the HHC but are also run from AMC's satellite clinics. This includes a regular clinic in the women's accommodation area.



After-hours, Nursing and / or ACTCS staff can contact the on-call doctor for advice or to request them to attend AMC for urgent medical reviews.

The GP Clinic is conducted in accordance with the following NSQHS Standards:



Complex Care Team

The Complex Care Team (CCT) at AMC provides specialised healthcare for clients with complex and chronic healthcare needs. The CCT is responsible for both proactive case management of these clients and the delivery of population health services to all individuals housed within AMC. The team offers ongoing monitoring and management tailored to each client's specific health requirements, with referrals accepted upon admission or at any time during a client's stay.

Services provided include:

Complex Care:

- **Women's Health:** Includes comprehensive care for female-specific health issues and preventative health screening and access to female GPs.
- **Pregnancy Management:** Coordination of antenatal and postnatal care.
- **Chronic Disease Management:** Focuses on chronic conditions such as diabetes and asthma that require ongoing management.
- **Complex Conditions:** Assessments, management and referrals for clients with multi-morbidity and mobility issues.
- **Cancer Care:** Support and management for clients diagnosed with cancer.
- **Health Services for Clients 60 Years and Over:** Specialised care addressing accelerated aging and associated health problems.
- **Advanced Care Planning:** Includes palliative and end-of-life care.
- **Disability Support:** Disability screening on induction and referrals to support services, including working in partnership with ACTCS Supports and Interventions Team and the National Disability Insurance Scheme to support eligible clients.

Population Health:

- **Infectious Disease Outbreak Management:** Responds to outbreaks such as COVID-19 and Influenza with appropriate measures.
- **Health Promotion Programs:** Initiatives to enhance overall health and well-being.



- **Vaccination Programs:** Administration of vaccines, including Influenza and COVID-19, to prevent disease.
- **BBV Management:** Prevention, screening, and treatment for conditions like Hepatitis B, Hepatitis C, and HIV.
- **Harm Minimisation:** Strategies to reduce health risks and improve safety.
- **STI Management:** Prevention, screening, and treatment for STIs.
- **Bowel Cancer Screening:** Regular screening for early detection and management of bowel cancer.

Additional Services:

- **Aboriginal and Torres Strait Islander Health Assessments:** Culturally appropriate health assessments conducted as part of cultural clinics for all First Nations clients, including physical examinations, laboratory tests, and assessments of psychological and social well-being in collaboration with the Aboriginal and Torres Strait Islander Cultural Specialist Services team.
- **Medical Escorts:** coordinates and oversees:
 - **Scheduled Specialist Appointments:** Ensures clients are prepared for and attend external specialist consultations.
 - **Unscheduled Transfers:** Manages emergency and non-emergency transfers for urgent medical conditions.
 - **Telehealth Appointments:** Coordinates and oversees telehealth consultations.
 - **In-House Specialist Appointments:** Organises visits by external specialists to the facility.
 - **External Health Care Coordination:** Manages referrals, bookings, and follow-ups with specialist teams and other stakeholders.
- **Private Medical Appointments:** Ensures continuity of care for clients referred to non-CHS agencies, such as orthodontists or other specialist providers, by coordinating these appointments and integrating them with the client’s overall care plan.

The Complex Care Team is conducted in accordance with the following NSQHS Standards:



Alcohol and Other Drugs Team

The Alcohol and Other Drugs (AOD) Team at AMC is dedicated to managing substance misuse and dependency through comprehensive care and support. The team conducts holistic assessments, manages withdrawal processes, and oversees treatment programs. They also provide education and guidance to clients, staff, and stakeholders on substance misuse and treatment options to ensure a well-informed approach to care.

Services Provided:

- **Alcohol and Drug Assessments:** Conduct thorough assessments to determine the extent of substance misuse and develop appropriate treatment plans.
- **Opioid Maintenance Treatment Program (OMTP):** Oversee the OMTP, including evaluating client suitability, initiating, and managing OMT.
- **Smoking Cessation and Nicotine Replacement Therapy:** Manage and support smoking cessation efforts and nicotine replacement therapies, reflecting AMC's smoke-free policy.
- **Withdrawal Management:** Monitor and manage withdrawal symptoms, providing interventions and support to clients experiencing withdrawal from alcohol and/or other drugs.
- **Brief Interventions:** Offer short-term support and intervention for clients needing assistance with substance use.
- **Education and Training:** Deliver up-to-date training and educational sessions to clients, ACTCS staff, and health staff on substance misuse, withdrawal, and treatment options.
- **Clinical Oversight:** Provide guidance on withdrawal management and care plans to primary health staff.

Support for Primary Health Staff: Offer advice and support to primary health staff regarding substance misuse and treatment strategies.

The AOD Team operates in accordance with the following NSQHS Standards:



[Communicating for Safety Standard](#)



[Recognising and Responding to Acute Deterioration Standard](#)



[Comprehensive Care Standard](#)



Medication Administration

Medication administration at AMC is a structured and routine process managed by JHS nursing staff. Medications are provided to clients daily through medication rounds conducted in accommodation areas, ensuring that clients receive their prescribed medications consistently. For clients who are out of their accommodation area during business hours, medications are available at the HHC. The medication regimen is prescribed by GPs based on individual assessments, and the JHS pharmacy at Canberra Hospital supplies medications, including those in dose administration aids (DAAs). Clients who are deemed suitable for self-medication management receive DAAs to manage their medications independently.

Responsibilities and Activities:

- **Daily Medication Rounds:** Conduct medication rounds daily throughout the year to ensure all clients receive their prescribed medications.
- **Hume Health Centre Availability:** Provide medications at the HHC during business hours for clients unable to access their accommodation area.
- **Prescription Management:** Medications are prescribed by GPs based on individual assessments and prescribed dependent on each client's specific diagnosis.
- **Self-Medication Program:** Supply medications from the JHS pharmacy using DAAs to clients who can self-manage their medications.
- **DAA Supply:** Issue DAAs, ensuring that medications are organised according to the client's dosing schedule.

Self-Management: Provide DAAs to clients assessed as suitable for self-medication, allowing them to manage their medication independently.

Medication Administration is conducted in accordance with the following NSQHS Standards:



Segregation Health Checks

Segregation health checks are implemented for clients in segregation within AMC as stipulated in the *Corrections Management Act 2007* to ensure their ongoing health and well-being while in separate confinement. Clients in segregation have access to health staff three times daily—morning, midday, and evening, and are assessed as a minimum every 24 hours by nursing staff for physical health and mental health. This comprehensive approach ensures



that clients in segregation receive appropriate health care and oversight, maintaining their well-being and safety throughout their confinement.

Segregation checks are conducted in accordance with the following NSQHS Standards:



[Recognising and Responding to Acute Deterioration Standard](#)



[Comprehensive Care Standard](#)



[Communicating for Safety Standard](#)

Discharge Planning

Discharge planning is carried out to prepare for the release of clients from AMC and BYJC, ensuring that their health requirements are addressed and planned for in advance. This process facilitates a smooth transition to community care by providing healthcare providers with relevant health information and ensuring continuity of care. Key components include preparing a medical discharge summary, providing a discharge pack, scheduling follow-up appointments, and arranging discharge medications.

Responsibilities and Activities:

- **Medical Discharge Summary:** Prepare a comprehensive medical discharge summary that includes a summary of the client's health status, treatment received, and any ongoing health needs.
- **Discharge Pack:** Compile a discharge pack containing essential information, including health records, care instructions, and any necessary documentation for continuity of care.
- **Appointments:** Follow-up appointments with health services in the community are made to ensure continued care and management of health conditions post-release and details are provided to clients on release.
- **Discharge Medication:** Arrange for discharge medications, including prescriptions and instructions for use, to support the client's ongoing treatment and recovery.
- **Referrals:** Appropriate referral to community Alcohol and Drug Services as required.

This structured approach to discharge planning ensures that clients leaving AMC and BYJC are well-prepared for their continued care in the community, promoting their health and well-being post-release.

Discharge planning is conducted in accordance with the following NSQHS Standards:





5. Interdependencies

Successful operation of JHS and provision of health services to clients relies on relationships with a range of departments, organisations, and services internal and external to CHS. These relationships ensure clients receive comprehensive and holistic care. Key relationships and stakeholders are described below.

Aboriginal Liaison Service

The Aboriginal & Torres Strait Islander Cultural Specialist Service, delivered by CHS, includes Aboriginal Liaison Officers (ALOs) who provide crucial support to Aboriginal and Torres Strait Islander (First Nations) clients at AMC and BYJC. Via a referral service the ALOs are engaged to provide culturally appropriate support to First Nations clients. This includes, but is not limited to, health care matters, offering emotional, social, and cultural support, and helping them access culturally appropriate care and resources. Their role ensures that the specific needs of First Nations clients are met with sensitivity and respect.

Winnunga Nimmityjah Aboriginal Health and Community Services

Winnunga Nimmityjah (Winnunga) delivers a culturally tailored model of care for Aboriginal and Torres Strait Islander (First Nations) people at AMC. As an Aboriginal community-controlled primary healthcare service, Winnunga provides essential health, social, and wellbeing services, ensuring that Aboriginal and Torres Strait Islander clients receive culturally appropriate support throughout their stay.

Custodial Mental Health Service

Delivered by Forensic Mental Health Services under the MHJHADS division, the CMHS provides treatment and management to clients diagnosed with major mental illness, and to people at risk of self-harm or displaying suicidal ideologies. The CMHS clinicians provide comprehensive mental health screening assessments that are conducted in conjunction with the JHS health screening during a client's induction. This service ensures integrated mental health care and support for clients in custody.



ACT Corrective Services (ACTCS)

ACT Corrective Services provides adult correctional services which promote the rehabilitation and successful reintegration of offenders into the community. The Custodial Operations branch is responsible for the AMC and the Court Transport Unit (CTU) and collaborates closely with JHS staff. The role of ACTCS includes the safety and security of the centre and all people detained, visiting or working within the AMC. ACTCS provide logistical support such as escorting nursing staff on medication rounds, escorting clients to the HHC for health appointments, supervision of clients, and facilitating medical escorts outside of AMC. ACTCS will also notify and assist during Code Blue responses, ensuring effective operational coordination, basic first aid and safety of all persons within the centre.

ACTCS Supports and Interventions Unit

The Supports and Interventions Unit (SIU) at AMC is a multi-disciplinary team dedicated to providing a range of health and disability services across the facility. The SIU's primary focus is the Assisted Care Unit (ACU), which caters to male clients with complex needs related to mental health, disability, or other vulnerabilities. Additionally, the SIU team undertakes individual interventions for mild-to-moderate mental health issues, criminogenic factors, and complex behaviour support. The unit also oversees the Peer Mentor Program, including training, support, and supervision for Peer Mentors.

ACT Ambulance Service (ACTAS)

JHS has protocols and mechanisms in place to recognise and respond to acute deterioration in clients. This includes using a modified early warning score (MEWS) and escalation pathways to trigger urgent reviews by medical officers and/or escalation of care to the ACTAS. This is done when a timely response is needed by clinicians with the skills required to manage episodes of emergency or urgent health care. ACTAS also transports clients to a tertiary hospital for further assessment and treatment, as required.

Community Services Directorate (CSD)

CYPS in CSD has administrative responsibility for BYJC. CSD, through BYJC, provides for the secure care and custody of young people detained under the *Children and Young People Act 2008*. BYJC endeavours to provide a safe environment and opportunities for lasting change and successful transition back into the community. This service respects the rights of each young person and promotes their physical, psychological, social, emotional, rehabilitative, and educational/ vocational wellbeing. The *Children and Young People Act 2008* requires every sentenced young person to have a case management plan and supports the provision of a variety of programs and services including those designed to address health needs.

JHS provides both primary health care management and specialist mental health services to young people detained in BYJC and operates as a primary health service, receiving referrals from young people as well as other various sources.



6. Service Supports

Allied Health Services

Clients can be referred to a range of allied health services either within or external to AMC and BYJC. Appointments may occur as in-reach (i.e. appointment is within AMC or BYJC), telehealth (i.e. appointment occurs via telehealth however the client remains within AMC or BYJC) or via out-reach (i.e. the client physically leaves AMC or BYJC to attend the appointment). The range of allied health services, some of which are delivered by CHS and others which are delivered by private providers, include:

- Alcohol and Drug Services counselling
- Asthma and diabetes education
- Dental services
- Dietitian services
- Exercise physiology
- Nutritionist/Dietician
- Optometry
- Occupational therapy
- Pain Clinic appointments
- Physiotherapy
- Podiatry

Medical Escort Nurse Role for Enhanced Medical Coordination

JHS have introduced a dedicated Medical Escorts team to streamline the management and coordination of medical appointments and transfers for clients. This innovation optimises both scheduled and unscheduled health care services, ensuring efficient access to essential care, and supports timely and efficient medical service delivery while improving client outcomes.

Key Features:

- **Scheduled Specialist Appointments:** Ensures clients are well-prepared for external specialist consultations.
- **Unscheduled Transfers:** Manages both emergency and non-emergency medical transfers for urgent conditions.
- **Telehealth Coordination:** Oversees telehealth consultations to reduce the need for external transfers while maintaining quality care.
- **In-House Specialist Visits:** Facilitates and manages external specialist visits to the facility, optimising in-house care delivery.
- **External Healthcare Coordination:** Manages referrals, bookings, and follow-ups with specialist teams and external providers.
- **Private Medical Appointments:** Coordinates appointments with non-CHS agencies to ensure continuity of care for clients requiring private health services.



Telehealth Appointments

We have expanded the use of telehealth to improve client access to specialised medical care, streamlined service delivery and enhance continuity of care.

Key Features:

- **Virtual Consultations:** Telehealth services have been integrated, allowing clients to have virtual consultations with specialists and GPs, improving access to care and facilitating ongoing management of chronic conditions.
- **Central Coordination:** The Medical Escorts team manages all telehealth appointments, ensuring seamless scheduling and execution.
- **Clinical Oversight:** JHS clinicians are present during all telehealth sessions, documenting their involvement in the client's Digital Health Record (DHR).
- **Dedicated Facilities:** At AMC, telehealth takes place in a specialised room in the HHC.

7. Workforce

Workforce Profile

The JHS workforce consists of:

Category	Roles
Leadership	<ul style="list-style-type: none"> • Operational Director • Clinical Director
Medical staff	<ul style="list-style-type: none"> • Senior Staff Specialists • Staff Specialists • Visiting Medical Officers • Registrars • Senior Resident Medical Officers • Resident Medical Officers
Nursing staff	<ul style="list-style-type: none"> • Assistant Director of Nursing • Nurse Unit Manager • JHS Clinical Nurse Co-ordinator (Level 3) • AOD Clinical Co-ordinator (Level 3) • CCT Clinical Co-ordinator (Level 3) • Registered Nurses (Levels 1, 2) • Student Nurses
Administration staff	<ul style="list-style-type: none"> • Administration Service officers (ASO 3 and 4)



The management of staff within JHS is undertaken in accordance with the:

- Relevant Enterprise Agreements
- ACTPS Work Level Standards
- Public Sector Management Act (1994)
- Public Sector Management Standards (2016)
- Health Act 1993
- ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework
- Visiting Medical Officer Contracts.

8. Accreditation & Training

MHJHADS promotes ongoing training and professional development for staff, including clinical supervision, education and training opportunities, engagement with the Strengths, Engagement and Development (SED) plans, training and education based on identified areas of need and areas of interest relevant to the workplace, advice from discipline leads, and the NSQHS standards.

All new staff are provided with the CHS Welcome Booklet and MHJHADS local orientation as an essential element of their induction to CHS, the Division and to JHS. All staff complete mandatory education specific to their discipline, role and the workplace as per CHS, MHJHADS and local procedures. It is an expectation that all staff remain current in their mandatory training and maintain currency with their annual training as identified by the organisation. CHS is accredited in alignment with the NSQHS Standards.

9. Implementation

The MoS will be implemented through the following strategies:

- Orientation and training programs for new and existing staff who work within JHS at both AMC and BYJC;
- Ongoing training programs for staff working within JHS;
- Processes and documentation used within JHS that support the MoS; and
- Development of guidelines and procedures that guide practice.

10. Performance & Evaluation

The JHS MoS will be delivered in accordance with key strategic performance objectives and priorities. The JHS MoS supports achieving performance indicators related to access targets and quality and safety patient care.

The objective for all performance improvements is to ensure patients receive quality, safe health care in at the right time, by the right team and in the right place.

The JHS will evaluate performance against:

- ACT Health Strategic Indicators



- Australian Council of Healthcare Standards (ACHS), NSQHS
- CHS Clinical Governance Structure and Committees
- CHS Strategic Indicators
- Consumer Feedback.

The JHS will ensure the provision of high-quality service through ongoing feedback from clients who use the service, as well as the measure of staff satisfaction and well-being.

Monitoring and evaluation of JHS will occur through a range of mechanisms including:

- CHS Clinical Governance Structure and Committees.
- CHS Risk Management Processes.
- NSQHS Standards Committees
- 'Our' Care Committees

11. Records Management

Following the relevant consultation, this finalised document and any further updates will be electronically stored on the CHS intranet site to ensure accessibility for all staff.

12. Terms and Definitions

The table below provides abbreviations used in this document.

Abbreviation	Term
ACTAS	ACT Ambulance Service
ACTCS	ACT Corrective Services
ACU	Assisted Care Unit
AMC	Alexander Maconochie Centre
ALO	Aboriginal Liaison Officer
AOD	Alcohol & Other Drugs
AU	Accommodation Unit
BBV	Blood-Borne Virus
BYJC	Bimberi Youth Justice Centre
CALD	Culturally and linguistically diverse backgrounds
CCT	Complex Care Team



CHS	Canberra Health Services
CMHS	Custodial Mental Health Service
CTU	Court Transport Unit
CSD	Community Services Directorate
CYPS	Child & Youth Protection Services
DDA	Dose Administration Aids
DHR	Digital Health Record
ECG	Electrocardiograms
GP	General Practitioner
HHC	Hume Health Centre
JHS	Justice Health Service
MEWS	Modified Early Warning Score
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MoS	Model of Service
NSQHS	National Safety & Quality Health Service Standards
OMT	Opioid Maintenance Therapy
OMTP	Opioid Maintenance Treatment Program
RN	Registered Nurse
WCC	Women's Accommodation Area
SCC	Special Care Centre
SED	Strengths, Engagement and Development
SIU	Supports and Interventions Unit
STI	Sexually Transmitted Infection

The table below provides definitions either used in this document, or that may be helpful while reviewing this document.



Term	Definition
Guideline	Aimed at CHS staff, guidelines detail the recommended practice to be followed by staff but allow some discretion or autonomy in its implementation or use. Guidelines are written when more than one option is available under a given set of circumstances, and the appropriate action requires a judgement decision. Guidelines may also be used when the supporting evidence for one or other course of action is ambiguous.
Model of Care	A Model of Care describes the way health services are delivered including best practice, population groups and patient cohorts through the stages of care. It aims to provide the 'right care, at the right time, by the right team and in the right place'.
Model of Service	A Model of Service describes overarching operational principles of a service area and performance measures.
Policy	Aimed at CHS staff, policy documents are an overarching, organisational wide directive about how staff are to act in defined circumstances or regarding a particular situation. Policies are documents based on legislation, Standards, regulations and/or ACT Government requirements and compliance is mandatory. A policy is often, but not always, supported by a procedure or guideline.
Procedure	Aimed at CHS staff, procedures detail specific methods or actions staff must undertake to complete required processes within CHS. Procedures inform staff about how to complete clinical or administrative actions consistently across the organisation. The actions are evidence based and informed by staff who are subject matter experts. Non-compliance with a clinical procedure must be clearly documented in the patient's clinical record.
Riskman	A core software tool used by CHS for consumer and staff incident reporting, integrated risk management, legislative compliance, and quality improvement monitoring.

13. Reference List

Frameworks

- CHS Clinical Governance Framework 2020-2023
- CHS Corporate Plan 2020-2021
- CHS Exceptional Care Framework 2020-2023
- CHS Partnering with Consumers Framework 2020-2023
- CHS Strategic Plan 2020-2023
- CHS Work Health Safety Strategy 2018-2022

Policies & Procedures

- ACT Health Violence and Aggression by Patients, Consumers or Visitors: Prevention and Management
- ACT Health Incident Management
- ACT Health Language Services (Interpreters, Multilingual Staff and Translated Materials)
- ACT Health Work Health and Safety
- ACT Health Work Health and Safety Management System
- CHS Clinical Records Management
- CHS Consumer and Carer Participation
- CHS Consumer Feedback Management
- CHS Consumer Handouts
- CHS Medication Handling
- CHS Opioid Maintenance Treatment
- CHS Management of Alcohol and Other Drug Withdrawal in the AMC and BYJC
- CHS Self-Medication Program
- CHS Health Management of Clients Subject to a Health Segregation or Disciplinary Separate Confinement
- CHS Protective Security – Security Design for Facilities
- CHS Waste Management
- CHS Work Safety Policy

Legislation

- Children and Young Persons Act 2008
- Bail Act 1992
- Carers Recognition Act 2021
- Corrections Management Act 2007
- Crimes Act 1900
- Charter of Health Care Rights
- Dangerous Substances ACT 2004
- Drugs of Dependence Act 1989



- Health Records (Privacy and Access) Act 1997
- Human Rights ACT 2004
- Information Privacy Act 2014
- Mental Health Act 2015
- Work Health and Safety ACT 2011
- Workplace Privacy ACT 2011
- Health Records (Privacy and Access) Act 1997
- Health Practitioner Regulation National Law (ACT) Act 2010
- Public Health Act 1997
- Public Sector Management Act 1994
- The Public Health Act 1997 (section 119)
- Information Privacy Act 2014
- Inspector of Correctional Service 2017

External Standards/Guidelines

External organisations may have standards and guidelines that are relevant to the AMC which may include but not be limited to:

- Australian Commission on Safety and Quality Health Care
- Good Governance for Prison Health in the 21st Century
- National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare
- The Australian Charter of Healthcare Rights
- The Optimal Protocol to the Convention against Torture
- The Royal Australian College of General Practitioners. Standards for health services in Australian prisons
- The Royal Australasian College of Physicians Indigenous Strategic Framework
- The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)

Strategies (or similar)

- ACT Detainee Health and Wellbeing Strategy 2023-28
- ACT Disability Strategy
- Healthy Prison Review of the Alexander Maconochie Centre 2022
- Healthy Centre Review of Bimberi Youth Justice Centre 2021

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Information about the directorate can be found on the website:

www.canberrahealthservices.act.gov.au






Acknowledgement of Country


Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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