

# Executive Message

## Metro North Health



### Chief Executive Adj. Prof. Jackie Hanson

Dear colleagues,

The Metro North Have Your Say staff survey closes next Friday 30 May and as at 9am today, 19% of our workforce have responded to the survey.

If you haven't taken the survey yet, here's why you should consider it:

- Your responses are confidential and de-identified.
- Team reports are only shared when 10 or more staff respond, ensuring no individual is identifiable.
- We do things with the results. Your feedback can lead to real change. We can't improve what we don't know.
- Full time employees spend 50 per cent of their waking hours at work. Use 30 minutes of this time to tell us what will make your working life better. This survey aims to improve our culture for you.



I encourage you to make time to log on and answer all or any questions that you can, so your voice is included in the results. If you only complete some questions this data will still be fed back to us.

If you haven't received any emails from BPA Analytics about the survey, please check your junk mail or 'other' folder in Outlook.

Staff who don't have a work computer can complete the survey on their own device by clicking the link below, scanning the QR code on posters around facilities or visit one of the [survey hubs](#).

[Take the survey](#)

## Exercise Carbon

On Wednesday, Metro North held its largest mass casualty exercise in over a decade. More than 100 staff mainly from emergency departments, but also critical care and other clinical support areas attended. This included staff from RBWH, TPCH, Caboolture, Redcliffe as well as representatives from PACH, QAS, QPS, Department of Health and other SEQ HHSs.

The simulation/table top exercise explored communication between QAS, Emergency Departments, Hospitals and Metro North, and the resources and processes needed to respond to a mass casualty incident. These exercises are critical to ensuring Metro North is prepared for disasters and major events, and for ensuring ongoing access to emergency care during major disruptions.

The exercise was funded by the Australia and New Zealand Counter Terrorism Committee through the Queensland Police Service. Metro North Emergency Management and Business Continuity (EMBC) was supported in advance, and on the day by colleagues from each Directorate, Metro North Critical Care Stream, Metro South, Sunshine Coast, Children's Health Qld, Queensland Ambulance Service and Queensland Police Service. The exercise was a great example of frontline health working together to integrate and improve health services for the community and will be used to inform future capability develop for future events up to and including the Olympics.



*Mass casualty exercise*

## Executive update

From next Tuesday 27 May for a period of four weeks, Dr Liz Rushbrook will be acting Chief Executive while I take some planned leave. Our Chief Operating Officer (COO), Stephen Eaton, will also be returning from two weeks leave on Monday 26 May. Thanks to Tami Photinos for covering the COO role during this time; we appreciate her leadership and support.

### *Changes to procurement thresholds*

Metro North's procurement thresholds will change from 1 July 2025. The current thresholds were put in place in 2015. Since then, several market and environmental factors have meant that the price of goods and services has generally increased.

From 1 July 2025, new thresholds will increase the value that trigger a more rigorous procurement process outside the use of a Standard Offer Arrangement (SOA) or panel. Increasing the procurement threshold values supports an efficient procurement service representing financial and time savings to Metro North Health. Regardless of the value, it remains essential that we can demonstrate goods and services are fit for purpose and represent the best possible value for money. Decisions need to be well documented and defensible if challenged.

These changes are designed to reduce the time taken for low value, low risk procurement activities. Visit [QHEPS](#) for more information including a breakdown of all the new thresholds. For more details, email [MNPS.Advice@health.qld.gov.au](mailto:MNPS.Advice@health.qld.gov.au)

### Have your flu vaccination now

We're heading into peak flu season with the number of cases climbing quickly.

At the start of this week, just 44.2 per cent of Metro North staff have been vaccinated. That's more than 40 per cent below our 85 per cent target.



Having your flu vaccination means you're protecting your health, your team and our patients.

From next week, TPCCH will be the only site with a fixed flu clinic. All other locations will shift to ad hoc vaccinations, coordinated locally by infection management teams. To find out more including clinic details, visit the [Staff Extranet site](#).

If you've already been vaccinated off-site (e.g. GP or pharmacy), log it online so it counts.

Flu vaccines are free for all Queenslanders aged 6 months+ until 30 September - please tell your family and friends. Also, if you work with vulnerable patients, now's the time to check your measles and whooping cough protection, too.

### Staff profile - Kellie Williams

Kellie Williams is Metro North's Environmental Sustainability and Climate Change Manager.

With a background in Allied Health, Environmental Health and Environmental Science, Kellie is passionately focused on championing environmental sustainability and climate resilience in healthcare. She has been leading the way in this work at Metro North over the past two and a half years while, providing expertise and guidance across the state, and Kellie regularly presents at sustainability, health service management, engineering and quality and safety conferences.



Kellie is responsible for leading the ongoing development and implementation of the [Green Metro North Sustainability Strategy 2021-2026](#). The strategy, which was endorsed by Metro North Board and Chief Executive in 2021, encompasses a range of green focus areas across Metro North including our facilities, workforce, partnerships, and specific initiatives to reduce carbon emissions and waste that arise from operational and clinical service delivery. A key piece of work is completing a Detailed Cycle of Climate Risk Assessment across Metro North and establishing a mitigation and adaptation pathway plan to ensure Metro North remains climate resilient to deliver quality healthcare in the future of a changing climate.

With new environmental sustainability programs continuing to be developed including a focus on engaging Metro North workforce to participate in contributing to delivering sustainable healthcare services, Kellie welcomes staff to reach out, find out more and get involved.

### Sad news

It is with sadness I let staff know about the recent passing of staff members within our health service. As an organisation, we acknowledge the burden that comes with the loss of colleagues and Sorry Business, and encourage staff to reach out and seek assistance if they need extra support. Metro North has a range of support options available which staff can access on our refreshed [Staff Wellbeing Extranet site](#).

### Farewell

This week, we say farewell to RBWH Director of Pharmacy Professor Ian Coombes.

Ian is leaving after a stellar 15-years where he has overseen significant growth of the pharmacy footprint at the hospital, which now sees a pharmacist embedded in 30 outpatient clinics across the hospital to better meet the needs of patients and clinical staff. He has also transformed RBWH pharmacy to become an academic health research centre, in which staff are encouraged to undertake further studies as part of their employment. During his tenure, an impressive 25 staff have completed a PhD and the team contribute 25 to 30 research articles to various journals each year.

Ian is keen to credit collaboration with others in pharmacy and colleagues across medical and nursing disciplines for the expansion that has been achieved during his time in the role, citing a focus on common goals and a common vision as the keys to success.

Ian cites watching others grow and succeed as among his career highlights and the feeling of satisfaction when practitioners who have passed through RBWH pharmacy go on to lead a pharmacy school or become head of pharmacy at another hospital.

As for his next chapter, Ian will continue to support the PhD students he is supervising and will remain involved with research and teaching at the University of Queensland, while



having time more time to spend with loved one and indulge in his other interests.

Thank you Ian, for your valuable contribution to Metro North.

### Shout out

This week's shout out goes to Dr Emma Donaldson, Director Internal Medicine at Caboolture Hospital, for her true demonstration of our values. Emma made the decision to accept the transfer of an extremely complex patient from RBWH who was waiting placement in a residential aged care facility and was unable to be placed in the community in the interim. Dr Donaldson's willingness to support the transfer during a time when Caboolture is experiencing significant activity pressures and is in the process of implementing ieMR, is testament to her patient-centred approach to care delivery as well as a great example of teamwork. Well done Emma!

Kind regards,  
Jackie

Executive Director, Research

**Prof. Steven Lane**



Dear colleagues,

Research is critical to advancing healthcare. A key goal in the Metro North Research Strategy is to find ways to support researchers to continue their work to find new ways to treat, diagnose and prevent serious health conditions.

The Fellowship program is specifically designed to allow our most promising clinicians to develop and advance a body of research aligned to the Research Strategy to create a strong foundation of evidence-based healthcare through research. Since 2019, 28 Fellowships have been awarded across a wide range of fields and addressing a wide array of topics. More about our current Fellows, can be viewed [here](#).

We are extremely pleased to announce our Metro North Health Clinician Research Fellowship recipients for 2025. We congratulate the following new Fellows:

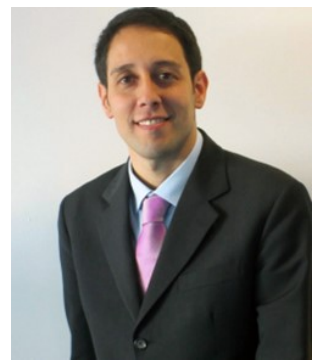
**Dr Gianluigi Li Bassi (Intensive Care, TPCH)**

*A Breath of Fresh Air in ARDS: From the Sunshine State to the World-New Pathophysiology Discoveries, Treatments, and Reducing Harm/Cost*

Gianluigi's program of research will seek to advance the understanding of Acute Respiratory Distress Syndrome (ARDS) pathophysiology, enhance treatment, and reduce iatrogenic harm/costs. He will lead a program to characterise dissemination of infection/inflammation through the airways, during the early-stage of ARDS, distinguishing



this process from dissemination via the bloodstream. This will be achieved using an innovative model of P. aeruginosa ARDS they have recently developed, in which single-lung ventilation/perfusion is fully isolated. He will investigate the use of adjunctive nebulized-amikacin alongside intravenous-antibiotics in preclinical studies to provide valuable insights for the design of future clinical trials. He will also lead a nation-wide prevalence study with the George Institute/ANZICS to gather data on the use of lung protective ventilation and to safely managing ventilators and reduce harm/costs.



**Dr Julian Williams (Emergency and Trauma Centre, RBWH)**

*Infections and sepsis in emergency – a programme to advance diagnosis and therapies*

Julian's program of research will focus on sepsis investigation and therapies. A centrepiece of the Fellowship will be a planned multi-centre RCT examining the use of albumin in sepsis resuscitation, leveraging learnings and outcomes from the completed ICARUS-ED pilot study. Further studies will be carried out to examine other aspects of sepsis such as mechanistic studies examining tissue perfusion and endothelial glycocalyx biomarkers, and retrospective analysis of evolving daily organ dysfunction. Work on blood culture quality will be extended to include multi-centre validation and ideally implementation of a decision rule for blood culture collection in emergency departments. Julian will collaborate with colleagues to validate alternative diagnostics and metagenomics in the ICARUS cohort, and biomarker panels in patients with immunosuppression and suspected infection.



**Dr Deanne August (Neonatal Unit, RBWH)**

*Building evidence and assessment tools to improve neonatal skin integrity*

Deanne's research aims to reduce the impact of hospital related skin injuries/conditions for neonates or newborns. This will be achieved by examining skin integrity prevention and treatment principles, and investigating skin integrity health outcome measures through a rigorous systematic review; followed by national benchmarking of skin injury practices and a co-design workshop with parents and clinicians to understand treatment choice and fidelity; in preparation for a feasibility trial on dressings and topical applications for neonatal injury.



**Dr Michelle Roets (Anaesthesia, RBWH)**

*Technological Advances associated with Improved Patient Outcomes during Peri-Operative blood Transfusion (TAIPO-POT).*

Michelle's program of research will address knowledge gaps relating to Peri-Operative Blood Transfusion with a view to improving the scientific understanding of transfusion-related immune modulation (TRIM), and leading the development of the next generation of intraoperative cell salvage (ICS) devices. The first component will consider the safety of ICS during major abdominal cancer surgery (The C-I-ICS Study). The second component will evaluate patient outcomes during transfusion



for major spine surgery (allogenic blood transfusion vs intraoperative cell salvage) (The POSS-ICS Study).

**Dr Dharmenaan Palamuthusingam (Nephrology, Kidney Health Service)**

*Harnessing Big data in nephrology: Insights, Innovations and Implications*

Menaan will use his Fellowship to leverage routinely collected real-world datasets to answer clinically important questions and advance perioperative medicine and clinical trials in nephrology. The research will develop an automated system for patient trial eligibility screening and recruitment using existing hospital electronic datasets, reducing trial costs and time, compared to current labour-intensive manual processes. It will provide vital health service insights by evaluating critical care utilisation and hospital readmission rates using national data-linkage infrastructure. A key outcome of the research is the development of a decision aid tailored for dialysis and kidney transplant patients. Unlike existing tools, this model will integrate kidney replacement therapy(KRT)-specific characteristics to improve outcome predictions. By identifying modifiable perioperative risk factors, this research will identify potential targets for future interventions.



Congratulations to our five recipients for 2025. We're looking forward to seeing the progress of these research projects over the coming years.

Regards,  
Steve

Acting Executive Director, Clinical Services

**Dr Jason Jenkins**



**Partnering to address regional priorities and enhances access to seamless care**

Metro North's partnership with Brisbane North Primary Health Network (PHN) takes a coordinated approach to health service delivery and collaboration between primary healthcare networks and hospital services so our community can experience a seamless, navigable system of care.

Metro North and the Brisbane North PHN work together to coordinate, collaborate and facilitate joint initiatives to improve access to care, enhance the patient journey across the health service, and Health Excellence and Innovation (HEI) has successfully delivered projects to address gaps identified in the recently released [North Brisbane and Moreton Bay Joint Regional Needs Assessment \(JRNA\) 2025-2027](#).

HEI continues to work with the Brisbane North PHN to align priorities and advance collaborative services to streamline pathways for patients and ways to enhance service navigation and reduce fragmentation.

Projects such as [Working Together to Connect Care](#), designed to address the needs of vulnerable individuals who frequently present at the emergency department (ED), often due to complex medical, psychosocial, or other support needs, by working with other hospitals, government services, and community organisations, to provide more coordinated, patient-centred care, and to reduce the ED visits.

Now embedded in workflows, via community pathways and a well-established collaborative Model of Care between Metro North and community service providers facilitated through the Brisbane North PHN, the program has had transformative impact on patients outcomes, as well as an 11 per cent reduction in avoidable ED presentations, 14 per cent reduction in average ED length of stay, 34 per cent reduction in admissions, and 7 per cent reduction in ambulance usage seen at TPOCH, helping alleviate pressure on the acute health system.

As part of our important partnership with the Brisbane North PHN, earlier this month we co-hosted a well-attended Metro North Health Forum to showcase the patient-centred work we do together.

A highlight of the event was insights from Dr [Dinesh Palipana](#) OAM, Gold Coast University Hospital emergency doctor, who following a spinal cord injury overcome challenges and became Queensland's first quadriplegic medical intern. Turning adversity into opportunity he achieved ways to continue to deliver patient care by finding opportunities to innovate and improve.

While innovation is often seen as the 'big things', he acknowledged that 'great things are a collection of small things done well.' This includes identifying gaps and incremental improvements that improves workflows and delivers more patient-centre care.

Regards,  
Jason

Executive Director, Clinical Governance

**Grant Carey-ide**



Dear colleagues,

As we recently celebrated both International Day of the Midwife and International Nurses Day, it's a timely moment to reflect on the vital role nurses and midwives play in modern healthcare. Your commitment to caring for others is extraordinary but it's just as important that you feel supported too. [Clinical Supervision](#) provides a confidential, voluntary space to reflect, grow, and navigate the challenges of practice. It is not performance management or surveillance. Regular engagement with a trained clinical supervisor supports wellbeing, strengthens standards of care, and fosters ongoing professional development. In a time of increasing workloads, staff shortages, and competing demands, Clinical Supervision is a proactive, protected-time support tool available to all nurses and midwives, regardless of role, location or, specialty. Please take this time - it's your time. [Find out more here](#).



With the cooler weather coming, so does the increased risk of airborne illnesses. A reminder that fit testing is available for all Metro North Health staff across all facilities. These sessions ensure your mask is properly fitted to suit your facial features and keep you protected. All staff have access to the fit testing service, which includes the enterprise AI platform, Maskhelper. This tool helps identify a couple of mask options for you to try first, reducing the time needed for fit testing and minimising mask waste. Please note that anyone undergoing fit testing must be clean shaven. At this stage, Queensland Health does not support fit testing using beard wrapping. If you have any concerns about facial hair and fit testing, please speak with your line manager.

Thank you for your ongoing dedication to your patients, your teams, and to each other.

Regards,  
Grant

**Metro North Health**



We uphold our commitment to health equity through our Values in Action  
Respect | Integrity | Compassion | High performance | Teamwork

Metro North Health acknowledges the Traditional Custodians of the Land upon which we live, work and walk, and pay our respects to Elders both past and present.



**Queensland  
Government**

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