Metro North Hospital and Health Service *Putting people first*

Health Service Strategy

2015–2020 | 2017 refresh

2017-18 PROGRESS REPORT

Queensland Government

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An electronic version of this document is available at www.health.qld.gov.au/metronorth.

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Year in review

Overview

In 2014 Metro North Hospital and Health Service (Metro North HHS) developed the Metro North Health Service Strategy 2015–2020 (the Strategy) to address a range of challenges including increasing demand for services, changing care needs, pressure on existing infrastructure, and the need to maintain a skilled and committed workforce. The Strategy outlined priority actions to be delivered over a five-year period. Through the dedication and commitment of our staff there has been significant progress in implementing priority actions in the first two years of the Strategy. In 2017, Metro North HHS reviewed the Strategy to ensure it continues to align with the changing needs of our population and supports the delivery of the Metro North Strategic Plan 2016-2020. The Health Service Strategy 2015-2020 (2017) has provided Metro North HHS with a renewed framework for providing connected, accessible, high quality services that help improve the health of the communities we service while using our resources efficiently and effectively. This refreshed Strategy draws attention to four focus areas to guide our health service initiatives and implementation effort.

These focus areas are:

- Living healthy and well in our local communities
- Delivering person-centred, connected and integrated care
- Effective delivery of healthcare to address growing population health needs
- Responsive holistic healthcare that meets the specific needs of vulnerable groups including but not limited to:
    - older people including frail older people
    - children
    - young people
    - people with mental illness
    - people with alcohol and other drug dependence
    - people with disabilities
    - Aboriginal and Torres Strait Islander peoples
    - culturally and linguistically diverse communities (CALD).

This 2017-18 Progress Report details what achievements have been made in what we said we would do and our performance against what we said we would measure.

Progress in 2017-18

Implementation of the refreshed Strategy builds on the success of the first two years of the Strategy and demonstrates our ongoing commitment to leading connected, responsive, accessible and innovative health care services that help improve the health of the communities we serve.

This report displays our progress across the four focus areas including consideration of the key strategies. As described in the Strategy many of the focus areas and corresponding actions are interconnected. In preparing this report, we have noted a number of the initiatives underway address more than one strategy or action. We have captured the initiative in the focus area and actions captured in the area of primary impact.

Many of the initiatives currently underway are significant and complex. Whilst this report describes the number of initiatives, the mix, breadth and complexity of the initiatives is more challenging to describe. In reviewing and interpreting the information in this report, readers should note the variability in the scale of initiatives and not focus only on the number of initiatives.

Summary

In 2017-2018 233 initiatives contributed to delivering on the Strategy. The number of initiatives being implemented that contribute to strategies in the focus areas are:

Living healthy and well in our communities—54 initiatives.

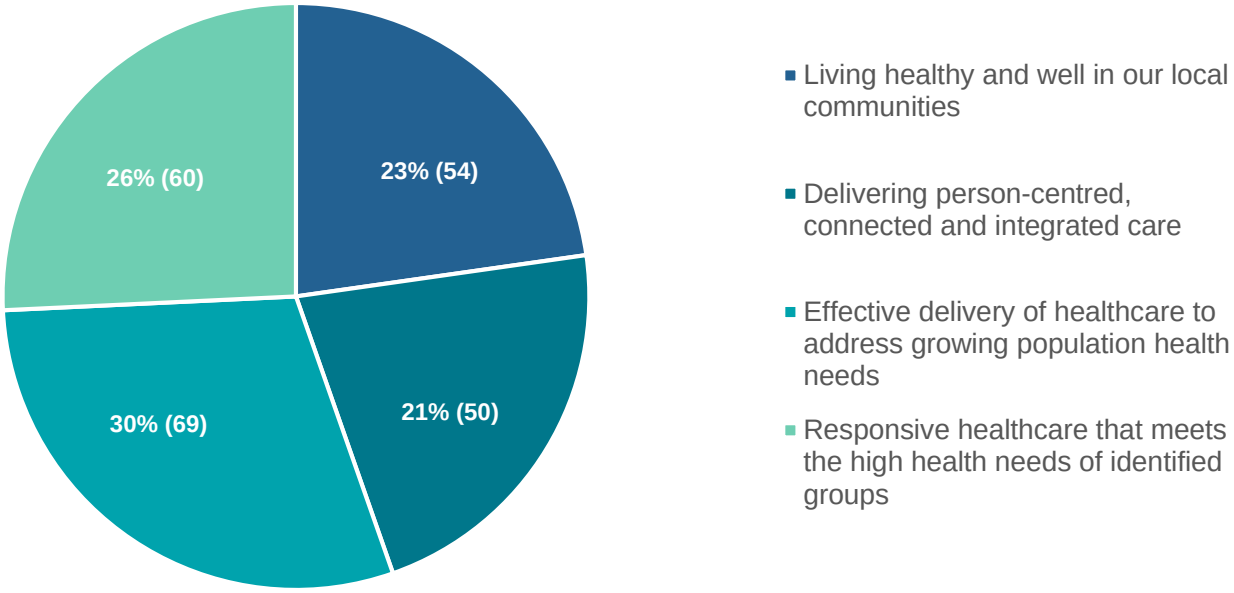
Delivering person-centred, connected and integrated care—50 initiatives.

Effective delivery of healthcare to address growing population health needs—69 initiatives.

Responsive healthcare that meets the specific needs of vulnerable groups—60 initiatives.

Figure 1 shows the initiatives being progressed for each focus area as a percentage of the total initiatives.

Figure 1: Percentage distribution of 2017-18 initiatives underway as a percentage of total reported initiatives



Focus areas

Living healthy and well in our local communities

Recognising health and wellbeing as a complex combination of a person's physical, mental, social, cultural and emotional health needs is the priority for this focus area. Working in partnership with other organisations who deliver health and community services we recognise opportunities to advocate for prevention of illness and promotion of health and our role in managing and reducing the impacts of disease and injury. Metro North HHS recognises the long-term gains from promoting health literacy of people who live in Brisbane North. This has a direct role in supporting people to better manage their own health and illness, navigate the health system and be empowered to make informed choices and decisions.

Key strategies

1. Embed inclusiveness and health literacy in service delivery and support staff to encourage health promoting behaviours at every opportunity.
2. Collaboratively work with partner organisations (e.g. general practice, local governments, schools and community groups) to improve health literacy and encourage healthy behaviours.
3. Model healthy behaviours within our hospitals and facilities (e.g. no smoking, healthy food options, encourage public and active transport use) and make healthy choices easy.
4. Address priority health areas including cancers, cardiovascular disease, mental illness and musculoskeletal conditions, with a prevention and early detection focus.
5. Provide faster access to tests and results to enable timely diagnosis and treatment.

Progress towards what we said we will do:

Action	Initiative	Who is undertaking
Increase health literacy and inclusiveness training for staff to improve the way knowledge is shared and acted upon.	Communication, respect, accountability, equal safe healthcare (CRASH) training for staff is an interactive, experiential communication learning program for new starters and existing staff that aims to: create an awareness of the significant impacts of communication in the delivery of healthcare services and the individual accountability related to communication provide an opportunity to experience and recognise when communication works well and falls short and reflect on how to apply this in the workplace experience four core communication tools that can be used proactively and reactively to ensure productive communication have a delivery model of mixed interdisciplinary groups that include: operational, nursing, admin, allied health and senior medical officers participating in small team activities.	Caboolture/ Kilcoy Hospitals
	Introduction of new doctor orientation that includes three sessions over three weeks covering communication and clinical handover involving patients and families.	Caboolture/ Kilcoy Hospitals
	Use of the electronic document portal for discharge summaries to support information sharing in the transfer of care.	CISS

Action	Initiative	Who is undertaking
	Staff debriefing to improve the way knowledge is acted upon post significant events and deployments such as the Commonwealth Games Public Health response and exotic mosquito incursion at Brisbane Airport.	Public Health
	Specialist teams provided education on palliative care principles to placement participants with a focus on the individual and their family and emphasised the importance of culturally sensitive integrated care of the person and family. Those principles include that the 'client' or 'patient' is not just the person with the illness, but their family as well.	RBWH
	Education for staff to assist patients with a life limiting diagnosis to live comfortably at home until their death. Education in turn empowers and assists patients, families and communities to make informed choices regarding their end-of-life care and support options available to enhance quality of life in the community until their death.	RBWH
	Development of health literacy strategies with the consumer advisory group to enable consumers to be confident in speaking up. The principles and strategies will inform the development of a staff training program.	RBWH
	Alcohol and Drug Services' health literacy project for staff education, 'Coming to Terms', explores the use of clinical language by health professionals and how interpretation and comprehension can impact upon client outcomes. It includes a video with clients and a seminar.	Alcohol and Drug Services
	Cancer Care initiated a message strategy for staff to improve hand hygiene compliance that was co-designed with consumers and has achieved a significant increase in compliance.	Cancer Care Clinical Stream
	Metro North HHS Critical Care Connect SharePoint provides Emergency Department staff with access to standardised patient handouts, procedures and protocols for best practice.	Critical Care Clinical Stream
	Introduction of vaccine service provider reminders to increase vaccination coverage in the elderly population by sending reminders to service providers.	Public Health
	Education sessions provided to GPs, hospitals, doctors, practice nurses and community members in partnership with Brisbane North Public Health regarding communicable diseases, sexual health and immunisation.	Public Health
Work with partners to develop initiatives to improve health literacy including the development of patient and carer portal to access	Update of all Metro North hospital and community service websites in partnership with consumers, GPs and staff to ensure easy navigation and information finding.	RBWH TPCH Caboolture/ Kilcoy Hospitals

Action	Initiative	Who is undertaking
information regarding healthy behaviours, health conditions and services.	Introduction of GLOW Plus, an extension of Glow, which is an online antenatal education program using innovative service delivery to meet the needs of the new generation of pregnant women living in this digital age. GLOW provides pregnant women booked into RBWH to have their baby/babies 24 hour 7 days per week access. GLOW Plus is delivered via the iLearn Learning Management System platform that is administered by the Department of Health.	RBWH
	Development of education materials in collaboration with Workplace Health and Safety Queensland for users of indoor shooting ranges to prevent lead and noise exposure.	Public Health
	Consumer led introduction of Wi-Fi connectivity with Bring Your Own Device capability for patients within TPCH Adult Cystic Fibrosis Centre. This initiative was overseen by the Cystic Fibrosis Patient Advisory Group.	TPCH
	Development of the Chronic Wounds Directory in partnership with Brisbane North PHN to improve patient health literacy.	Medicine Clinical Stream
	Rainy Day package of care developed to support early conversations around choices for death and dying.	Cancer Care Clinical Stream
	Cultural Diversity Coordinator is investigating computer assisted translation for CALD groups, using technology to deliver translation.	Allied Health
	Mental Health Services in partnership with the Brisbane North PHN through Partners in Recovery have launched the MyMentalHealth website, which includes health information, seminars and workshops.	Mental Health Services
	A consumer was supported to attend a co-design workshop to provide input into health literacy activities.	Oral Health
	The cancer information hub provides access to high quality information that guides patients through their treatment journey.	Cancer Care Clinical Stream
Support carers to stay healthy and well through promotion of health checks, flu vaccination and providing timely access to information, support and advice.	The Healthy Ageing Expo—held during seniors' week—connects consumers, their carers and families, community, volunteers and staff. This event encourages our older population to live a full and active life, physically, mentally and socially. On the day a program of activity is provided including: health screening opportunities and information on health, well-being and lifestyle, tai chi, gardening workshops, walking group activities and entertainment over a community lunch.	CISS
	Bi-monthly health forums are held at the Brighton Health Campus to assist consumers, their carers and families, community and volunteers. Healthy information is shared covering a range of topics including: understanding dementia and carers support, hearing, continence, improving memory. This forum also provides an opportunity for people to ask questions and share experiences.	CISS
	Mental Health Week Expo was held in partnership with Metro South HHS including recognition of the role of carers and the importance of their health and wellness.	Mental Health Services

Action	Initiative	Who is undertaking
	Flu vaccinations were offered at events including NAIDOC week and Brighton Health Expo inclusive of carers.	Public Health
Advance local promotion of State health promotion campaigns including (but not limited to) *My health for life* campaign.	*My Health for Life*, a State health initiative, has been incorporated into the Healthy Ageing Expo, along with My health record, Aged Care Assessment Team, Advanced Care directives. NAIDOC family fun day also incorporated a variety of stakeholders supporting local State health promotion campaigns.	CISS
	MNHHS promoted Dental Health Week aligning with State health promotion directions e.g. broadcast on ABC radio.	Oral Health
Develop volunteering opportunities with Metro North HHS, in partnership with community organisations to support active citizenship and social inclusion and make our health campuses vibrant, inclusive and culturally diverse.	In partnership with community organizations, Caboolture Hospital provides numerous volunteering opportunities such as: Caring Together Consumer Network St John's volunteers Chaplains Heart Support. The Caboolture Hospital is working to establish dedicated resources to support the volunteer program.	Caboolture/ Kilcoy Hospitals
	Caboolture Healthcare Alliance has active links with community to support engagement and volunteering opportunities.	Caboolture/ Kilcoy Hospitals
	Connecting Services to Individuals: clinics for socially disadvantaged and eligible clients needing emergency dental care were held during Dental Health and Homelessness week. This service was provided by staff volunteers and conducted in partnership with Big Issue, Wesley Mission, Salvation Army and Teen Challenge. This successful event aimed to link clients/patients to establish pathways and provide access to needed dental care.	Oral Health
	Implementation of a Triennial Volunteer Plan provided training and development for volunteers.	CISS
	Australian Catholic University student volunteering program encouraged students to volunteer across CISS services.	CISS
	Active support, promotion and expansion of TPCH Charlies Angels as a vibrant active volunteer support group for patients and carers.	TPCH
Work with partners to improve access for all people to screening programs for common diseases and conditions including diabetes, kidney failure, health disease, cancer,	Health Pathways program in partnership with Brisbane North PHN continues to support patients throughout their care journey in screening for diabetes, kidney disease and mental health conditions. Since May 2017 309 pathways have been developed.	COSI
	Increased monitoring of prenatal screening has enabled timely reminders and follow up of women.	Medical Imaging with Clinical Directorates

Action	Initiative	Who is undertaking
stroke and mental illness.	Implementation of the BreastScreen Queensland Participation Plan 2017-2020 promoted participation in breast cancer screening for women within the target group.	BreastScreen Queensland
Engage with patients who are obese and/or smoke and/or have high alcohol consumption—assess the patient's readiness for change, provide advice and refer to support programs.	Reviewed environment of care and enhancements at Cooinda in line with quality of care principles and commenced communication with residents and families including the opportunity to participate in smoking cessation activities and access to support.	CISS
	Increased number of referrals to Quit line by oral health staff through proactive engagement by staff with patients who are ready for change.	Oral Health
	The Metro North HHS Bariatric Care intranet site was launched and provides clinicians with relevant information to care for bariatric patients. The site contains useful information to support clinician decision making.	Metro North HHS
	Established a Smoking Cessation Program at Redcliffe Hospital.	Redcliffe Hospital
	Increased completion of smoking cessation clinical pathway for all patients identified as a current smoker on admission.	Medicine Clinical Stream and Clinical Directorates
	TPCH Smoking Cessation Taskforce delivered two workshops to raise clinician awareness around smoking cessation covering the following: benefits of smoking cessation the role of health professionals The 5A's of Smoking Cessation: Ask, Assess, Advise, Assist, Arrange barriers to smoking cessation pharmacotherapy for smoking cessation and behavioural and advice-based support.	Heart and Lung Clinical Stream TPCH
Ensure Metro North HHS premises enable healthy food and drink options for staff, visitors and patients as the easiest options.	Caboolture Hospital has removed full sugar drinks from vending machines and the hospital canteen and was the first public hospital in Queensland to do so.	Caboolture/ Kilcoy Hospitals
	Fit Fab Cab has been a two-year staff wellness campaign that has led by example and improved workplace culture. There has been measurable and sustainable improvement in staff fitness, motivation to improve health, and team connectedness. Fit Fab Cab has also taken a lead in the Caboolture community, Metro North HHS and Queensland Health by introducing a healthy identification system for all food in the hospital café.	Caboolture/ Kilcoy Hospitals
	Planning for 'room service on demand' at TPCH commenced. The initiative will enable patients to choose their meal options, at their convenience.	TPCH

Action	Initiative	Who is undertaking
	Healthy options in vending machines and introduction of a hybrid menu for long stay patients at the following facilities: Brighton Health Campus North Lakes Health Precinct Aspley Community Health Centre Chermside Community Health Centre and Nundah Community Health Centre.	CISS
	Provision of healthier food options for staff after hours with introduction of healthy options available in vending machines including salads, wraps, rice based dishes and soups.	TPCH
	TPCH is reviewing the success of the Better Choice Program. This program aims to support the wellbeing of staff and visitors to Metro North HHS and advocates for increasing the availability of healthier food and drink options within its facilities and services.	TPCH
Expand evidence based diagnostic and investigation services within Metro North HHS services and with partners including (not limited to) clinical measurements, pathology and medical imaging services to support timely diagnosis and treatment.	Point of Care testing for sexually transmissible infections pilot project commenced in multiple sites across Fortitude Valley. The project was developed in partnership with Queensland Positive People and evaluated by University of Queensland.	Public Health
	Developed and introduced the Stroke Reperfusion Guidelines across Metro North HHS.	Medicine Clinical Stream and Clinical Directorates
	Implementation of Clinical Prioritisation Criteria has provided GPs with required diagnostics and investigations to be performed prior to referral to a specialist.	COSI
	eUnity a desktop mobile device has been enabled at TPCH, Redcliffe and RBWH for viewing of x-rays on mobile devices.	Allied Health
	Expansion of the Tele-Exercise Stress Testing (EST) program, conducted by RBWH Clinical Measurement Unit, to provide ‘real-time live’ remote monitoring and reporting of an EST test by a cardiac scientist and cardiology registrar to rural and regional centres.	Heart and Lung Clinical Stream RBWH COSI (Telehealth)

Our progress against what we will measure

Table 1 details Metro North HHS progress against what we said we will measure in the Strategy. Our 2017-18 performance is compared to our performance in 2016-17.

Table 1: Progress against what we will measure baseline performance, July 2017 and July 2018

The number of staff completing training that includes health literacy principles and practices			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
• 85 percent of all new starters will participate in mandatory induction training including presentation on health literacy • 85 percent of leaders will participate in leadership development that includes health literacy principles and practices	• 83 per cent of all new starters in 2017 participated in mandatory induction training • 2095 leadership development sessions completed	• 91 per cent of all new starters in 2018 participated in mandatory induction training • 1809 leadership development sessions completed	
Participation of eligible residents in screening programs for identified priority health areas			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
• Number of residents participating in screening programs in priority health areas: a) 43,500 BreastScreen service screens targeting women aged 50-74 years and 40-49 b) zero long waits for colonoscopy patients referred through bowel screening results. c) zero long waits for women referred for colposcopy/biopsy as a result of cervical cancer screening	a) In 2016-17 the Brisbane North BreastScreen service completed 42,674 actual screens including: • 403 screens for Aboriginal and/or Torres Strait Islander women • 5008 screens for CALD women. In 2016-17 BreastScreen screened 22.9 per cent of the eligible population (women aged over 40 years) and 31.8 per cent of its target population (women aged 50-74 years). N/A b) Not available c) Not available	a) In 2016-17 the Brisbane North BreastScreen service completed 43,030 actual screens including: • 439 screens for Aboriginal and/or Torres Strait Islander women • 5089 screens for CALD women. In 2016-17 BreastScreen screened 22.6 per cent of the eligible population (women aged over 40 years) and 31.2 per cent of its target population (women aged 50-74 years). N/A b) Not available c) Not available	
The number of potentially preventable hospitalisations			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Reduce percentage of preventable hospitalisation separations e.g. (chronic conditions (diabetes, asthma), acute conditions (urinary tract and cellulitis) vaccine preventable conditions (pneumonia and influenza) across Metro North HHS	• 33,873 separations • 7.8 per cent of all Metro North HHS hospital separations	• 36,147 separations • 8.3 per cent of all Metro North HHS hospital separations	

Delivering person-centred, connected and integrated care

Metro North HHS, along with our partners, has been working to provide comprehensive person-centred health care that is connected and integrated. Metro North HHS is moving away from providing episodic care and moving towards a more holistic approach to health care that puts the needs and experience of patients, families and carers at the centre of how services are organised and delivered. As a provider of specialist services to Queensland, we continue to work to connect care with the patient's home HHS enabling seamless transition and safe appropriate care for patients as close to home as clinically appropriate.

Key strategies

1. Empower people to participate in their own care supported by their networks of family, friends and community.
2. Listen to people, value their contribution and use the information to make improvements to our care.
3. Plan, commission and deliver health services based on local health needs collaboratively with staff, patients, consumers, and health and social care partners.
4. Develop connected systems and support functions that are responsive.

Progress towards what we said we will do:

Action	Initiative	Who is undertaking
Build on work undertaken to date, to educate, inform, support and communicate clearly with patients, carers and family to enable an active role in managing their health condition and/or improving their general health and wellbeing	NAIDOC community event held at Caboolture with more than 1000 participants. Over 35 stall holders took part providing health information, resources and cultural support to the community.	CISS
	Development of patient information packs to support communication with patients, carers and family include: • Patient power pack in the COPD project to allow individuals to keep track of their own health information. • Consumer based information packs have been reviewed and improved with the new radiology information system. • ED Discharge Packs implemented at TPCH, RBWH and Caboolture. Patient discharge packages are provided to patients as a self-driven checklist to ensure they leave the ED with everything they need.	Caboolture/ Kilcoy Hospitals Medical Imaging Critical Care Clinical stream
	Welcome to the paediatric ward was developed by consumers and is being rolled out to other wards at Caboolture Hospital.	Caboolture/ Kilcoy Hospitals
	Consumer Advocacy Officer commenced at Caboolture Hospital ED to assist with the discharge process.	Caboolture/ Kilcoy Hospitals
	Healthy Spine Program is a back education program being delivered in community health centres with information and resources to empower patients to self-manage their condition.	COSI

Action	Initiative	Who is undertaking
Promote care coordination/navigation roles throughout MNHHS, building on those already in place, to assist patients and carers in understanding and traversing the healthcare system	14 nurse navigator positions filled to support patients traverse the health system: **RBWH** Connecting Care ED 24/7 hospital Residential Aged Care District Assessment and Referral (RADAR) Assist long stay patients Cognitive Advocate. **TPCH** 24/7hospital Inpatient Flow Frail Older Person. **Redcliffe** Delirium and Dementia ED. **Caboolture/Kilcoy** Geriatric Flow Complex Grail Older Person. **CISS** Frail and Elderly. **Metro North HHS** National Disability Insurance Scheme (NDIS).	Metro North Clinical Directorates
	Outpatient flow has been enabled through the 'Quick Flow' project that includes a new system for patient bookings and check-in, inclusive of consumer engagement.	Metro North IT
	Established GP hotlines for inquiries on haematology patients and medical oncology patients to assist in care coordination.	Cancer Care Clinical Stream
	Team Care Coordination provided GPs and their patients with expert services from Registered Nurses, experienced in the community and in general practice, who have extensive knowledge about local public, community and private healthcare services. Evaluation of the Team Care Coordination Program has been completed. Coordinators assist GPs to assess a person's health and care needs and arrange the services they need to stay healthy and active. The team assists with care planning, visits people either in their homes or at the practice, and liaises with GPs, patients, hospitals and other health services. Team Care Coordinators also contribute to GP Management Plans and can be a member of the care plan team.	Brisbane North PHN

Action	Initiative	Who is undertaking
Continue to increase patient, consumer and community engagement through: asking what is important to patients, families and carers, adopting a nothing about us without us approach including patients, carers, in care, service redesign, and continuous improvement communication of engagement feedback and how Metro North HHS will use the feedback to improve care	Patient, consumer and community engagement continues to increase and deepen across Metro North HHS with more than 100 consumers involved in planning and service redesign in 2017.	Metro North HHS
	Six Metro North HHS partnership projects were selected to present at the annual Health Consumers Queensland Forum in recognition of the quality of consumer engagement. All presentations were co-delivered with consumers.	Metro North HHS
	Engagement of consumers in staff recruitment across Metro North initiated including for senior executives, clinicians and reception staff.	Metro North HHS
	The 'Your Voice Our Vision' Redcliffe Hospital Consumer Engagement Strategy implemented to provide a road map for proactive and inclusive engagement initiatives that outlines the future direction and objectives essential for partnering with our consumers and community.	Redcliffe Hospital
	Consumers actively participated in the planning, development and relocation of Cancer Care Services and Kidney Health Services from Level 6 Redcliffe Hospital to the adjacent Moreton Bay Integrated Care Centre.	Redcliffe Hospital
	In response to patient feedback Oral Health has: • introduced a monthly orthodontic screening service in Redcliffe and Caboolture • updated referral guidelines to specialist services and published a referral form online to improve transition between services • rolled out staff training to improve staff's communication skills and style, ability to involve patients in decisions and improve effectiveness of communication between staff • piloted extended opening hours at four school oral health clinics resulting in 300 additional out of hours appointments, 4 per cent reduction in cancellations and 3 per cent reduction in did not attends.	Oral Health
	Based on feedback from consumers a multi-faith centre opened at TPCH.	TPCH
	Patient experience consumer lead appointed at RBWH.	RBWH
	Carer support program expanded providing an emphasis on family and patients.	CISS
	PII Consulting initiative commenced with Cardiology Department RBWH piloting the listen and discover phase. PII Consulting team will work collaboratively with departments to achieve tangible, measurable and sustained results across business operations and service delivery.	RBWH
	Documentation of 39 patient stories for the long term impaired in preparation for transition to NDIS. Patients' entire care journey has been mapped and preserved.	Allied Health

Action	Initiative	Who is undertaking
	Caboolture Healthcare Alliance transformed into Caboolture Hospital Healthcare Council progressing consumers and partners input to improve pathways and information for young mothers.	Caboolture/ Kilcoy Hospitals
	Caboolture consumer and consumer leads of the Caring Together Network were awarded a Health Consumers Queensland Partnership Award.	Caboolture/ Kilcoy Hospitals
	Establishment of a monthly Consumer Feedback Working Group at Caboolture Hospital to review consumer feedback and provide input into the hospital's response.	Caboolture/ Kilcoy Hospitals
	Consumers involved in design of Caboolture Hospital ED including redevelopment, patient journey simulation exercises and design, development and relocation of the outpatients department.	Caboolture/ Kilcoy Hospitals
	The Quality, Innovation and Patient Safety Service undertook a formal consumer recruitment program to increase consumer numbers and to replace retiring committee members.	Nursing and Midwifery Services
	Consumers actively involved in the Metro North HHS orientation program.	Nursing and Midwifery Services
	Consumers and community were involved in health service planning process including: Older Persons Healthcare Services Plan, Bariatric Services Project, Palliative Care Clinical Services Plan, Brighton Health Campus Clinical Services Plan, Redcliffe Hospital Clinical Services Plan and RBWH Clinics Services Plan. Engagement has included mapping of key stakeholders and interest groups, participation on steering committees, focus groups, forums and online surveys and patient experience measures.	Health Service Strategy and Planning and Metro North Engage
	Patient stories using the discovery interview technique were generated from people for whom renal replacement therapy and living donor kidney transplant (LDKT) are (or are likely to be) relevant considerations. These patient stories provide valuable insight into how to deliver a patient-centred service and will inform any future planning for a LDKT service in Metro North HHS.	Health Service Strategy and Planning
Increase education and training resources to enable person-centred connected care to be embedded into normal operational business	'Customer Service' training program being rolled out at all facilities to enable person centred care.	TPCH Caboolture/Kilcoy Hospitals Redcliffe Hospital
	25 staff across Metro North HHS attended a one-day consumer journey and empathy mapping workshop with consumers to improve person-centred care and gain tools for building understanding of patients' journeys and identification of gaps and barriers.	Metro North Engage

Action	Initiative	Who is undertaking
	Clinical Learning resources developed and shared across Metro North HHS to enhance equal opportunity and set a minimum standard of practice and midwifery care.	RBWH
	RBWH Physiotherapy Department implemented an additional staff support role to assist new graduates/new staff competency development, all staff clinical skills refreshers and mandatory training management.	RBWH
	Cancer Preceptorship Program for GPs provides a quality educational experience for GPs covers: Haematology Medical Oncology Radiation Oncology Case Studies Workshops Tour of Cancer Care Unit including radiation facilities.	Cancer Care Clinical Stream COSI
	Delivered nine General Practice Liaison Officer education events for GPs with topics including rheumatology, COPD, maternity alignment, gynaecology, gastroenterology and hepatology, oncology and haematology, backpain, mental health, paediatrics.	Brisbane North PHN COSI
	Delivered four combined RBWH and TPCH Pleural Procedures Training for senior doctors which involves training anaesthetist chest tube insertion and performing procedures under supervision on mannequins.	Heart and Lung Clinical Stream
	Developed a toolkit and factsheets for the nurse navigator program.	Nursing and Midwifery Services
	Provided flow charts for walls in EDs to encourage all ED staff to be invested in caring for the complex vulnerable person who frequently presents to the ED.	Nursing and Midwifery Services
	ED Directors of Medical Training Network established to support and communicate training and recruitment frameworks.	Critical Care Clinical Stream

Action	Initiative	Who is undertaking
Establish the Brisbane North and Moreton Bay Health Alliance including collaborative space, where the local health sector can come together and develop a shared understanding of the problems, and generate workable solutions that improve patients' experiences and outcomes	Four projects commenced under the Health Alliance including: Improving the health and wellbeing of frail older people: Building on previous collaborative work across the health sector, including the development of the joint five-year healthcare plan for older people and the Health Alliance is facilitating change in the way the health system responds to frail older people. The Health Alliance has identified a few initiatives which, if implemented would improve the experience and outcomes for patients and improve health system performance. The group has also developed an outcomes framework and a set of indicators which can be used to guide future activity across the sector. Supporting people who have complex health needs who frequently attend emergency departments: The Health Alliance is working with stakeholders to design a system response that better meets their needs and improves health outcomes. Building on the experience of the collaborative work between Metro North HHS and BNPHN on the 'Working Together to Connect Care' program. A group is exploring how the experience of this program could be applied more widely to people with complex needs. Improving outcomes for children in Caboolture: the Alliance is working with stakeholders to explore a more focused health response to improve the outcomes for the sub-regions children. Better utilising system wide data.	Health Alliance Brisbane North PHN Metro North HHS
Forge stronger links with partners building a culture of trust and respect to deliver integrated person-centred care. This will be supported through incentive approaches e.g. enhanced leading innovation through networking and knowledge sharing (LINK) program	10 **LINK projects** progressed including: The Future ICU Bed Space Project is evaluating the current ICU bedspace, and how the environment and design affects patient outcomes and the cognitive burden of admission. Staff and patient focus groups will be held to determine the personal experience of patients, and how they experience their stay in the ICU. BISCUT: Better Individualised Stroke Care Using Technology (QUT). Development of an app for Stroke patients to access and transfer information across settings to self-manage their recovery. CLIC: Community Links in Caboolture. A community-based alternative for acute mental health care service provision. SAFE SPACES: Redcliffe and Caboolture community based safe space alternatives. Creation of sensory modulation facilities at Redcliffe and Caboolture to reduce psycho social distress in the clients aged 18+. SPRINGBOARD YOUTH ALCOHOL AND OTHER DRUGS DAY PROGRAM: Community based dual diagnosis day program for young people—18-25. Taking a Lead on Sexually Transmitted Infection Testing. Partnership with University of Queensland/HIV Foundation. Molecular point of care testing for chlamydia and gonorrhoea has been offered to clients at sex on premises venues and drop in clinics in Fortitude Valley.	COSI

Action	Initiative	Who is undertaking
	Innovative 'pooled specimens' methodology validated in clinical practice. First of its kind in urban Australian setting. Around 500 people per month tested. Development and implementation of a mobile health platform to support activity pacing implementation in chronic pain management. **Partnership with Commonwealth Scientific and Industrial Research Organisation (CSIRO)** This project will develop and implement a mobile health platform that will remotely monitor, integrate and analyse objective activity data, pain intensity ratings and daily activity participation data for patients suffering with chronic pain. This will allow clinicians to identify what activities have contributed to a severe pain aggravation for an individual and permit the provision of context-specific pacing education. Empowering Schools to Manage Children with Diabetes. **Partnership with Department of Education and Training; Diabetic Association of Queensland** Project aimed to implement individual management plans for all early childhood education and care settings for school aged clients (approx. 200) in conjunction with a formal process to complete and implement plans and result in a consistent and sustainable model of care across project partners for diabetes management in the educational setting. Developing a message strategy to improve hand hygiene compliance. **Partnership with Queensland University of Technology** Collaborative development of a message strategy engaging the patient, carer and health care workers The intent of this project is to decrease healthcare associated infections and SABs by improving hand hygiene within CCS and the RBWH. This will be achieved by increasing patient and carer engagement around hand hygiene practices and expectations. Community Access Transition Support Services Project to develop the "Options Plus" Day Treatment Program **Partnership with Community** A therapy alternative to residential rehabilitation is needed in the Metro North HHS to assist individuals with dual diagnosis of mental illness and substance dependence. Such an alternative would be appropriate for individuals who have recently completed their substance withdrawal in a Queensland Health community or hospital based AOD service. The proposed service would provide a comprehensive day program tailored to this group to provide them with support and skills to maintain their goals, improve their chances of staying clean and sober, and decrease the likelihood of them needing to access hospital care.	

Action	Initiative	Who is undertaking
Develop and document an increased range of evidence based integrated care pathways across the care continuum for common patient journeys inclusive of those that cross HHSs	Developed Health Pathways to assist primary care providers managing patients in primary care and navigating the secondary care services.	Clinical Streams Brisbane North PHN COSI
Pursue digital technologies that assist with seamless care	Exploring Bluetooth/remote monitoring communication assistance devices for the community health facilities.	CISS
	Implemented a robotic arm to assist with stroke rehabilitation.	CISS
	Assessed and advised on compliance of the proposed construction and installation of dispensing robots in RBWH to store controlled drugs, regarding the *Health (Drugs and Poisons) Regulation 1996*.	Public Health
	Preplanning and readiness assessment for iEMR implementation with Metro North Information Technology completed.	Clinical Directorates
	Commenced outpatient Quick Flow project to assist patients with coordinating appointments and assistance on where to go for appointments.	COSI CISS Metro North IT
	Commenced developing a quality of life symptom reporting app for patients with colon cancer.	Cancer Care Clinical Stream COSI
	Completed implementation of new RIS/PACS systems. Interconnected access to patient records improves care for patients and reduces duplication of unnecessary repeated examinations.	Medical Imaging
	ProVation software implemented at RBWH and TPCH for standardised reporting and capturing of images for bronchoscopy procedures.	Heart and Lung Clinical Stream
	Implementation of Winscribe Text (medical dictation) software across Metro North HHS to support attainment of the Key Performance Indicator discharge within 48 hours.	Metro North HHS Patient Services Clinical Directorates

Our progress against what we will measure

Table 2 details Metro North HHS progress against what we said we will measure in the Strategy. Our 2017-18 performance is compared to our performance in 2016-17.

Table 2: Progress against what we will measure baseline performance, July 2017 and July 2018

The number of consumers and community members participating in significant service planning, service redesign/design and evaluation processes			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
The number of consumers participating in significant service planning, service redesign/design and evaluation processes	Note: Data is collected for calendar year (2016) • 81 consumers participated in service planning, redesign/design evaluation processes in 2016.	Note: Data is collected for calendar year (2017) • 100+ consumers participated in service planning, redesign/design evaluation processes in 2017.	
The number of joint initiatives of Brisbane North and Moreton Bay Health Alliance			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
A minimum of three joint initiatives of Brisbane North and Moreton Bay Health Alliance are progressed in next three years.	Nil	Four initiatives are underway: • improving the health and wellbeing of frail older people • supporting people who have complex health and social needs who frequently attend emergency departments • improving health outcomes for children in Caboolture • better utilising system wide data.	
The uptake of integrated care pathways			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Increase in the number of integrated health care pathways under development, completed and implemented	60 Health Pathways live	309 Health Pathways live	
The utilisation of telehealth services			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Increase the number of telehealth services events by 10 percent	8413 telehealth service events (total count)	14,818 telehealth service events (76 per cent increase)	
The number of patient experience surveys completed and achieve 90% rating or above for the eight CaRE survey core domains across Metro North HHS			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Per cent of surveys achieving a 90 per cent or above rating across all domains Note: Patient experience surveying occurs in all Directorates however not all results can be reported due to discrepancies in scoring methodology and survey questions.	470 CaRE surveys completed • Caboolture: 82.5 per cent • CISS: 86.7 per cent • Oral Health: 97.3 per cent Note: Data is collected for calendar year (2016)	863 CaRE surveys completed • TPCH: 95.28 per cent • Caboolture: 76.14 per cent • Redcliffe: 92.86 per cent • CISS: 88.46 per cent • Oral Health: 92.58 per cent	

Effective delivery of healthcare to address growing population health needs

Delivering healthcare that is innovative, evidence based and adds value to Metro North HHS operations with the aim of reducing inefficiencies and ensuring that services are provided at the right place and at the right time to support growing population health needs is the focus of this area. Demand for care by Metro North HHS services continues to grow and whilst we are well placed to respond to this demand we recognise we will need to redesign, transform and expand. Maximising current hospital infrastructure together with reorientating some services currently being provided on hospital campuses that can be delivered in the community are to be implemented.

Key strategies

1. Improve timely access to the right care at the right time in the right place through advancing care out of the traditional hospital setting and into community and home-based alternatives.
2. Improve access to services as close to home where safe, efficient and effective to do so.
3. Deliver evidence-based care that is high value, improves patient outcomes and is resource effective.
4. Continue to deliver exceptional specialist tertiary and quaternary services.
5. Advocate and plan for new facilities to support growing population health needs.
6. Actively pursue early adoption of new innovations and technologies.

Progress towards what we said we will do:

Action	Initiative	Who is undertaking
Reorientation of community service provision to focus on rapid response, rehabilitation and restorative care	Initiation of a centralised, timely and coordinated referral assessment service for people needing community services including home hospital, extended care, rehabilitation and community care established.	CISS
	Allied health backpain pathway established with community services.	Allied Health CISS COSI
	Improved care coordination between primary and acute services providers for patients with COPD to reduce hospital admissions.	CISS
Work with primary care and community organisations to enable timely follow up care post discharge particularly for at risk population groups	Worked with primary care in Caboolture Hospital catchment enabled timely follow up care for patients with COPD.	Caboolture/ Kilcoy Hospitals
	Worked with primary care and residential aged care to provide geriatric emergency intervention outreach services to provide care post discharge.	Caboolture/ Kilcoy Hospitals
	Facilitated care coordination across ED and primary care enabled through shared access to Emergency Department Information System.	Clinical Directorates Critical Care
	GPs with special interest are working with primary care and community organisations in the following areas: endocrinology, neurology, rheumatology, cardiology and kidney to enable timely best practice care post discharge across Metro North HHS to reduce wait lists.	Medicine Stream Heart and Lung Stream COSI

Action	Initiative	Who is undertaking
	Partnership with pharmacy services across Metro North HHS commenced to review patients with complex and high-risk medicine discharges.	CISS
	General Practice Liaison Officer (GPLO) program of work has improved: discharge summaries, referral information, outpatient letters, promoting GP access to the Viewer, referral and chart reviews, clinical communication between specialists and primary care, and campaigns to support patients in using their GP as their primary care provider.	COSI
Work with Queensland Ambulance Service, general practice and other primary care providers to provide more flexibility for ambulance services to decide how patient care should be developed, including alternatives to transferring to hospital	QAS referral assessment navigator established to support alternatives to transfer to hospital in PACH.	Metro North HHS
	Pre-hospital stroke guideline developed and implemented in partnership with QAS.	Medicine Stream
	Partnerships with QAS regarding escalation process to reduce capacity constraints and support patient flow implemented.	Critical Care
	Medically Authorised Transport Initiative commenced. This is a collaboration between Critical Care with Queensland Ambulance Service and linkages to RADAR. The service assesses referrals (usually 30-40 per day) for eligibility and directs patients that would otherwise present to ED to a more clinically appropriate destination. To date, 20-25 per cent of referrals have been subject to intervention outside the ED setting e.g. direct admission to ward.	Critical Care QAS
Strengthen support to residential aged care facilities to ensure they have direct and timely access to clinical advice, including appropriate on-site assessment and treatment in place where appropriate	Undertook proactive engagement with residential aged care facilities in Metro North HHS area to plan for influenza season and prevent and control influenza outbreaks.	Public Health
	Partnership developed between mental health older persons team and residential age care to coordinate referral and admissions to an appropriate placement for people with mental illness.	Mental Health CISS
	Established Geriatric Assessment and Outreach Services (GOAS) to improve assessment expertise to patients who are deteriorating patients living in RACFs to help provide early management of their condition at home.	TPCH Medicine Stream
	Audit undertaken to identify young residents in RACF across Metro North HHS and to identify local approaches for improved care.	Allied Health
Separate emergency from elective surgery/procedures in dedicated facilities to improve timely access to services and theatre productivity	Dedicated emergency theatre sessions have been established at Redcliffe Hospital.	Redcliffe Hospital
	A specialist rehabilitation and ambulatory care centre (SRACC) is currently under development on the Herston Quarter. The rehabilitation service is proposed to provide CSCF Level 4 rehabilitation services to the RBWH catchment and CSCF Level 5 and 6 rehabilitation services to the broader Metro North HHS catchment and other HHS patients requiring specialised rehabilitation (e.g. burns and acquired brain injury rehabilitation). The ambulatory care service	Metro North HHS

Action	Initiative	Who is undertaking
	is proposed to provide selected surgical services with a length of stay of up to 72 hours and endoscopy services. The rationale for SRACC enabling elective surgery and endoscopy is to separate planned from unplanned activity. It is anticipated that this separation of elective surgery will improve the utilisation of beds at RBWH and TPCH for unplanned activity thereby improving patient flow. Modelling of the impact of SRACC on other Metro North HHS facilities is continuing. While the SRACC will create additional bed capacity at RBWH and TPCH it is expected that there will be a respective increase in complexity of patient and casemix at these facilities.	
Reduce unnecessary variation in clinical practice to improve consistency of care while focusing on individual patient needs	Streamlined clinical practice and handover documentation to enable timely patient transitions from ED to ward.	Caboolture/ Kilcoy Hospitals
	Review of clinical variations across CISS to reduce unnecessary variations and improve patient care completed.	CISS
	Clinical Prioritisation Criteria implemented across 17 specialties in Metro North HHS, and are embedded into the Health Pathways program supporting integrated care between providers.	COSI
	Cardiac Rehabilitation project undertaken to improve reporting and referral practices across Metro North HHS to reduce manual data errors into Queensland Cardiac Outcomes Registry.	Heart and Lung Clinical Stream
Transition services that can be provided in the community or home-based setting rather than major hospital facilities	Project underway to review current mix and location of community and residential aged care places and better align with population health need.	CISS
	Partnering with the Brisbane North PHN to identify and establish alternate models of fracture care to direct the management of appropriate musculoskeletal injuries to primary care.	Surgery Clinical Stream
	Review undertaken to assess the opportunities for cancer care to be delivered at home or in the community including consideration of cost effectiveness.	Cancer Care Clinical Stream
	Alternative care pathways to enable people to receive wound management care at home implemented.	CISS
	Improved processes to maximise referrals to hospital in the home (HITH) to enable timely transition of people home.	TPCH
Optimise patient flow through the adoption of evidence based strategies through: early consultant assessment	Introduce structured interdisciplinary daily ward rounds to enable patient flow.	Caboolture/ Kilcoy Hospitals
	Organisational approach to improve patient flow through the hospital services system and health network commenced through Access Best Care Initiative (ABCi). Phase 1 outcomes include: Arrival to seen by a doctor 21 minutes faster	Redcliffe Hospital

Action	Initiative	Who is undertaking
timely patient movement between hospital services adopting a 'discharge to assess' approach	Patients transitioning to the Ward 1 hour 25 minutes faster Patient departure ready to departure has reduced by 2 hours Overall QEAT performance has maintained an 11% uplift for 8 months consecutively.	
	Initiated pathways to specialisation for nursing and midwifery officers to support timely patient movement between hospital services.	RBWH
	RBWH Department of Nutrition & Dietetics implemented the following initiatives to optimise patient flow: a home-based telephone coaching model for weight management 'Living Well during Pregnancy' the Advanced Dietitian role as part of the Nutrition Support Team to manage patients with complex nutritional support needs extended scope of practice roles for dietitians for perinatal nutrition prescription, gastrostomy management, and pathology requesting for surgical weight management clinic and gastroenterology clinics.	RBWH
	Minimum referral criteria developed by GPLOs to standardise referrals to Cancer Care services.	Cancer Care Clinical Stream
	Continue to advance the chest pain assessment pathway across Metro North HHS to improve the assessment of patients presenting to EDs with suspected acute coronary syndrome.	Heart and Lung Clinical Stream
	A partnership between Critical Care and Medicine Streams established to develop and implement initiatives that will improve Queensland Emergency Access Target performance.	Critical Care Clinical Stream
Reorganise community health services to enhance care in the community, avoid emergency presentations where appropriate and support earlier transition from emergency departments and hospital inpatient beds	Community Links in Caboolture program commenced to prevent unnecessary presentations, admission or re- admission to hospital and reduce the client's length of stay within the hospital. The initiative is being implemented in partnership with Open Minds. This is an enhanced model of integrated care providing alternatives for people who frequently access hospital services either as inpatients or presentations to the emergency department or mental health services.	Caboolture/ Kilcoy Hospitals Mental Health
	Progressing Integrated Care Innovation Fund (ICIF) COPD project activities (project completed in June 2018) through the Heart and Lung Stream Core Thoracic Workgroup to improve access to pulmonary rehabilitation and management of acute exacerbation of COPD to reduce hospital readmissions.	Heart and Lung Clinical Stream
	An evaluation report is under development for C2C—from Caboolture to Canterbury—project for COPD. The project was completed in 2017 and focused on reducing avoidable readmissions and providing better care and quality of life for a vulnerable group of patients with COPD in Metro North.	Heart and Lung Clinical Stream
	New service model introduced to deliver palliative care in the home setting by Metro North HHS staff.	CISS

Action	Initiative	Who is undertaking
Increase capacity to deliver palliative care across settings	Introduction of a community based specialist palliative care approach commenced including medical consultant services.	CISS
	Specialist inpatient palliative care services transferred to TPCH and Redcliffe Hospital's to enhance care coordination and timely access to services.	CISS TPCH Redcliffe Hospital
	Delivered culturally centred care education to assist health professionals care for Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse people who are approaching end of life.	RBWH
Increase high value and reduce low value healthcare through program such as Choosing Wisely, e.g. reviewing appropriateness of certain procedures of questionable clinical value	Review of urine testing practices resulted in reduction of unnecessary urine testing of patients.	Redcliffe Hospital
	Established Opioid Stewardship Service focusing on the education and management of prescribing.	Redcliffe Hospital/COSI
	Community based pharmacy services reviewed and updated to ensure alignment with service need.	CISS
	Choosing Wisely initiatives continue with 70 active projects underway.	RBWH
	Commenced project to assess whether nerve conduction study referrals are required prior to surgery.	Medicine Stream
Roll out new services/procedures, e.g. mechanical thrombectomy, live kidney donor renal transplant service, proton therapy to improve patient's quality of life	Increased the number of dysplasia clinics to meet increased demand for services in gynaecology.	RBWH
	Implementation of new RBWH Gender Service comprising MDT of Medical, psychiatry, social work, psychology, speech pathology and administrative services.	RBWH
	Commencement of the provision of Extracorporeal Membrane Oxygenation (ECMO), at RBWH, as a service to critically ill patients.	RBWH
	Specialist nutrition support team established to manage complex needs of patients requiring home enteral and parenteral nutrition.	RBWH
	Three new surgical specialties (ENT, colorectal and gynaecology) commenced surgery using robotic technology.	RBWH
	Redcliffe Hospital introduced Hydrocortisone Local Anaesthetic clinics to reduce patient waiting times. This is a collaboration with anaesthetics regarding appropriate use of anaesthetic sessions.	Medical Imaging Redcliffe Hospital
	Multi-Disciplinary Team model of care standardised as consistent practice across Metro North HHS for all cancer patients.	Cancer Clinical Stream
	Increased capacity at the Moreton Bay Integrated Care Centre Cancer Service from 10 to 16 chairs for chemotherapy and infusion service to deliver care closer to home for those living in the northern part of Metro North HHS.	Cancer Care Clinical Stream

Action	Initiative	Who is undertaking
	The new Back Pain Pathway has been published on the Health Pathways site. The number of patients referred direct to either orthopaedic or neurosurgical clinics has decreased by about 80 per cent.	COSI
	Kidney supportive care program commenced to provide an informed and safe environment for patients and their carers making complex decisions about end of kidney life.	Metro North HHS
	Increased endoscopy services at Redcliffe Hospital.	Redcliffe Hospital
	Improved access to cardiac obstetric medicine across Metro North HHS.	Medicine Clinical Stream
	The following General Practitioner with Special Interest initiatives rolled out include: Six GPwSIs commenced patient activity in specialist outpatient clinics with another seven due to comment by the end of July 2018 Increased capacity for Neurology outpatient and inpatient services including General Practice with Special Interest (GPwSI) outpatient clinics Cardiology clinic implemented at TPCH Diabetes model implemented at TPCH.	Metro North HHS Heart and Lung Clinical Stream Medicine Clinical Stream
	Established Metro North HHS nurse bank of skilled nurses in critical care and emergency care to cover short term leave arrangements.	Critical Care
	Commencement of enhanced screening, assessment and interventions for older oncology patients in the northern part of Metro North HHS.	Metro North HHS
Increase capacity to provide statewide and regional services for complex care patients from across Metro North HHS, Queensland and northern New South Wales	New brain injury rehabilitation service established at Brighton for patients deemed 'slow to recover' caring for patients from as far as Townsville HHS.	CISS
	GP with special interest supporting rheumatology care at RBWH for patients as far away as Central Queensland.	RBWH COSI
	New statewide bariatric surgery service established at RBWH.	RBWH
	Stem Cell Transplantation Haploidentical Transplants statewide program commenced.	Cancer Care Clinical Services
	Telehealth has been implemented to provide: Exercise Stress Test clinic between clinicians of the RBWH and regional HHSs including Central West, Central QLD and Mackay Holter Clinic between clinicians of the RBWH and North West and Central West HHSs	COSI RBWH

Action	Initiative	Who is undertaking
	Neurology service between RBWH and Caboolture	
	Neonatology service between RBWH and Redcliffe Hospital	
	Neorescue pilot at Caboolture Hospital—neorescue team for resuscitation of neonates	
	Telehealth portal: to enable the patient to receive their appointment at home via the QH Telehealth portal. Internet connectivity needed	
	The RBWH telehealth program commenced in January 2018 to make telehealth an option for all patients accessing care at RBWH	
	Expansion of the telehealth haemophilia at home service	Cancer Care Clinical Stream
	New telehealth thyroid service implemented	
	Increased telehealth services within Metro North HHS, across HHSs and the state. Haematology patients at Hervey Bay Hospital received telehealth consultations provided by RBWH and North Lakes Cancer Care provided consultations remotely to Kilcoy Hospital	
	An innovative model of care was trialled at Barcaldine to provide telehealth respiratory clinics integrated with spirometry testing and training of local health professionals. The purpose was to upskill local professionals and enable patients access service closer to home.	Heart and Lung Clinical Stream
Advance innovations, e.g. biofabrication, biobanking, artificial intelligence, application of genomics to medicine to continue to improve healthcare	The skin culture centre opened at RBWH enabling the growth of patients' own skin. This will increase the use of autograft treatment of burns and is expected to improve survival rate, reduce recovery time and improve patient recovery.	RBWH
	Active advancement of planning for Biofabrication Institute and Genetic Health Institute.	Metro North HHS

Our progress against what we will measure

Table 3 details Metro North HHS progress against what we said we will measure in the Strategy. Our 2017-18 performance is compared to our performance in 2016-17.

Table 3: Progress against what we will measure baseline performance, July 2017 and July 2018

Wait times for specialist outpatient services			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
• Outpatient long wait numbers are to be no more than that achieved at 30 June 2017 (current target of 7,500). • No patients will wait longer than 18 months.	• 7225 long wait patients • 21.4 per cent of patients waiting longer than clinically recommended timeframes • 601 patients waiting more than 18 months as at 30 June 2017 • 263 patients waiting more than 24 months as at 30 June 2017	• 6, 463 long wait patients • 19 per cent of patients waiting longer than clinically recommended timeframes • 182 patients waiting more than 18 months at 30 June 2018 • 20 patients waiting more than 24 months as at 30 June 2018	
The number of discharge summaries completed within 48hours			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
75 per cent of discharge summaries completed within 48 hours	• Caboolture/Kilcoy Hospital Directorate: 64.2 per cent • RBWH Directorate 59.2 per cent • Redcliffe Hospital Directorate 54.6 per cent • TPCH Directorate 54.8 per cent • Mental Health Directorate 63.8 per cent	• Caboolture/Kilcoy Hospital Directorate: 66.9 per cent • RBWH Directorate 72.1 per cent • Redcliffe Hospital Directorate 61.7.6 per cent • TPCH Directorate 56.0 per cent • Mental Health Directorate 65.8 per cent	
Access to local services for Caboolture and Redcliffe residents			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Increase self-sufficiency for general medical and surgical services to 60 per cent	• 59.6 per cent of patients who resided in the Redcliffe Hospital catchment received of their admitted care at Redcliffe Hospital • 55.9 per cent of patients who resided in the Caboolture/Kilcoy Hospital catchment received their admitted care at their local hospital.	• 58.2 per cent of patients who resided in the Redcliffe Hospital catchment received of their admitted care at Redcliffe Hospital • 54.6 per cent of patients who resided in the Caboolture/Kilcoy Hospital catchment received their admitted care at their local hospital.	
The number of patients discharged directly to Metro North community health services from the Emergency Department			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Increase number of patients referred directly to Metro North community health services from the Emergency Department by 10 percent (of baseline)	779 patients	1045 referrals	

Responsive healthcare that meets the high health needs of identified groups

This focus area aims to improve care and inclusiveness to our diverse community. Addressing the needs of those who have complex needs or experience poorer health outcomes in our communities is essential. Different expectations and experiences of health services exist and this is often culturally or socially determined. Engagement with high needs groups requires identification of appropriate conduits or intermediaries to engage with consumers and communities.

This requires tailored activities and targeted services.

Older people and frail older people

Older people including those who are frail are significant users of our health services. We know that older people are often admitted to hospital because of challenges in providing care in the community, that if provided early, may mean the older person would not need hospital care. Acknowledging this Metro North HHS declared 2017 the Year of the Frail Older Person.

Key strategies

1. Enable older people to be active, engaged and independent at home.
2. Implement evidence-based models of older people care that focus on improving healthcare and quality of life, and preventing functional decline through consideration of physical, psychological, emotional, and social needs.
3. Provide timely, responsive and high quality end of life care that is respectful and responsive to the social, emotional and spiritual needs of patients, families and carers.

Progress towards what we said we will do:

Action	Initiative	Who is undertaking
Work with partners to deliver coordinated integrated healthcare to enable older people to live well at home	Implementation of the joint Brisbane North PHN and Metro North HHS A five year health care plan for older people who live in Brisbane North has commenced.	Metro North HHS Brisbane North PHN
	Older Persons Assessment and Liaison Service (OPALS) service commenced. This service aims to provide elderly patients presenting to the ED with a model of care that respects and supports their specific needs and ultimately provides them with safe, timely and appropriate care both during their stay and when they leave hospital.	TPCH Adult ED RBWH Internal Medicine Services CISS
	Five University of Queensland research partnerships to help facilitate healthy ageing research: GROUPS 4 HEALTH: Building connectedness in transitioning home from care Qualitative investigation of factors influencing the high prevalence of morbid obesity at Cooinda House, Brighton Benefits and Impacts of Electric Sit-Stand Recliner use in a Residential Transition Care setting Too tired to recover: Evaluation of a post-stroke fatigue management guideline Development of an active video game for the long-term maintenance of exercise in people with COPD	CISS
	Expanded GP Rapid Access to Consultant Expertise (GRACE) to provide a referral pathway for stable patients needing acute care for general medical conditions.	Caboolture/Kilcoy Hospitals TPCH
Enable rapid response to the deteriorating patient in own home if possible	RADAR Outreach service will work in conjunction with Emergency Departments, Internal Medicine Services and Community, Subacute and Indigenous Services and QAS to provide consistent and reliable outreach and in-reach care from the hospital to residential aged care facilities in the Metro North HHS catchment. The key objective of RADAR is to provide a coordinated integration of care	Metro North HHS

Action	Initiative	Who is undertaking
Introduce consistent comprehensive risk screening, frailty identification and care planning across Metro North HHS	A common clinical frailty screen tool has been implemented in all Emergency Departments (ED) across Metro North HHS that involves comprehensive geriatric assessment and individualised care planning.	Metro North HHS
Improve care coordination both within and between the hospitals and the community to enable older people to return home with the ongoing support they require	The VIEWER supports care coordination by providing GPs with access to patient discharge summaries, enabling older people return home sooner.	Clinical Directorates
Identify those older people most at risk of deconditioning and frailty in hospital through frailty screening, consistent assessment and care planning	Geriatric Emergency Department Intervention project underway in Caboolture ED including geriatric specialist support in ED.	Caboolture/Kilcoy Hospitals
	OPAAS is an expansion of the existing Hospital in the Nursing Home service. OPAAS is a consultation-liaison service with a focus on residents from RACFs presenting to the Emergency and Trauma Centre. OPAAS provides both in-reach and outreach care from the hospital to RACFs and like facilities in the RBWH and broader Metro North HHS catchment to residents of RACFs. The overall goals of the service are to improve the timeliness of assessment of patients presenting to the ETC from RACFs, with a focus on early establishment of goals of care, improving communication with patients, families, RACF nursing staff and the treating general practitioners. Alternatives to inpatient admission will be pursued; but if required, OPAAS will assist in facilitating admission.	RBWH
Implement evidence-based care pathways to improve the patient journey for people with delirium, dementia and frailty	Six Health Pathways to assist primary care providers managing patients in primary care and navigating secondary care services have been developed with a focus on people with delirium, dementia and frailty.	COSI
Increase the use of shared care plans to improve communication and information exchange between providers, patients and families	Implemented the yellow envelope initiative to enhance information sharing on discharge, particularly back to the GP and RACF. Patient information is also available to the GP on the viewer.	Clinical Directorates
Engage older people and their family/carers in care planning including discussion of Advance Care Plans	Advanced Care Planning staff are reaching more patients, family and carers and care providers (GP's) to ensure discussions are being undertaken and recorded. Reviews are completed for all patients presenting to ED and admitted that are over the age of 75 year with information being provided to the GP and patient. Between 2016-17 and 2017-18, there was a 55 per cent increase (5,175 to 8,031 patients) in the number of patients seen.	Metro North HHS

Action	Initiative	Who is undertaking
Increase timely referral to palliative care to implement best practice care for people who are dying that is respectful and responsive to the social, emotional, and spiritual care needs to patients, families and carers	Improved assessment and care pathways implemented for older people who are dying to enable timely referral to palliative care services.	CISS

Our progress against what we will measure

Table 4 details Metro North HHS progress against what we said we will measure in the Strategy. Our 2017-18 performance is compared to our performance in 2016-17.

Table 4: Progress against what we will measure baseline performance, July 2017 and July 201

Timely identification of people over the age of 75 who are frail			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
85 per cent completion of 'frail' questionnaire for patients over the age of 75 across Metro North HHS	• 52.6 per cent completion of 'frail' questionnaire on patients over the age of 75	• 65 per cent completion of 'frail' questionnaire on patients over the age of 75	
Number of people over the age of 75 who are discharged to same address			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
80 per cent of people over the age of 75 who are discharged to same address by hospital	• Caboolture/Kilcoy Hospitals 67 per cent • RBWH 87 per cent • Redcliffe Hospital 76 per cent • TPCH 78 per cent	• Caboolture/Kilcoy Hospitals 69.36 per cent • RBWH 88.75 per cent • Redcliffe Hospital per cent 68.69 • TPCH 78.50 per cent (as at end May 2018)	

Children and/or young people

Keeping children and young people well will be a priority for Metro North HHS particularly for those with complex and chronic care needs. We recognise young people as a priority population and understand their specific needs as they transition to adulthood. We will support young people and their families providing holistic care across physical, cognitive, social and emotional development.

Key strategies

1. Enhance capacity of services to enable children and young people to have optimal health.
2. Children and young people's health services in Metro North will be delivered through a networked, integrated and coordinated service system where care is provided as close to home as clinically appropriate in partnership with other children's health service providers including Children's Health Queensland.

Progress towards what we said we will do:

Action	Initiative	Who is undertaking
Increase child, young person and family awareness of disease and illness prevention, maintenance of wellbeing and health behaviours	Project to identify specific areas of low vaccination coverage within Metro North HHS and implement targeted communications to improve vaccination rates.	Public Health
Enhance early assessment, identification and support of young people with a mental illness	Working with community child youth mental health services and Children's Health Queensland to realign and reintegrate pathways for young people with a mental illness to enhance early assessment and support.	Women's and Children's Stream Mental Health
Enhance local capacity and capability of children and young people services across community, inpatient and outpatient settings of care to better meet demand	Delivery of fracture clinics on site at TPCH in partnership (including staffing) by Children's Health Queensland.	TPCH
	Developing increased capability, through Clinical Services Capability Framework changes within TPCH to deliver low risk surgery to children above the age of 12 on site.	TPCH
	Separate child protection services established at Redcliffe, Caboolture and Kilcoy Hospitals to enhance local capacity to better meet demand.	Redcliffe Hospital Caboolture/ Kilcoy Hospitals
	Waterlilies, a community based young mums support and education program is in the design stage.	Caboolture/ Kilcoy Hospitals
	Paediatric malnutrition screening and feeding service which has resulted in reducing readmission rates to zero.	Caboolture/ Kilcoy Hospitals
Enhance connections between Children's Health Queensland (CHQ) and Metro North HHS to jointly deliver services	Lift the Lip: Oral Health is collaborating with Children's Health Queensland community and child health nurses to screen and refer at risk children and established a fluoride varnish application programs targeting high risk students. Targeted treatment items incorporate fluoride varnish application, dietary advice, oral hygiene instruction and application of fissure sealants.	Oral Health
	Creation of Metro North Critical Care Connect Sharepoint site. Provides a platform for Emergency Department staff to access CHQ resources, and other Metro North HHS Emergency Department (i.e. procedures and handouts) for best practice.	Critical Care Clinical Stream
Increase child development services in the northern region of Metro North HHS	MNHHS actively working with Children's Health Queensland to develop a model of care to enhance child development services in the northern region.	Women's and Children's Stream

Our progress against what we will measure

Table 5 details Metro North HHS progress against what we said we will measure in the Strategy. Our 2017-18 performance is compared to our performance in 2016-17.

Table 5: Progress against what we will measure baseline performance, July 2017 and July 2018

Access to children's services for Metro North HHS residents			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Overall self-sufficiency rate for children living in Metro North HHS and receiving public hospital care in Metro North HHS hospitals increases to 60 per cent	In 2016-17 the overall self-sufficiency rate for children living in Metro North HHS and receiving public hospital care in Metro North HHS hospitals was 55 per cent. • Child residents in the TPCH catchment received 45.5 per cent of admitted separations at their local hospital. • Children residing in the Redcliffe Hospital catchment received 45.4 per cent of admitted separations at their local hospital • 58.6 per cent of admitted separations for children residing in the Caboolture/Kilcoy Hospital catchment received their care at their local hospital • 72.7 per cent of admitted separations for children residing in the RBWH catchment received their care at LCCH (local hospital)	In 2017-18 the overall self-sufficiency rate for children living in Metro North HHS and receiving public hospital care in Metro North HHS hospitals was 71.7 per cent. • Child residents in the TPCH catchment received 45.3 per cent of admitted separations at their local hospital. • Children residing in the Redcliffe Hospital catchment received 40.8 per cent of admitted separations at their local hospital • 60.2 per cent of admitted separations for children residing in the Caboolture/Kilcoy Hospital catchment received their care at their local hospital • 82.0 per cent of admitted separations for children residing in the RBWH catchment received their care at LCCH (local hospital)	

People with mental illness and/or alcohol and drug dependence

A recovery approach to care for people with mental illness is a focus for Metro North HHS providing timely and coordinated care when needed. Our commitment to delivering care in the least restrictive environment remains—recognising some patients are admitted to hospital or remain in our hospital when they could be better supported in the community. We understand many people with alcohol and other drug dependence also have a mental illness. Effective coordination of services will be enabled for people with comorbid mental health and alcohol and drug issues as well as for those who experience comorbid physical health issues

Key strategies

1. Be leaders in delivering evidence based quality care to people with mental illness and/or alcohol and other drug dependence.
2. Increase access to recovery focused mental health and alcohol and drug services available in Metro North HHS.
3. Elevate the focus on physical health, psychological and social wellbeing to support consumers and carers in their recovery journey.
4. Work with partners to increase and facilitate access to a broader range of whole of life services, including community based alternatives to hospital admission and provision of meaningful vocational opportunities.

Progress towards what we said we will do:

Action	Initiative	Who is undertaking
Provide alternatives to hospital admission and support recovery of consumers through additional step up/step down facilities across Metro North HHS	Safe Spaces commenced development of community based safe space alternatives in Redcliffe and Caboolture for those that experience distress related to their psychosocial needs to reduce presentations to local emergency departments. Partners include Aftercare, Richmond Fellowship QLD, Wesley Mission QLD,Encircle.	Mental Health COSI
	Nundah House opened and provides short-term psychosocial mental health care as an alternative to admission.	Mental Health
	Planning has commenced for establishment of 6 bed youth Step Up Step Down facility in Caboolture. Land purchased.	Mental Health
Build on existing relationships with emergency services in joint responses to people who may be at risk/in crisis, including co-responder models, implemented in priority areas of need	Support of Suicide Prevention Care Pathways (partnership with Beacon Strategies, LINK funded) The overall goal of the project is for people who are at risk of suicide, have attempted suicide or who are bereaved by suicide to get the right care in the right place at the right time.	Critical Care Clinical Stream COSI
	Metro North MH led the development of a Police and Ambulance Intervention Plan (PAIP) that has been adopted statewide by the Mental Health, Alcohol and Other Drugs Branch for all HHS use.	Mental Health
	Extended co-responder approach with police to prevent presentation to emergency department for people with a mental illness.	Mental Health Critical Care Stream
Collaborate with partners to develop and implement service models and associated care pathways for inpatient services that meet the needs of older people with a mental illness who have subacute care needs	Nil.	
Strengthen community resources particularly in the northern part of Metro North HHS to improve service responsiveness to people with mental illness and people with alcohol and other drug dependence	Increased number of student run dentistry clinics in community mental health services where they provide screening and training education about oral health.	Oral Health
	In partnership with the PHN, the Way Back Support Service is trialling personalised support for people discharged from hospital following a suicide attempt. Referral pathways have been identified and the service commenced in December 2017.	Redcliffe Hospital Brisbane North PHN

Action	Initiative	Who is undertaking
Expand perinatal mental health services across specialist community and inpatient services	Secured funding to commence a perinatal mental health service across Metro North HHS.	Mental Health
Collaborate with partners to grow capacity and capability of alcohol addiction services including alcohol withdrawal management for adults and young people	Joint partnership with Lives Lived Well - NGO provided psychosocial services for people with substance issues in the Redcliffe and Caboolture areas.	Women's and Children's Stream
Improve governance, accountability, responsibility, fund holding, and service delivery arrangements for child and youth community health and mental health services across Metro North HHS in collaboration with CHQ	Enabling infrastructure works currently underway onsite at TPCH for the construction of the Adolescent Extended Treatment Facility in response to recommendations made in-line with the specifications made in the Barrett Adolescent Centre Commission of Enquiry Report.	TPCH
	Working with Community Child and Youth Mental Health Service and CHQ to establish clear governance and responsibility for services across Metro North HHS.	Women's and Children's Stream

Our progress against what we said we will measure

Table 6 details Metro North HHS progress against what we said we will measure in the Strategy. Our performance is measured in 2017-18 compared to our performance in 2016-17.

Table 6 Progress against what we will measure baseline performance, July 2017 and July 2018

Access to service delivery in the community setting			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Increase occasions of service in community setting by 10 per cent	180,800 occasions of service	196,565 direct occasions of service	

People with a disability

Some people with a disability often have diverse, complex and unique health, social and emotional needs. For people with a disability that are accessing health services Metro North HHS will work to develop care pathways that improve the patient journey to enable care to be provided in the most appropriate setting. Effective care coordination across providers is essential to keep people with a disability healthy and well.

Key strategies

1. Empower people with disabilities that are accessing health services to be active participants in their healthcare.

2. Deliver holistic, individual, tailored, coordinated and integrated care for people with a disability that are accessing health services and their carers.
3. Deliver equitable, accessible, safe and respectful care for all.

Progress towards what we said we will do:

Action	Initiative	Who is undertaking
Increase health literacy resources targeted to people with a disability that are accessing health services that to enable people to be empowered to participate in their care and to feel comfortable sharing information about their care needs, condition management and health goals	Tailored resources to increase access to breast screening for women with intellectual disabilities.	Cancer Care Clinical Service / COSI
	Health Literacy Steering Committee includes representation from people with disabilities.	Metro North Engage
Implement evidence-based care pathways to improve the patient journey for people with disabilities	Commenced Community Transition Pathways e.g. the ICU patient.	CISS
	Completed Long Stay review of residential aged care facilities with recommendations enacted.	Allied Health
Increase the use of shared care plans to improve communication and information exchange between providers, patients and families	NDIS Transition Plans being developed to enable shared care between service providers.	Across Metro North HHS
Enhance workforce capabilities to provide evidence-based patient centred care for people with a disability, intellectual disability and complex care needs	TPCH Social work services are actively providing education using available information, to staff of TPCH, regarding NDIS.	TPCH
Partner with people with disabilities, families and carers, and other support agencies to jointly plan, design and deliver health services sensitive to the needs of people with a disability	People who have experienced Acquired Brain Injury or Burns Rehabilitation and their carers helped to inform the design of the Specialist Rehabilitation Ambulatory Care Centre project at Herston including the patient rooms, reception and other common areas.	SRACC Team
	Health Literacy Steering Committee includes representation from Aboriginal and Torres Strait Islander people, CALD communities, people with disabilities and people with mental illness.	Metro North Engage

Action	Initiative	Who is undertaking
Develop systems, processes and pathways to enable people timely access to National Disability Insurance Scheme funding to support care	Metro North commenced the development of systems processes and pathways to enable successful introduction of NDIS.	Allied Health
	RBWH is implementing and integrating systems and processes to enable access to the National Disability Insurance Scheme as it relates to/impacts RBWH patients/services.	RBWH

Our progress against what we will measure

Table 7 details Metro North HHS progress against what we said we will measure in the Strategy. Our 2017-18 performance is compared to our performance in 2016-17.

Table 7: Progress against what we will measure baseline performance, July 2017 and July 2018

Participation of people with a disability and their carers in planning, delivering and evaluating health services			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Increase the number of people with a disability and their carers in significant service planning	Baseline data not available and will be developed	Directorates have reported the following: SRACC has engaged consumers with disabilities and their carers including: • Acquired Brain Injury – 7 • Burns – 5 NDIS implementation has engaged with consumers: • Halwyn: 40 • Jacana: 20 • Halwyn Sports Day was attended by approximately 80 people and Halwyn staff received 6 verbal compliments Other: • MN Mental Health delivered a series of consumer and carer meetings and forums over the year • NDIS Consumer Council has a consumer representative • Consumers with disabilities involved in Health Literacy steering committee and working groups.	N/A

Aboriginal and Torres Strait Islander peoples

Metro North HHS is committed to working in partnership with our Aboriginal and Torres Strait Islander peoples to improve health outcomes. Due to a range of determinants, Aboriginal and Torres Strait Islander people and communities often experience poorer health outcomes. Building a culturally capable service system is critical to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

Key strategies

1. Work with Aboriginal and Torres Strait Islander to plan, design and deliver health services.
2. Deliver holistic, comprehensive and culturally responsive health services.

Action	Initiative	Who is undertaking
Build relationships with our Aboriginal and Torres Strait Islander communities and peak organisations to jointly plan, design and deliver services that reflect local health needs	Partnerships established between Oral Health and the Institute for Urban Indigenous Health and local elders to increase access to oral health services.	Oral Health
	In response to feedback and a reduction in the number of Aboriginal and Torres Strait Islander children coming to dental appointments, young Aboriginal and Torres Strait Islander students joined respected community elder to produce a hip-hop video which highlights the importance of good oral health and strong teeth. The video was shot in Maleny, Caboolture and Tullawong State School's dental van.	Oral Health
Provide culturally aware inclusive service environments that are spiritually, socially and emotionally safe, as well as physically safe for people, where there is no challenge or denial of their identity, of who they are and what they need.	Following feedback from Aboriginal and Torres Strait Islander consumers a culturally appropriate accommodation guide was created for patients who travel to Brisbane for care from across Queensland.	Metro North HHS
	Commencement of the Ngarrama post-acute care service which delivers care to Aboriginal and Torres Strait Islander people across Metro North HHS.	RBWH
	Review and update of front line models of care for Aboriginal and Torres Strait Islander Hospital Services and Acute & Primary Care teams to ensure all are delivered in line with best practice care. These include: Indigenous Hospital Liaison Services (HIS Logic Model) Sexual Health Service Model - consultation commenced. Ngarrama Family Service - Strengthening relationships and referral pathways to the service from existing referring agencies Aboriginal and Torres Strait Islander health priorities discussions and planning with each Directorate lead by the current Director of Aboriginal and Torres Strait Islander Health Branch.	CISS
	Support the implementation of the Lighthouse project in partnership with the Heart Foundation and Australian Healthcare and Hospitals Association to improve outcomes for Aboriginal and Torres Strait Islander peoples experiencing acute coronary syndromes (ACS)/cardiac symptoms, with actions inclusive of: Refurbishment of a ward to include culturally appropriate quiet space and artwork Patient journey videos Garden and Yarning space development.	TPCH
Continuously improve culturally and capable staff including communication,	Two four year apprenticeships established in Building Engineering and Maintenance Services for Aboriginal and Torres Strait Islander persons has been established.	Building Engineering and Maintenance Services

Action	Initiative	Who is undertaking
training, education and awareness through an increased focus on Aboriginal and Torres Strait Islander communities	School Based Trainee Program commenced in April. Six students from Ferny Grove, Kelvin Grove, Kedron commenced with the Office of the CE. During each placement, students are assigned a supervisor and mentor who will assist in developing their capability throughout the various placements (determined on student interest and capability) including: Information technology; Finance; Human Resources; Infrastructure; Communications; Medical Services; Clinical Services; Allied Health; Nursing and Midwifery Services.	Metro North HHS
Develop a Reconciliation Action Plan which will provide a framework to create and realise a shared vision for reconciliation. The plan will be built on relationships, respect and opportunities and designed to create health and social well-being and opportunities for new ways of working to close the gap in healthcare for Aboriginal and Torres Strait Islander people	First Reconciliation Action Plan developed for CISS Services to provide targeted actions to close the gap in health outcomes for the Aboriginal and Torres Strait Islander population.	CISS

Our progress against what we will measure

Table 8 details Metro North HHS progress against what we said we will measure in the Strategy. Our 2017-18 performance is compared to our performance in 2016-17.

Table 8 Progress against what we will measure baseline performance, July 2017 and July 2018

Participation of people from Aboriginal and Torres Strait Islander communities in planning, delivering and evaluating health services			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Increase the number of Aboriginal and Torres Strait Islander communities participating in significant service planning, service redesign/design and evaluation processes	Baseline data not available and will be developed	Directorates have reported the following: • Aboriginal and Torres Strait Islander Unit engaged with 40 consumers, 48 community members and 6 elders in 2016/17 • Oral Health established an Aboriginal and Torres Strait Islander working group for child and adolescent health • Disability engagement - Halwyn engaged 40 consumers and carers and Jacana engaged 20 consumers and carers in NDIS implementation initiatives. • Aboriginal and Torres Strait Islander Unit engaged at least four elders who had a recent experience of Metro North HHS services in Close the Gap Forum in April 2018	N/A

Culturally and Linguistically Diverse Communities

Metro North HHS is home to many diverse communities, including many Culturally and Linguistically Diverse communities. Enhancing our cultural capability to be leaders in delivering respectful, holistic and appropriate health services across home, community and hospitals settings will continue. Working together with people from diverse communities we will develop local innovative evidence-based solutions to deliver responsive health services.

Key strategies

1. Work with CALD to plan, design and deliver health services.
2. Deliver holistic, comprehensive and culturally responsive health services

Action	Initiative	Who is undertaking
Build relationships with our CALD communities and peak organisations to jointly plan, design and deliver services that reflect local health needs	In January 2018 the Metro North HHS Cultural Diversity Coordinator commenced. This role will focus on delivery of cultural responsive services, workforce cultural capabilities, culturally tailored patient experience measures and consumer engagement and preventive health for CALD communities.	Allied Health
	A CALD community health needs assessment commenced in May 2018 outlining the highest CALD groups across facilities and identifying the specific needs of older, younger, refugee background and those who with disproportionately high number of episodes of care. Following the completion of this report, an action plan will be developed in partnership with specific communities and staff-nominated champions. A Cultural Advisory Group has been recruited to guide Metro North HHS on this work.	Allied Health
	15 culturally and linguistically diverse groups participated in the Health Women's Breast Screening initiative, which involved designing resources to encourage breast screening for women from diverse cultural backgrounds. This was via the SEED and LINK program.	Breast Screen Queensland / COSI
	Health Literacy Steering Committee includes representation from CALD communities.	Metro North Engage
Provide culturally aware inclusive service environments that are spiritually, socially and emotionally safe, as well as physically safe for people, where there is no challenge or denial of their identity, of who they are and what they need	Refugee specific clinic days have been initiated with referrals from refugee case workers fast tracked. Work with agencies to organise transport, interpreters etc.	Oral Health

Action	Initiative	Who is undertaking
Continuously improve culturally and capable staff including communication, training, education and awareness through an increased focus on CALD communities	Nil.	

Our progress against what we will measure

Table 9 details Metro North HHS progress against what we said we will measure in the Strategy. Our 2017-18 performance is compared to our performance in 2016-17.

Table 9 Progress against what we will measure baseline performance, July 2017 and July 2018

Participation of people from CALD communities in planning, delivering and evaluating health services			
Key Performance Indicators	**Baseline July 2017**	**July 2018**	**Status**
Increase the number of CALD communities participating in significant service planning, service redesign/design and evaluation processes	Baseline data not available and will be developed	Directorates have reported the following: • CALD - 15 CALD groups participated in BreastScreen initiative • Redcliffe Hospital engaged with Maori and Pacific Islander elders and community organisations to improve access and services • Consumers from CALD backgrounds involved in Health Literacy steering committee and working groups	N/A

Priorities to advance in 2018-19

This annual report demonstrates continued dedication and commitment to implementation of the Strategy. All focus area strategies and most actions have initiatives that have been progressed. Many actions have several initiatives that are achieving positive outcomes for patients, families and carers across Metro North HHS. This has been achieved in an environment of continued growth in service demand and resource constraints.

Whilst good progress has been made in 2017-18 the next two years provides Metro North HHS with an opportunity to further advance initiatives in a proactive and planned way. Priorities for 2018-19 across the focus areas are described below.

Living healthy and well in our local communities

- continue to focus on inclusiveness and health literacy
- improve support for our carers to stay healthy and well
- more timely provision of information to consumers across the HHS
- faster access to evidenced based diagnostic tests to provide early diagnosis and treatment
- local promotion of State health campaigns
- improve engagement with patients who are obese, smoke and/or have high alcohol consumption to assist with lifestyle changes.

Delivering person-centred, connected and integrated care

- continue to roll out nurse navigator roles in areas of highest need
- embed the patient experience survey (CaRE) in all service areas
- foster partnerships that deliver integrated person-centred care
- pursue digital technologies that assist provision of seamless care.

Effective delivery of healthcare to address growing population health needs

- deliver community health services focussed on rapid response, rehabilitation and restorative care
- increase access to alternatives to hospital care
- expand service models supporting care provided in residential aged care facilities
- continue to progress opportunities to separate emergency and elective surgery to enable timely access for all
- reduce waiting times for outpatients and procedural services especially gastroenterology
- progress the new integrated palliative care service model
- increase utilisation of hospital in the home
- reduce unnecessary variation in clinical practice
- reduce low value interventions
- optimise patient flow into, through and out of the hospital system
- continue to progress innovations e.g. biofabrication, biobanking, genomics.

Responsive healthcare that meets the high health needs of identified groups

Older people

- roll out RADAR across the HHS
- continue to improve advanced care planning activities
- continue to progress the Health Alliance older persons initiative.

Children and/or young people

- support early childhood health and wellbeing, including a child's physical, cognitive, social and emotional development
- strengthen initiatives that support early assessment and identification of young people with a mental illness and enhance the local capacity of services particularly in the inpatient setting to better meet demand
- improve models of care and service delivery environments in emergency departments for children
- improve access to child development services especially in the northern region.

People with mental illness and/or alcohol and drug dependence

- support for persons with alcohol addiction through recovery focused service models
- service models and pathways to meet the needs of older people with a mental illness who have subacute care needs
- improve access to perinatal mental health
- increase capability of and access to community based mental health services.

People with disabilities

- active engagement and management of patients eligible for NDIS.

Aboriginal and Torres Strait Islander peoples

- provide culturally aware inclusive service environments
- develop reconciliation plans/actions
- service delivery models particularly in mental health, maternity, cardiac and cancer care for Aboriginal and Torres Strait Islander peoples.

Culturally and linguistically diverse communities

- improve cultural capability of staff with a focus on communication.

Acronyms

ABCi	Access Best Care Initiative
ACS	Acute Coronary Syndrome
AETF	Adolescent Extended Treatment Facility
BISCUT	Better Individualised Stroke Care Using Technology
Brisbane North PHN	Brisbane North Primary Health Network
BSQ	BreastScreen Queensland
BYOD	Bring Your Own Device
CALD	Culturally and Linguistically Diverse Communities
CAO	Consumer Advocacy Officer
CaRE	Connection and Respectful Experience
CATSS	Community Access Transition Support Service
CCS	Critical Care Service
CFS	Clinical Frailty Score
CHQ	Children's Health Queensland
CISS	Community Indigenous and Subacute Services
CLIC	Community Links in Caboolture
COPD	Chronic Obstructive Pulmonary Disease
CPC	Clinical Prioritisation Criteria
CRASH	Communication, Respect, Accountability equal Safe Healthcare
CSCF	Clinical Services Capability Framework
CYMHS	Child and Youth Mental Health Service
ED	Emergency Department
EDIS	Emergency Department Information System
ENT	Ear, Nose and Throat
EST	Exercise Stress Test
ETC	Emergency and Trauma Centre
GEDI	Geriatric Emergency Department Intervention

ABCi	Access Best Care Initiative
GOAS	Geriatric Assessment and Outreach Service
GP	General Practitioner
GPLO	General Practice Liaison Officer
GPwSI	General Practitioner with Special Interest
GRACE	GP Rapid Access to Consultant Expertise
HITH	Hospital in the Home
ICIF	Integrated Care Innovation Fund
ICU	Intensive Care Unit
iEMR	Integrated Electronic Medical Record
LCCH	Lady Cilento Children's Hospital
LDKT	Living Donor Kidney Transplant
MATI	Medically Authorised Transport Initiative
MBICC	Moreton Bay Integrated Care Centre
Metro North HHS	Metro North Hospital and Health Service
MHAODB	Mental Health, Alcohol and Other Drugs Branch
MHR	My Health Record
MNIT	Metro North Information Technology
NAIDOC	National Aborigines and Islanders Day Observance Committee
NDIS	National Disability Insurance Scheme
NGO	Non Government Organisation
OPAAS	Older Persons Acute Assessment Service
OPALS	Older Persons Assessment and Liaison Service
OV	Occupational Violence
PACH	Patient Access Coordination Hub
PACS	Picture Archiving Communication System
PAIP	Police and Ambulance Intervention Plan
QAS	Queensland Ambulance Service

ABCi	Access Best Care Initiative
QEAT	Queensland Emergency Access Target
QIPSS	Quality, Innovation and Patient Safety Service
RACF	Residential Aged Care Facilities
RADAR	Residential Aged Care District Assessment and Referral
RBWH	Royal Brisbane and Women’s Hospital
REACH	Reviewing Equitable Access to Healthcare
RIS	Radiology Information Service
SRACC	Specialist Rehabilitation and Ambulatory Care Centre
SUSD	Step Up Step Down
TPCH	The Prince Charles Hospital