Metro North Hospital and Health Service *Putting people first*

Health Service Strategy

2015–2020 | 2017 refresh

2018-19 PROGRESS REPORT

Queensland Government

Published by the State of Queensland (Metro North Hospital and Health Service), October 2019

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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, significant progress has been made in implementing priority actions in the first three 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 progress report details what progress has been made in 2018-2019 in what we said we would do and our performance against what we said we would measure.

Progress in 2018-19

Implementation demonstrates our ongoing commitment to leading connected, responsive, accessible and innovative health care services that help improve the health of the communities we serve.

As described in the Strategy many of the focus areas and corresponding actions are interconnected. We have noted in preparing this report a number of the initiatives underway address more than one strategy or actions. For this report we have captured the initiative in the focus area and action based on 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 2018-19 there were 258 initiatives that contributed to delivering on the Strategy. The number of initiatives being implemented contribute to strategies in the focus areas as follows:

Living healthy and well in our communities – 54 initiatives (21 per cent) compared to 54 initiatives in the previous financial year.

Delivering person-centred, connected and integrated care – 62 initiatives (24 per cent) compared to 50 initiatives in the previous financial year.

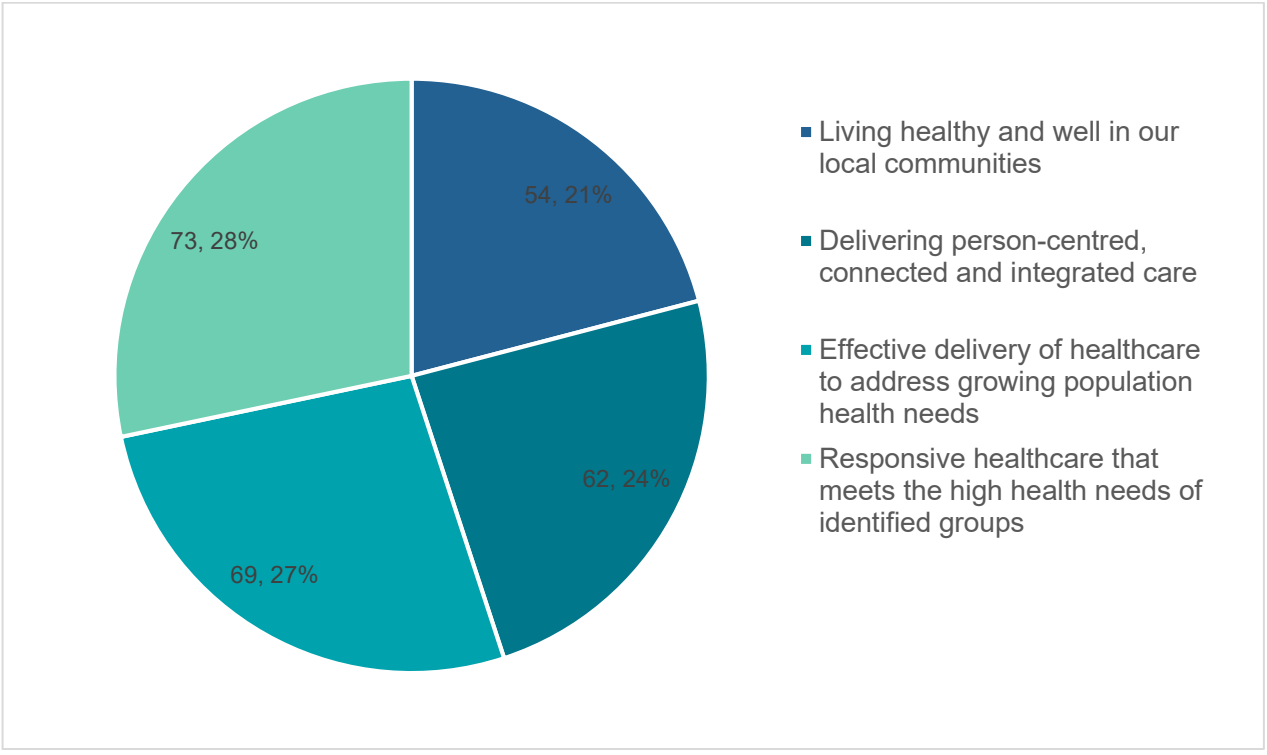
Effective delivery of healthcare to address growing population health needs – 69 initiatives (27 per cent) compared to 69 initiatives in the previous financial year.

Responsive healthcare that meets the specific needs of vulnerable groups – 73 initiatives (28 per cent) compared to 60 initiatives in the previous financial year.

Compared to last financial year, there were an additional 25 initiatives in progress or completed in 2018-19. Figure 1 shows the percentage of initiatives progressing under each focus area for 2018-19. The percentage distribution of activity within the focus areas has remained relatively unchanged between the two years. There has been an increase in the number of initiatives in focus area 4 (from 60 initiatives to 73 initiatives between 2017-18 and 2018-19).

There were 23 key performance indicators (KPIs) across the focus areas to provide a measure of our success. In 2018-19, we achieved 15 of the KPIs (65 per cent) with the remaining 8 (35 per cent) not meeting the target.

Figure 1: The distribution of initiatives underway in 2018-19 across focus areas 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 together in partnership with other organisations who deliver health and community services we recognise the 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 that will come from promoting health literacy of people who live in Brisbane North and has a direct role in supporting people to better manage their own health, navigate the health system, manage their illness and be empowered to make informed choices and decisions.

In 2018-19, initiatives focused on embedding health literacy for staff to improve the way knowledge is shared and acted upon. There has been an evolution in our approach to how this is achieved with the development of the Metro North HHS Health Literacy Approach, providing a long-term approach to improving health literacy amongst staff.

Improving the health literacy for patients was also a key focus for 2018-19, in recognition that improving the health literacy of patients can lead to improved health outcomes and a patient's ability to apply information to make effective decisions about health and healthcare. Highlights for 2018-19 include the development of the eStrokeNav application that allows patients to navigate their care plan, access evidence-based information and relevant community health and support information.

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.	The Metro North HHS Health Literacy Approach was endorsed by the Health Literacy Steering Committee in December 2018. This document will facilitate a proactive, coordinated and long-term approach to improve health literacy experiences in Metro North HHS.	Metro North HHS Engage
	Staff training on the Metro North HHS Health Literacy Approach was delivered to consumers from allied health, allied health assistants, information technology staff, stream leads and community partners.	Metro North HHS Engage Value Based Health Care Team
	Held 3 workshops 'Communicating Across Cultures' for clinicians and administration staff working with Culturally and Linguistically Diverse (CALD) people. Over 180 participants attended with positive feedback received.	Metro North HHS Allied Health

Action	Initiative	Who is undertaking
	Education sessions provided to General Practitioners (GPs), hospitals, doctors, practice nurses and community members in partnership with Brisbane North Public Health regarding communicable diseases, sexual health and immunisation.	Public Health Unit
	Debriefing for staff to improve the way knowledge is acted upon post significant events and deployments in 2018-19 included: active monsoon deployment, measles response, Lytton mosquito incursion, National Aboriginal Islander Day Observance Committee (NAIDOC) week, Commonwealth Games, liquid nicotine prosecution.	Public Health Unit
	Develop and implement training and support programs for staff in health literacy including wellness, mindfulness and resilience such as: • Continued focus on staff wellbeing activities across the service lines as part of Values in Action and Team Royal programs • Staff psychologist consulted on Ethos training to support staff wellbeing through implementation • Active participation on MN Staff Wellness Committee • Receiving and Managing Feedback workshop promoted to staff in preparation for BPA survey results • Healthy Eating and Lifestyle Program.	RBWH
	Facilitate orientation/induction and Continuing Professional Development (CPD) activities, the development of educational resources to support Metro North HHS staff health literacy and competence. Professional Development Plan (PDP) systems and processes are applied to foster tailored education/training in an inclusive environment.	Nursing and Midwifery
	Commenced Residential Aged Care Facilities (RACF) monthly meetings with specific strategic health literacy intent in partnership with Brisbane North PHN.	Nursing and Midwifery Caboolture Hospital
	RBWH Nursing and Midwifery Services collaborate with Social Work Service and Indigenous Health Liaison Officer (IHLO) staff to support knowledge and workforce capacity building to facilitate health equity and ensure that consumers are not disadvantaged from attaining their health potential because of race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance. Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) specific education and awareness raising sessions have been incorporated into relevant education programs.	Nursing and Midwifery RBWH
	Publication of an article titled *Management of Acute Care needs for RACF Residents of Caboolture for use by Nurse Navigator* to enhance knowledge.	Caboolture Hospital Nursing and Midwifery
	Fit Fab Cab has evolved into a long term sustainable framework known as care for you. The physical health initiatives are now complimented with emotional wellbeing and staff wellness program including physician and all staff peer support programs.	Caboolture Hospital

Action	Initiative	Who is undertaking
	A review of the Building Engineering and Maintenance Services (BEMS) workplace health and safety system including staff and contractor induction processes and contractor sign in processes has been completed.	Assets and Infrastructure (BEMS)
	Establishment of the Queensland Digital Academy and commencement of Digital Onboarding and integrated Electronic Medical Record (ieMR). Overview sessions have been delivered to Metro North HHS staff to prepare for ieMR implementation.	Chief Digital Health Officer
	Digital Metro North delivered a Microsoft Office Adoption and Training program to the Community and Oral Health Directorate (COHD). The program introduced enhanced and modernised collaboration tools and has improved smarter meeting techniques to clinical and administrational staff. This lays the foundation to improve flow of knowledge sharing amongst the departments.	Chief Digital Health Officer
	Development of a Metro North HHS intranet page for Palliative and Supportive Care resources.	Medicine Clinical Stream
	A health literacy sheet detailing the cardiac rehabilitation programs available across Metro North HHS has been developed and published by the Metro North Cardiac Rehabilitation Workgroup on QHEPS.	Heart and Lung Stream
	Supported the design, development and testing of the Statewide Smart Referrals solution via working groups, GPLO program and MNIT. The Statewide Smart Referral solutions will enable GPs to better support patients through the referral, wait list and appointment process in specialist outpatient services.	Metro North HHS - Outpatient Strategies and GPLO Program
	Initiatives being implemented as part of the *Bowel Cancer Screening Participation Plan 2019-2022* include*:* • Initiatives to increase bowel cancer screening participation amongst Metro North HHS residents and staff. • Staff education to promote bowel cancer screening with patients across specialty areas, and development of processes for follow up of screens with community partners, e.g. GPs.	Cancer Clinical Stream Hospital Directorates
Work with partners to develop initiatives to improve health literacy including the development of patient and carer portal to access information regarding healthy behaviours, health conditions and services.	Codesigned with consumers and testing of the eStrokeNav application to assist stroke patients, their family and carers to navigate access to their individualised goals and recovery care plan, evidence-based stroke information and self-management tools and relevant community health and support service information.	Medicine Clinical Stream
	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 Unit
	The *RBWH Consumer Information Publications* procedure provides guidance to staff on how to develop health literate information for consumers. The RBWH is currently reviewing this procedure to ensure better links to the *Metro North HHS Consumer Written Information* procedure which includes links to several resources to assist with the development of health literate consumer publications. Consumer publications are loaded into the ORACLE database to ensure visibility of all publications, this portal is in the process of being upgraded to better meet clinicians needs.	RBWH Nursing and Midwifery

Action	Initiative	Who is undertaking
	Service experience videos to enhance and promote service information for consumers and referrers have been completed for Hospital In The Home (HITH), Community Palliative Care with Post Acute Care pending development.	COHD – Community Services
	Expo held on the Brighton Health campus with over 600 attendees and 50 stakeholder exhibitor spaces for other healthcare and social health providers at capacity. Over 70 people attended the stakeholder forum around a "Health Hub" concept.	COHD – Community Services
	Cancer Care Services patient portal developed to support health literacy and shared decision making.	RBWH Cancer Care
Support carers to stay healthy and well through promotion of health checks, flu vaccination providing the timely access to information, support and advice.	Flu vaccinations were offered at events including NAIDOC week and Brighton Health Expo inclusive of carers.	Public Health Unit
	Opportunistic vaccination of pregnant women for flu and pertussis.	Caboolture Nursing and Midwifery
	Nurse navigator education and provision of flu vaccinations to carers, residents and families at local RACFs.	Caboolture Nursing and Midwifery
	Re-introduction of Hepatitis B program to Woodford Correctional Health Service including vaccinations for Queensland Corrective Services Staff.	Woodford Nursing and Midwifery
	The third Healthy Ageing Expo in seniors week, encourages our older population to live a full and active life, physically, mentally and socially. The Expo is about connecting consumers, their carers and family, community, volunteers and staff. Health screening opportunities and information on health, well-being and lifestyle are provided. As a result of the 2018 Expo, a Health Hub concept was conceived from stakeholder feedback, and realised in 2019. The Brighton Wellness Hub, providing information, services, screenings and activities to improve access to resources for healthy aging was launched in June 2019.	COHD – Community Services
Advance local promotion of State health promotion campaigns including (not limited to) *My health for life* campaign.	Healthy morning teas held in various facilities across Metro North HHS. Staff are engaged in promoting good oral health behaviours through use of selfie-frames and delivering key oral health messages. Social media posts have been used to highlight Dental Health Week.	COHD-Community Services
	RBWH staff are encouraged to participate in the Healthy Eating and Lifestyle Program. All nursing and midwifery staff across RBWH, including students undertaking clinical placements and student clinical facilitators, are encouraged to participate in the annual flu vaccination campaign to reduce sick leave and increase facility and community immunity.	RBWH Nursing and Midwifery
	Monthly exhibitor and promotional events across Metro North HHS include promotion of Statewide Care at End of Life Project and Statewide Office of Advanced Care Plan (ACP) campaigns to include Caring at Home kits.	Medicine Clinical Stream

Action	Initiative	Who is undertaking
Develop volunteering opportunities within 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.	The COHD Volunteer Strategy is currently under review to improve processes and procedures for recruitment, onboarding and upskilling of volunteers. Recruitment process for volunteers will be streamlined; orientation programs have been updated, and opportunities for mentoring, peer support and co design are underway across COHD.	COHD
	Planning has commenced for the Oral Health Centre to host regular clinical days aligned to volunteers from various CALD backgrounds to improve access and experience for refugee and asylum seeker patients.	COHD – Oral Health
	Commenced a partnership with The Common Good "TPCH Foundation" following 25 + years with the Caboolture Hospital Auxiliary. Part of the partnership with the Common Good is around Volunteer coordination and management.	Caboolture Hospital
	The Health Care Alliance that supports active links with community to support engagement and volunteering opportunities has now broadened into a Community Council and meets quarterly including membership from Metro North HHS and community organisations e.g. Brisbane North PHN, COHD and the Children's Hospital Queensland.	Caboolture Hospital
Work with partners to improve access for all people to screening programs for common diseases and conditions including diabetes, kidney failure, heart disease, cancer, stroke and mental illness.	Work has commenced to develop a suite of oral health messages to inform and educate patients, their families and carers that can be delivered in various settings of care in partnership with internal and external stakeholders.	COHD – Oral Health
	Planning is underway to implement recommendations contained within the review of BreastScreen Queensland Brisbane Northside services to improve access to the screening program. This includes the introduction of Saturday clinics.	Cancer Clinical Stream BreastScreen Queensland
	Kidney Health screening opportunistically undertaken during NAIDOC 2018 at Caboolture and during Kidney Week 2018. Inclusive of blood pressure, urinalysis, waist measurement, blood glucose monitoring, and consultation with a Nurse Practitioner and education provided. Referrals are made to the GP for at risk participants.	RBWH Caboolture Nursing and Midwifery
	Development of the *Bowel Cancer Screening Participation Plan 2019-2022* to increase screening participation amongst Metro North HHS residents and staff.	Cancer Care Stream Hospital Directorates
	Flu vaccines are provided to Metro North HHS staff working at any campus, and other workers onsite including contractors, labour hire, agency staff, service providers, students, work experience placements, locums, visiting medical officers and volunteers. For staff aged 65 years and older, ajuvanted influenza vaccines are only available by appointment at the Vaccination Service.	Metro North HHS
	Establishment of a flu vaccination program at Woodford Corrections Health Service.	Woodford Nursing and Midwifery

Action	Initiative	Who is undertaking
	GPLO participation in Cancer Care Senior Executive Group meetings to promote continuity of care and other initiatives between service settings. For example, Health Pathways, GP advice line for haematology questions, annual GP preceptorship program, screening participation rates.	Cancer Care Stream
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.	There is consistently high engagement with mental health consumers in relation to physical health monitoring and smoking cessation. Of all the patients who identified as smokers, 76% had smoking cessation pathway completed. The smoking cessation pathway was developed to ensure more mental health patients / consumers are screened for their smoking status and provided with appropriate brief intervention and follow up assistance.	Mental Health
Ensure Metro North HHS premises enable healthy food and drink options for staff, visitors and patients as the easiest option.	The Room Service Food Delivery model at TPCH is Queensland Health's first public hospital room service initiative, with implementation and go live of ordering in April 2019. The service is receiving favourable staff and patient feedback. The model will support improvements in a patient's nutritional outcomes, which in turn, supports recovery and going home sooner.	TPCH Clinical Support Services - Patient Services
	Further implementation of the new Health Service Directive# QH-HSD-049:2019 Healthier Drinks at Healthcare Facilities" is currently underway at the TPCH.	TPCH
	The Caboolture Hospital Café has introduced a traffic light system for healthy eating and drinking options and has removed sugar soft drinks. Nursing and Midwifery contributed to decisions regarding rearranging Café displays and marketed a traffic light rating on foods to promote healthy choices.	Caboolture Hospital Nursing and Midwifery
	Initiatives aimed to enable healthy food and drink options at Redcliffe Hospital in alignment with Healthy Choices policy include: • On site purchasing facilities (including vending machines) remove all Soft Drinks is in progress • Removal of soft drinks and unhealthy options for staff function catering is complete	Redcliffe Hospital
Expand evidence based diagnostic and investigation services within MNHHS services and with partners including (not limited to) clinical measurements, pathology and medical imaging services to support timely diagnosis and treatment.	Ongoing RAPID community testing service that screens for HIV and STIs that is discreet, easy and free for everyone, located in the Fortitude Valley.	Public Health Unit
	RBWH is supporting 18 sites across Queensland and regional areas to support the Tele-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.	COSI – Telehealth RBWH
	Introduced a moderated Chest Pain pathway with access to point of care blood testing and EST equipment at Woodford Corrections Health Service with RBWH Cardiac telehealth.	Nursing and Midwifery Woodford RBWH -Cardiac Telehealth

Action	Initiative	Who is undertaking
	Developed and published health pathways to support GPs in managing patients in primary care in partnership with Brisbane North PHN. Provided over 10 GP education events in collaboration with the Brisbane North PHN across a range of key specialties and conditions.	Metro North HHS - Outpatient Strategies and GPLO Program Brisbane North PHN
	Caboolture is trialling a five-day echo cardiography service.	Heart and Lung Stream Caboolture
	Ultrasound machines have been purchased for RBWH, Redcliffe and Caboolture hospitals for pleural ultrasound use to improve patient safety, reporting and auditing and clinical imaging.	Heart and Lung Stream RBWH Redcliffe Caboolture

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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 1: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

The number of staff completing training that includes health literacy principles and practices				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**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 participated in mandatory induction training • 2095 leadership development sessions completed	• 91 per cent of all new starters participated in mandatory induction training • 1809 leadership development sessions completed	• 96 per cent of all new starters participated in mandatory induction training • 1672 leadership development sessions completed	
Participation of eligible residents in screening programs for identified priority health areas				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
• Number of residents participating in screening programs in priority health areas of: 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	a) 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 • BreastScreen screened 22.9 per cent of the eligible population (women	a) 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 • BreastScreen screened 22.6 per cent of the eligible population (women	a) The Brisbane North BreastScreen service completed 42,892 actual screens including: • 427 screens for Aboriginal and/or Torres Strait Islander women • 5413 screens for CALD women • BreastScreen screened 22.5 per cent of the eligible population (women	

c) Zero long waits for women referred for colposcopy/biopsy as a result of cervical cancer screening.	aged over 40 years) and 31.8 per cent of its target population (women aged 50-74 years). b) Not available c) Not available	aged over 40 years) and 31.1 per cent of its target population (women aged 50-74 years). b) Not available c) Not available	aged over 40 years) and 36.8 per cent of its target population (women aged 50-74 years). b) 0 long waits c) 0 long waits.	
The number of potentially preventable hospitalisations				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**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	• 37,834 separations • 8.0 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 system 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 the 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.

In 2018-19, there were many initiatives aimed at increasing patient, consumer and community engagement to improve the overall care experience of patients receiving care in Metro North HHS. Key highlights include the introduction of Structured Interdisciplinary Bedside Rounds to involve patients, carers and their families in decision making and goals, and the patient experience survey across the directorates to improve care processes.

Initiatives focused on digital technology to support seamless care featured prominently in this focus area. Key highlights include the Medication Dispensing and Distribution Robotics project support efficient models of service delivery in pharmacy storage and distribution at the RBWH.

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	2018 Metro North HHS NAIDOC was held on the 10th July 2018. Metro North NAIDOC week celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. NAIDOC is celebrated not only in Indigenous communities, but by Australians from all walks of life. The week is a great opportunity to participate in a range of activities and to support the local Aboriginal and Torres Strait Islander community.	COHD

Action	Initiative	Who is undertaking
managing their health condition and/ or improving their general health and wellbeing.	COHD Indigenous Yarning Circle is designed to engage with local community to build and strengthen relationships. This will be sustained to support the development and input into the new Indigenous health service RAN service model and provide opportunity for ongoing input and engagement for other COHD services.	COHD
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.	Commencement of Nurse Navigator positions across Metro North HHS in the areas listed below. There are expressions of interest out for the following areas: multicultural, palliative care, health coaches, community health and medical imaging. **Metro North HHS:** RADAR Central (Metro North HHS 0.53 FTE) **RBWH:** PTCMPC, Perioperative Services (RBWH 1.73 FTE) **TPCH:** Pre-admission (Frail, Older and Vulnerable Persons), 24/7 After Hours Nurse Navigator (TPCH 1.68 FTE). **Caboolture:** Nurse Navigation Patient Flow (Caboolture 1.0 FTE). **Redcliffe:** Clinical Nurse Consultant Navigation, Ambulatory Care, Discharge Planning (Redcliffe 3.18 FTE) **COHD:** CISS Nursing Services – Frail and Elderly, Disability (COHD 2.0 FTE).	Nursing and Midwifery Hospitals and Directorates
Continue to increase patient, consumer and community engagement through: 1. asking what is important to patients, families and carers 2. adopting a “nothing about us, without us” approach 3. including patients, families and carers in care, service redesign and continuous improvement 4. communication of engagement feedback and how MNHHS will use the feedback to improve care.	A six-month patient experience continuous surveying trial is being undertaken at the RBWH. This survey is being sent post discharge via SMS. Patient experience surveying is being undertaken across all facilities using the Consultation Hub platform. The responses to these surveys is already providing valuable data which will be used for improvement across Metro North HHS. A patient experience dashboard has been developed and is accessible via the Data Insights Hub.	Metro North HHS Engage Hospital Directorates
	The Board undertook a comprehensive review and evaluation of the Community Board Advisory Group in late 2018. From this review, improvements have been made to how we engage with community organisations. A smaller committee provides guidance to the Board and Metro North HHS Executive to strengthen the culture of person, family and community-centred care, service integration, equity of access and improved patient outcomes.	Metro North HHS Engage
	Metro North Engage undertook two training sessions for consumers to be involved in staff recruitment. In 2019, 18 consumers were trained. Consumers continue to be involved in staff recruitment for senior clinicians, health professionals, administration and executives.	Metro North HHS Engage
	The Caboolture Hospital Consumer Network continues to meet monthly however the process for reviewing patient feedback has changed. Consumers now work in partnership with the Nurse Unit Managers to address concerns as they arise on the wards that the patients might not have otherwise raised with staff until after they were discharged.	Caboolture Hospital
	Consumers are engaged through the user groups for the Caboolture Hospital redevelopment commencing 2020.	Caboolture Hospital
	A multidisciplinary End of Life workgroup with consumer and chaplaincy representation has been established and a gap analysis against version 2 of the NSHQS Standard for end of life care has been completed. Four special interest sub groups are being formed to implement strategies to address the gaps identified and ensure adherence to the standards and Metro North HHS goals.	Caboolture Hospital Nursing and Midwifery

Action	Initiative	Who is undertaking
	Surgery and Perioperative Services consumer representative leading the Sleep Well initiative for patients within surgical wards. Continue to extend visiting hours to meet the needs of families and carers.	RBWH
	Structured Interdisciplinary Bedside Rounds (SIBR) are being implemented across Metro North HHS sites that aims to involve patients, carers and families in decision making and goals of care. SIBR promotes interdisciplinary communication. **RBWH** • SIBR implemented as business as usual within Cancer Care Services and Cancer Care was the first unit to receive SIBR Excellence Award in Australia. SIBR being implemented within Internal Medicine Services sub-acute wards. **Caboolture** • Development of the project plan for roll out SIBR commencing with the nursing discipline first incorporating clinical handover and safety scrums. • There will be staggered approach to implementation with 4A as the pilot, then other areas including CCU, Medical Wards etc.	RBWH Caboolture
	Mental Health commenced a co-design process for determining new framework of consumer and carer participation.	Mental Health
	Planning for Wellbeing: A Regional Plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug services 2018-2023 has been finalised and is being implemented. There are shared objectives and actions to be undertaken in the sector to support service navigation, integration and priorities for service and system improvement.	Mental Health Brisbane North PHN
	Patient Story tabled at Nursing and Midwifery Executive monthly through Safety and Quality Committee.	Nursing and Midwifery
	The AboutMe web application is designed to collect and report on PROMs and value-based PREMs. Patient outcome data is the missing link to defining a good health outcome and will be used alongside biomedical indicators of health and clinician reported outcomes. The AboutMe web application has been piloted across multiple clinical areas across Metro North HHS in a phased approach. Phase 1 – Piloted in Kidney Health Clinic in October/November 2018. Phase 2 - A successful proof of concept trial in seven clinical areas between May/June 2018.	Value Based Health Care Unit MNIT eHealth QLD RBWH – Service Lines
	A project titled "Communication methodology preferences of a cross section of the Metro North HHS population, in relation to accessing service information and oral care offered by Metro North Oral Health Services" is being undertaken by a Griffith University student on placement with COHD which will engage with a cross-section of the Metro North HHS population including vulnerable populations. The *Metro North HHS Oral Health Services Plan 2019-2023* includes 17 actions that engage with consumers co-designing service re-design and quality improvement initiatives.	COHD – Oral Health

Action	Initiative	Who is undertaking
	Bimonthly health forums are held at the Brighton Health Campus. An average of 10–12 people attend each forum that includes information important to consumers for example: understanding pensions, advanced care planning, QAS, vision and more. Speakers from government, non-government and community agencies provide their time free of charge to better inform our community and provide an opportunity for attendees to share experiences and knowledge. These forums will be extended to once a week as part of activities provided in the newly formed Brighton Wellness Hub.	COHD – Community Services
	Application of evidenced-based care planning approaches across COHD that ensures consumers, families/carers play a central and active role in the care delivery of their care. Examples include: • goal setting processes with consumers, families/carers in rehabilitation settings such as Brighton Rehabilitation and Brighton Brain Injury Services • family and stakeholder meetings in community based care settings are used to ensure the consumer, family/carer and clinical team members and/or external service providers are working collaboratively. This is completed by Complex Chronic Disease Team, Community Based Rehabilitation Team, Post Acute Care Service, HITH. • National Disability Insurance Scheme (NDIS): have a key family member identified as a NDIS nominee has led to improved engagement with families across multiple program areas, empowering the consumer/family to make choices regarding care options.	COHD – Community services
	Redcliffe Hospital actively engaged with the Aboriginal and Torres Strait Islander community through participation in community events and holding culturally appropriate events on site.	Redcliffe Hospital
	Consumer feedback survey (linked with Metro North Consultation Hub) is sent out to all consumers who have contact with Advanced Care Planning (ACP) Facilitator inviting feedback on service delivery and improvement opportunities.	Medicine Clinical Stream
Increase education and training resources to enable person-centred connected care to be embedded into normal operational business.	Desktop Listed Human Diseases exercise undertaken with the Brisbane Airport Corporation and the Department of Agriculture and Water Resources and workshopped with Statewide Human Biosecurity Officers.	Public Health Unit
	In partnership with the Metro North Engage, the Clinical Directorates and Streams were educated on the value of PREMS as an enabler for shared decision making.	Value Based Healthcare Team Metro North Engage
	In partnership with the RBWH Foundation and Astellas, a forum was held to highlight projects that demonstrate successful implementation of Value Based Health Care initiatives. The objective of this forum included breaking down silos, working together to improve patient care and understanding the positive impacts on care delivered. The staff videos are available to view on the Value Based Health Care initiatives on the QHEPs page.	Value Based Healthcare Team RBWH

Action	Initiative	Who is undertaking
	Kidney health education map in development to map a standardised education approach to patients with chronic kidney disease within Metro North HHS.	Medicine Clinical Stream
	Consumers present stories and experiences at every staff Caboolture Hospital orientation program.	Caboolture Hospital
	Contemporary patient-centred and safe practice education is incorporated into all educational resources and programs. Mental Health Nurse Educators develop and utilise educational activities that focus on consumer recovery and follow a trauma informed care paradigm and assist to meet the individual clinician needs and professional development requirements. Mental Health senior nursing leaders are encouraged to attend Trauma Informed Care training programs to assist in the focus of providing a more recovery focused clinical environment.	RBWH Nursing and Midwifery
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.	Initiatives for this financial year include: The Falls Community Response project aims to establish integrated processes and pathways between community health organisations to enable a coordinated and timely response to the management and prevention of falls in the older person at home. Metro North Queensland Ambulance Service, Brisbane North PHN and MNHHS COHD will conduct a collaborative pilot project to implement and evaluate a new falls community response pathway over a 6-month trial period.	Health Alliance COHD Brisbane North PHN
	Partnership with Moreton Bay Health Alliance and Brisbane North PHN developed to progress Ageing Well initiatives - "Improve awareness, accessibility and sharing of ACP documents" and "Improve workforce capacity to recognise dying and understand trajectories in the end of life period". Working group formed with various sectors represented including a consumer.	Medicine Clinical Stream Health Alliance Brisbane North PHN
	EOL- ACP partnership with Brisbane North PHN to form the Brisbane North Community Palliative Care Collaborative alongside Metro North HHS Palliative Care program.	Medicine Clinical Stream
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.	Six LINK projects were selected for funding during 2018-19. The projects with external organisations include QUT, COH, QNADA, LendLease, Wilson Architects, Phillips and Brisbane PHN are funded from May 2019 to June 2020. The projects included: • From Test to Treatment- Completing the circle • Keeping Kidneys Integrated Care for Chronic Kidney Disease (KICk CKD) at Caboolture • ADIS-LINK: Assertive referral model for streamlined alcohol and other drug treatment • The Shared Table - Fostering Eating Disorders Recovery at Home • FUTURE ICU: Innovation evidence-based design and technology improving the patient experience by decreasing the cognitive burden of admission to the ICU • QUT-RBWH- COH Partnership Program for Diabetes and Chronic Kidney Disease.	COSI

Action	Initiative	Who is undertaking
	Developing linkages with partners to deliver person centred integrated care is being achieved through: • Collaboration with UQ School of Medicine to identify opportunities for longitudinal participation and support to development of interdisciplinary models of care. • Participation by clinicians in interdisciplinary models of care, orientation and education workshops.	Medical Services
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 a rehabilitation care navigation tool for restricted weight bearing.	Medicine Clinical Stream
	Developed a shared care fact sheet for low dose methotrexate.	Medicine Clinical Stream
	Introduction of a geriatric oncology service. The service provides additional screening and comprehensive assessment to older oncology and haematology patients (aged 60+). This enables tailored planning and delivery of interventions (allied health) to build or sustain function and provide assistance during treatment.	Cancer Clinical Stream
	Planning for the establishment of an interventional oncology service at the RBWH.	Cancer Clinical Stream RBWH
	Implementation and evaluation of a Nurse-Allied Health Multidisciplinary Post Bone Marrow Transplant Clinic. This project aimed to implement a multidisciplinary post BMT clinic seeing all allogeneic post-BMT patients 2 weeks after discharge ad 100 days after their transplant (Support, Explore, Excel, Deliver (SEED) funded)	Cancer Clinical Stream
	Established a strong collaboration with Central Queensland HHS and partnered with Metro North HHS Central Patient Intake Unit to enable patients from Central Queensland HHS to access services closer to home.	Metro North HHS CPIU
	In partnership with the RBWH and private service providers, private specialists are contracted to provide patient care where demand exceeds capacity within Metro North NHS.	Metro North HHS CPIU
	Providing timely access to care by utilising outsourcing methods with contracted private providers and load sharing and transfer between Metro North HHS facilities for both elective surgery and gastrointestinal endoscopy procedures supporting patients being treated closer to home.	Surgery Clinical Stream
	Structured Department of Emergency Medicine avoidance model embedded within day treatment unit at RBWH and introduced at Redcliffe.	RBWH Redcliffe
	Connecting Care strategy developed and operational within Emergency Trauma Centre (ETC).	RBWH
	Continuing to grow and support tele-cardiac services with rural and remote HHSs for example, Central West HHS	RBWH
	Implementation of best practice pathways for: • Accelerated Chest Pain Risk Evaluation 11 • Stroke • End of Life Care.	Caboolture Nursing and Midwifery

Action	Initiative	Who is undertaking
	Cancer Care telehealth models in place include: • Statewide haemophilia model direct to patient homes • Haematology consultations from RBWH to Bundaberg Base Hospital and Hervey Bay Hospital in Wide Bay HHS • Tele-chemo service (Medical Oncology and Haematology) between RBWH and Longreach in Central West HHS • Tele-chemo to Northlakes and Kilcoy • Streamlining processes to support telehealth access in routine clinics.	Cancer Care Stream and MNHHS Telehealth
Pursue digital technologies that assist with seamless care.	Creation and implementation of a clinical trials database to increase patient access to clinical trials.	Cancer Clinical Stream
	Patient Flow Manager enhancements implemented.	RBWH
	Supported the design and implementation of the Health Provider Portal (aka 'the Viewer) into GP Practices.	Metro North HHS - Outpatient Strategies and GPLO Program
	Establishment of audiology telehealth services for "in home" and hub site for adult cochlear implant patients between the RBWH and Rockhampton Hospital within the Central Queensland HHS.	Metro North HHS – Allied Health
	Negotiations are continuing with the Department of Health regarding funding for the Metro North HHS ieMR implementation.	Chief Digital Health Officer
	The Quick Flow project primary purpose is the implementation of a common outpatient workflow and customer experience system across Metro North HHS facilities and community services. During June 2019, clinically led consultation with senior medical officers and other nominated staff at RBWH, Caboolture, Redcliffe and TPCH occurred to demonstrate a simulated medical officer outpatient workflow using Quick Flow and ieMR PowerChart.	Chief Digital Health Officer
	Digital Metro North have integrated the Central Patient Monitoring System with the Queensland Health enterprise network at RBWH, TPCH, Redcliffe and Caboolture Hospitals, enabling the environment for digital patient vital monitoring. This provides a scalable environment suitable for the future.	Chief Digital Health Officer
	The Medication Dispensing and Distribution Robotics (MDDR) Project implemented robotic medication storage and distribution in two sites at RBWH (Level 1 Main Pharmacy and Cancer Care Services Pharmacy) and facilitated major change in service delivery models for pharmacy.	Chief Digital Health Officer RBWH
	The Automated Medication Distribution System (AMDS) Project delivered Pyxis MedStation machines to manage medication inventory, storage and recording of medication administration in the Departments of Emergency Medicine at RBWH, TPCH, Caboolture Hospital and Redcliffe Hospital. Additional Pyxis machines went live in the medical and surgical wards of Caboolture Hospital in December 2018.	Chief Digital Health Officer

Action	Initiative	Who is undertaking
	The Electronic Prescribing and Medication Administration (EPMA) Project implemented MedChart which provides the electronic generation of prescriptions and inpatient medication orders; transfer of the order to pharmacy and medication supply systems (iPharmacy and Pyxis); and facilitates and records the administration of medication to inpatients. The pilot project involved implementing MedChart at Caboolture Hospital medical wards in order to investigate the costs and benefits of an electronic medication management solution. The final stage of the Electronic Medication Management (EMM) program included the interfacing between MedChart, iPharmacy, ELMS and Pyxis implemented in June 2019 at the Caboolture hospital to deliver on the vision for Closed Loop Electronic Medication Management (CLEMM). The interfaces between MedChart, Pyxis MedStations, and the pharmacy systems iPharmacy and ELMS, were an Australian first. They allow patients' medication history to auto-populate in MedChart and send MedChart inpatient and discharge orders directly to iPharmacy, reducing the potential for transcription errors. The integration between MedChart and Pyxis MedStations allows nurses to select only medications prescribed to their patient, reducing the risk of selection error.	Chief Digital Health Officer
	The GHQ system, KinTrak, was upgraded to the more modern TrakGene solution. The solution delivered improved interfacing capability, including the ability to interface with corporate systems (e.g. HBCIS, ESM).	Chief Digital Health Officer
	The Picture Archiving and Communication System (PACS) project delivered a contemporary PACS solution at TPCH, with functionality ensuring improved service delivery for MNHHS Medical Imaging Departments (and other PACS users). A key objective was to ensure the solution is scalable and able to meet the ongoing needs of Metro North HHS.	Chief Digital Health Officer
	Metro North HHS, Brisbane North PHN and Clinical Excellence Division have established a Memorandum of Understanding to establish a North Brisbane Health Information Initiative (NBHII). The purpose of the initiative is to build a shared data platform which links MNHHS patient records with those from private GPs to assist clinicians across the health sector to make timely and well-informed decisions about the patients under their care. Additional benefits will be realised through improved analytical capacity of the patient data, resulting in a more comprehensive picture of population outcomes, patient experience, service utilisation, and health system performance.	Chief Digital Health Officer
	Digital Metro North have implemented Wireless Local Area Network (WLAN) coverage to support the digital transformation program and address the ever-growing need for connectivity. Coverage areas include but are not limited to the prioritised clinical RBWH areas, TPCH, Redcliffe and Caboolture Hospitals, as well as the prioritised Community and Oral Health sites. Work will continue in the 2019/20 financial year to expand and enhance the wireless coverage across remaining Metro North HHS sites to enable future digital hospital capabilities.	Chief Digital Health Officer

Action	Initiative	Who is undertaking
	Digital Metro North has implemented a Real-Time Location System (RTLS) in the Caboolture Hospital to pilot the asset tracking use case. An RTLS provides the ability to track a physical item within a defined zone in a facility. Clinical assets are regularly repositioned around the hospital as they are used during clinical duties, and staff frequently spend lengthy periods locating assets when they are not returned to their designated areas. This “hunting” for clinical assets is a negative drain on staff resources required for clinical care as well as an increasing clinical risk if a critical device is not quickly accessible. RTLS technology is seen as one of the core foundational technologies required for a digital hospital.	Chief Digital Health Officer
	The Referral Lodgement and Tracking (RLaT) Project hosted by Digital Metro North is one of the projects within the state-wide integrated Referral Management Solution (iRMS) program being managed and funded by the Healthcare Improvement Unit. RLaT has already delivered the capability to accept GP electronic referrals, allocate a state-wide referral identifier, and forward the result to the integrated state-wide referral workflow solution. Future planned works include the ability to send letters to GPs, facilitate inter-HHS referral redirections and deliver referrals to other solutions.	Chief Digital Health Officer
	The Clinical Handover Document Portal (CHDP) is a web-based application that offers a flexible and modern version of Electronic Discharge Summary (EDS). It will allow for gradual implementation using the method currently used to iteratively extend EDS and The Viewer. This is a joint initiative with the Clinical Excellence Queensland’s Healthcare Improvement Unit and eHealth Queensland. Three services (Community Transition Care, Post-Acute Care and Diabetes) have been participating in the pilot to develop consistent templates to upload to the portal. Some project resourcing changes have extended the implementation schedule.	COHD
	An online Cardiology Referral System is currently being developed to create a single solution for all cardiology referrals from non-metropolitan hospitals to TPCH and RBWH.	Heart and Lung Stream

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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 2: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

The number of consumers and community members participating in significant service planning, service redesign/design and evaluation processes				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
The number of consumers participating in significant service planning, service redesign/design and evaluation processes	Note: Data for this KPI is collected on a calendar year basis, with the below result being for the 2016 calendar year • 81 consumers participated in service planning, redesign/design evaluation processes in 2016	Note: Data for this KPI is collected on a calendar year basis, with the below result being for the 2017 calendar year • 100+ consumers participated in service planning, redesign/design evaluation processes in 2017	Note: Data for this KPI is collected on a calendar year basis, with the below result being for the 2018 calendar year • Maintained partnerships with approximately 100 consumers across Metro North HHS in 2018	
The number of joint initiatives of Brisbane North and Moreton Bay Health Alliance				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**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.	Five initiatives are underway: • Community falls response (new initiative in 2018-19) • Improving the health and wellbeing of frail older people (ongoing from 2017-18) • Supporting people who have complex health and social needs who frequently attend emergency departments (ongoing from 2017-18) • Improving health outcomes for children in Caboolture (ongoing from 2017-18) • Better utilising system wide data (ongoing from 2017-18)	
The uptake of integrated care pathways				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
Increase in the number of integrated health care pathways under development, completed and implemented	60 health Pathways live	309 Health Pathways live	440 Health Pathways live	

The utilisation of telehealth services				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**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)	17,492 telehealth service events (13.8 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	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
Per cent of surveys achieving a 90 per cent or above rating across all domains	Note: Data for this KPI is collected on a calendar year basis, with the below result being for the 2016 calendar year • 470 CaRE surveys completed Survey completion rate by Directorate (where available): • Caboolture: 82.5 per cent • CISS: 86.7 per cent • Oral Health: 97.3 per cent	Note: Data for this KPI is collected on a calendar year basis, with the below result being for the 2017 calendar year • 863 CaRE surveys completed Survey completion rate by Directorate (where available): • 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	Note: Data for this KPI was collected from the patient experience dashboard and is not a full year dataset. The reported data is for the period March 2019 to June 2019 • 709 patient experience surveys completed (301 inpatient and 304 outpatient) Completed surveys by Directorate: • TPCH: 140 • Caboolture: 237 • Redcliffe: 81 • Community Health: 153 • Oral Health: 51 • Cancer Care: 47 The survey question result for '*Overall, the quality of treatment and care I received was*': • *Very good* - 75.2 per cent • *Good* - 18.2 per cent • *Average* - 4.1 per cent • *Poor:* 0.1 per cent • *Very Poor:* 0.4 per cent • *Not Answered:* 2.0 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 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 response 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.

In 2018-19, there was emphasis placed on reducing unnecessary variation in clinical practice to improve patient outcomes. Examples of initiatives across Metro North HHS included the development of standardised pathways, clinical dashboards and the roll out of the Cannulation Rates in Emergency Department Intervention Toolkit (CREDIT) initiative in EDs across Metro North HHS to reduce the number of unused Peripheral Intravenous Catheters/Cannulas (PIVC) insertions. New services and/or procedures rolled out in 2018-19 included the Endovascular Clot Retrieval Service at RBWH, Caboolture Young Mothers for Young Women and the expansion of robotic surgery services to subspecialty areas.

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
Reorientate community service provision to focus on rapid response, rehabilitation and restorative care.	Alternative models in addition to the traditional centre based cardiac rehabilitation programs, to improve access and increase completion rates being considered include: • CardiHub: An app based cardiac rehab education and exercise program that clients can download on phone and complete the program at home and in their own time. The app was developed by CSIRO in partnership with Metro North HHS. • Tele-Rehab: discussing the use of telehealth to provide cardiac rehabilitation to patients in their own home via videoconference.	Heart and Lung Stream
Work with primary care and community organisations to enable timely follow up care post discharge particularly for at risk population groups	General Practitioner with Special Interest (GPwSI) are working with primary care and community organisations in the following areas: neurology (epilepsy), rheumatology and kidney progressing as well as endocrinology.	Medicine Clinical Stream
	The recommendations from the Caboolture to Canterbury Partnership Project review are now being investigated as part of our nextCare generator projects to reduce avoidable readmissions across the Directorate.	Caboolture Hospital

Action	Initiative	Who is undertaking
	Community Assessment and Referral Service (CARS) providing discharge facilitation from ETC for over 65 years patient group to coordinate additional support at home. Continued focus on coordination between CARS and Residential Aged Care District Assessment and Referral (RADAR) programs for the care of this cohort of patients.	RBWH
	State Mental Health Branch funding to Non-government organisations (NGOs) for provision of psychosocial recovery services in the community targeting consumers discharged from acute inpatient.	Mental Health
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.	Falls project underway in conjunction with QAS, GPs and community services to assess patients for transport to hospital or referral to community services for assessment.	RBWH
	Expanded MNMH co-responder model with Queensland Police Service to now include QAS. Roles have commenced and based at Kedron QAS.	Mental Health
	An initiative that allows QAS to directly refer people with diabetes to the COHD Diabetes service for follow up after they have had a diabetes related clinical event in their residence.	COHD – Community services Nursing and Midwifery
	Early discussions with QAS and Emergency Medicine and Access Coordination (EMAC) Stream on the possibility to divert low acuity/stable patients with Chronic Obstructive Pulmonary Disease (COPD) to GP.	Heart and Lung Stream EMAC
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.	Successfully secured a SEED grant to trial a Nurse Practitioner after hours to support COHD subacute and residential services.	COHD
	Promoting and using of telehealth in Nursing Home via Nurse Navigators, Geriatric Emergency Department Initiative (GEDI) and RADAR.	Caboolture Nursing and Midwifery
Separate emergency from elective surgery/procedures in dedicated facilities to improve timely access to services and theatre productivity.	2018-19 has been a key year in the successful delivery of Herston Quarter, with focus on progressing the construction of Surgical, Treatment and Rehabilitation Service (STARS) and preparations for future stages namely, the Heritage buildings and Northern Car Park (and associated services diversions). Preparedness and planning for services to flow to STARS at Herston from 2020 and planning to facilitate additional, dedicated theatre sessions following the transition of select surgical services to STARS.	Assets and Infrastructure (Herston Quarter Redevelopment Project) Hospital Directorates Health Service Strategy and Planning
	Review of RBWH theatre template to provide additional emergency theatre sessions.	RBWH

Action	Initiative	Who is undertaking
	Planning to support increased capability and capacity include: • Planning for the opening of an additional theatre in 2020 to support increased surgical activity. • Proceed through the planning process from Preliminary Business Case to the development of Detail Business Case to support the future development and expansion of services on site at Redcliffe Hospital.	Redcliffe
	Caboolture theatre template modified to include access to planned emergency theatre time.	Caboolture Nursing and Midwifery
	Provided greater access to elective surgical procedures and have reduced the number of patients waiting over their clinically recommended timeframe.	Surgery Clinical Stream Hospital Directorates
	Providing timely access to gastrointestinal endoscopy procedures for patients waiting longer than their clinically recommended timeframes resulting in a reduction in the number of long wait patients.	Surgery Clinical Stream Hospital Directorates
Reduce unnecessary variation in clinical practice to improve consistency of care while focussing on individual patient needs.	Stroke, chest pain and spinal physio pathways developed and now standardised to provide consistent, timely care for patients.	RBWH
	Development of correlative data around hospital length of stay and uptake of community referrals established. Further analysis required by Diagnosis Related Group to look at variation of that update and impact on length of stay.	COHD
	Development of the Clinical Outcome Dashboard. Clinicians can view the clinical outcomes of their service and compare with other services. Clinicians can use this dashboard to track a patient's progress and can use this information to improve their care.	Value Based Healthcare Team
	The CREDIT initiative is being implemented at all EDs within Metro North HHS. This initiative seeks to reduce the number of PIVC inserted and the number of PIVC left unused.	Value Based Healthcare Team Hospital Directorates
	Medication management workshop completed with recommendations and actions identified and being implemented to improve medication management processes at Woodford.	Caboolture, Kilcoy and Woodford
	There is now an agreed clinical handover process in place to better support staff communication of patients transferring from the Caboolture Hospital ED to the inpatient setting.	Caboolture
	Streamlined cancer clinics to improve coordination of services across Metro North HHS sites including tumour streamed haematology clinics (myeloma and lymphoma) and discussions underway for tumour streamed radiation oncology clinics	Cancer Clinical Stream
	Development of neurology workforce plan to identify strategies for wait list management.	Medicine Clinical Stream
	Advanced Care Planning (ACP) and Acute Resuscitation Plan procedure (ACP) published.	Medicine Clinical Stream
	Integration of Statewide referral criteria to referral management in the Healthy Spine Service to standardise clinical requirements and access to services for patients with neck and back pain	Metro North HHS - Outpatient strategies

Action	Initiative	Who is undertaking
	Metro North HHS Pleural Effusion Management Guideline is now published.	Heart and Lung Stream
	Develop audit tools, training and education packages for pleural procedures.	Heart and Lung Stream
	A Non Invasive Ventilation (NIV) guideline is in development.	Heart and Lung Stream
	Delivered a targeted acute NIV training session for Caboolture and Redcliffe Hospital staff.	Heart and Lung Stream Redcliffe Caboolture
Transition services that can be provided in the community or home-based setting rather than major hospital facilities.	Early development of the Transition to Home (#T2H) initiative that aims to facilitate timely transfer to the Frail Older patients home where ongoing care and assessment is provided by community-based services.	TPCH COHD Nursing and Midwifery
	Project established to improve capacity for acute hospital patients to be cared for at home or the outpatient clinic environment.	COHD – Community Services
	Continue to review and investigate potential new cohorts for HITH IV fluid preparation prior to surgery.	RBWH Nursing and Midwifery
	Provide outreach into nursing homes through the RADAR program.	Hospital Directorates
	Expanding telehealth services across the RBWH.	RBWH
	Increase functionality of Acute Care Teams to provide acute home based assertive outreach. Increase of staffing within Acute Care Teams to provide extended hours assertive home-based outreach for consumers who would otherwise require admission.	Mental Health
Optimise patient flow through the adoption of evidence-based strategies including: early consultant assessment at all transition points more timely patient movement between hospital services adopting a 'discharge to assess' approach	Review discharge planning process to facilitate improved patient flow and discharge at RBWH.	RBWH
	Consultant to consultant approval processes in place for inter-hospital transfers to RBWH.	RBWH
	A criteria-led discharge tool is being trialled at two general cardiology clinics at TPCH.	Heart and Lung Stream and GPLO Program
	Exploring strategies to reduce wait times of acute coronary syndrome transfers from Redcliffe and Caboolture to TPCH and RBWH.	Heart and Lung Stream Hospital Directorates
	A GPwSI, commenced in June 2018 in the cardiology clinic at TPCH.	Heart and Lung Stream TPCH

Action	Initiative	Who is undertaking
	New Allied Health expanded scope initiatives implemented as at August 2018: • new Podiatry high risk foot (renal care) management practices at COHD • Sleep Science direct GP referral for investigations at TPCH • expansion of physiotherapy administration of medicines at RBWH & TPCH • new Psychology First Contact Memory Clinic at TPCH • Dietician insulin dose adjustment at RBWH • redesigned Dietetics Allied Health Assistant roles at TPCH, Caboolture, Redcliffe and COHD • Dietetics requesting pathology (PEG/parenteral nutrition) at RBWH & TPCH • ED Pharmacist role at Caboolture Hospital; Expanded heart failure Pharmacist outpatient department role at Caboolture & TPCH • Medication Review Clinics for high-risk patients at TPCH & Redcliffe Hospital • Pharmacist-initiated opioid de-escalation at Redcliffe Hospital.	Metro North HHS Allied Health Hospital Directorates COHD
	Revision of Ear Nose Throat (ENT) services at Redcliffe Hospital to provide patients with care closer to home (depending on clinical criteria) and will involve redefining the business rules between RBWH and Redcliffe Hospital.	Surgery 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.	Support provided to community services, specifically RACF, via RADAR program.	Hospital Directorates
Increase capacity to deliver palliative care across settings.	Stand-alone Palliative care service has commenced at Caboolture with the commencement of a consultant and Nurse Practitioner.	Caboolture Nursing and Midwifery
Increase high value and reduce low value healthcare through programs such as Choosing Wisely, e.g. reviewing appropriateness of certain procedures of	Bang for Buck workshop completed to identify programs with opportunity to scale across Metro North HHS and to incentivise efficiency. For example, Redcliffe Hospital has a review process now for ensuring timely completion of acute care certificates and have reviewed the care type changes across Geriatric Evaluation and Maintenance and Palliative Care since the workshop with implementation strategies being implemented.	Medicine Clinical Stream Redcliffe Hospital

Action	Initiative	Who is undertaking
questionable clinical value.	Commencement of projects that aim to reduce the number of referrals for low value medical imaging procedures and to develop and implement agreed imaging protocols and pathways. For example, the TPCH is implementing new workflows which reject incomplete forms and work is progressing to increase accountability for test ordering by including the consultants name on the form.	Clinical Support Services - Medical Imaging TPCH
	Implemented the Healthy Spine Service to stream patients with back pain to the most appropriate service provider model transitioning to TPCH.	Metro North HHS - Outpatient Strategies TPCH
Roll out new services/procedures, e.g. mechanical thrombectomy, live kidney donor renal transplant service, proton therapy to improve patients quality of life.	Establishment of Endovascular Clot Retrieval Service at RBWH accessible to all clinically suitable Metro North HHS patients.	RBWH Clinical Support Services – Medical Imaging Nursing and Midwifery
	Kidney Supportive Care and Transplant Coordination services expanded in Metro North HHS.	Medicine Clinical Stream
	Caboolture Young Mothers for Young Women opened in May 2018 and assists young, pregnant and parenting women, aged 20 years and under, along with their children and families. The program provides peer and professional support to women in practical ways, allowing women to participate socially within their community.	Caboolture Nursing and Midwifery
	The introduction of telehealth outpatient clinics for residents of Woodford Clinical Corrections Health and Kilcoy Hospital.	Woodford Kilcoy Nursing and Midwifery
	Intensive Care Unit Clinical Nurse Consultant Outreach Service implemented at Caboolture Hospital.	Caboolture Nursing and Midwifery
	Established Chronic Wound Outpatient Clinic at Caboolture Hospital.	Caboolture Nursing and Midwifery
	Planning commenced for introduction of CAR T cell therapy for patients with prostate cancer and lymphoma at RBWH.	Cancer Clinical Stream Health Service Strategy and Planning Unit
	Development of interventional radiology services for cancer.	Cancer Clinical Stream
	Robotic Surgery services across Metro North HHS include: • RBWH expanded specialties include colorectal, hepatobiliary, ENT, and gynaecology procedures • The commencement of orthopaedic procedures at TPCH.	Surgery Clinical Stream RBWH TPCH Health Service Strategy and Planning Unit

Action	Initiative	Who is undertaking
Increase capacity to provide statewide and regional services for complex care patients from across MNHHS, Queensland and northern New South Wales.	Telehealth models in place include: • Statewide haemophilia model direct to patient homes • Haematology consultations from RBWH to Bundaberg Base Hospital and Hervey Bay Hospital • Tele-chemo service (medical oncology and haematology) between RBWH and Longreach • Tele-chemo to Northlakes and Kilcoy • Streamlining processes to support telehealth access in routine clinics.	Cancer Clinical Stream
	Developed model for expanded fertility service at the RBWH.	RBWH Health Service Strategy and Planning
	Extracorporeal membrane oxygenation (ECMO) service established at the RBWH.	RBWH Surgery Clinical Stream
	Deep brain stimulation service pilot underway at the RBWH.	RBWH
	The TPCH Sleep Disorder Centre has introduced remote monitoring of treatment for patients on Queensland Health Sleep Disorders Program Continuous Positive Airway Pressure (CPAP) devices in January 2019. The initiative allows for rapid review of treatment data prior to clinic, reduces need for Health Practitioner or Nurse Practitioner review prior to clinic, aids Health Practitioner Telehealth clinics.	Heart and Lung Stream TPCH
Advance innovations, e.g. Biofabrication, biobanking, artificial intelligence, application of genomics to medicine to continue to improve healthcare.	A 12-month project team has commenced with funding secured from Queensland Genomics. The emphasis is on establishing the infrastructure, academic and industry partnerships, joint speciality clinics and education and training components.	Genetic Health Institute
	Queensland Genomics has funded two projects led by Genetic Health Queensland (GHQ) including: • Investigate the potential for rapid trio (patient and parents) Whole Genome Sequencing as a first-tier genetic diagnostic test for patients in paediatric and neonatal intensive care units. • Investigate a cohort of children referred to Genetic Health Queensland who have a suspected rare monogenic disorder, via clinical whole genome sequencing.	RBWH Genetic Health Queensland
	Biofabrication in design phase, RBWH clinical leads actively involved.	RBWH
	Implementation of the Statewide Genetic Health Plan.	RBWH
	Biofabrication projects in progress utilising the Herston Biofabrication Institute involve the following subspecialties: Orthopaedics, Burns, Urology and Vascular surgery.	Surgery Clinical Stream
	Instigated partnership project with Pathology Queensland and Illumina to introduce whole genome sequencing capability in PQ.	Health Service Strategy and Planning Metro North Finance

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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 3: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

Wait times for specialist outpatient services				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
• Outpatient long wait numbers are to be no more than that achieved at 30 June 2017 (current target of 7,500)	• 7,225 long wait patients • 21.4 per cent of patients waiting longer than clinically recommended timeframes	• 6,463 long wait patients • 19.0 per cent of patients waiting longer than clinically recommended timeframes	• 6,662 long wait patients • 16.2 per cent of patients waiting longer than clinically recommended timeframes	
• No patients will wait longer than 18 months.	• 601 patients waiting more than 18 months as at 30 June 2017 • 263 patients waiting more than 24 months as at 30 June 2017	• 182 patients waiting more than 18 months at 30 June 2018 • 20 patients waiting more than 24 months as at 30 June 2018	• 190 patients waiting more than 18 months at 30 June 2019 • 0 patients waiting more than 24 months as at 30 June 2019	
The number of transfer of care reports competed within 48 hours of discharge				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
75 per cent of transfer of care reports completed within 48 hours of discharge	Metro North HHS: 64.2 per cent Completion rate by Directorate: • Caboolture/Kilcoy Hospital: 64.2 per cent • RBWH 59.2 per cent • Redcliffe Hospital: 54.6 per cent • TPCH: 54.8 per cent • Mental Health: 63.8 per cent	Metro North HHS: 66.9 per cent Completion rate by Directorate: • Caboolture/Kilcoy Hospital: 66.9 per cent • RBWH: 72.1 per cent • Redcliffe Hospital: 61.7 per cent • TPCH: 56.0 per cent • Mental Health: 65.8 per cent	Metro North HHS: 65.8 per cent Completion rate by Directorate: • Caboolture: 68.2 per cent • Kilcoy Hospital: 86.4 per cent • RBWH: 75.4 per cent • Redcliffe Hospital: 60.1 per cent • TPCH: 52.4 per cent • Mental Health: 63.9 per cent	
Access to local services for Caboolture and Redcliffe residents				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**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.	• 55.7 per cent of patients who resided in the Redcliffe Hospital catchment received of their admitted care at Redcliffe Hospital • 54.2 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	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
Increase number of patients referred directly to Metro North community health services from the Emergency Department by 10 percent (of baseline)	779 patients	1,045 patients	1,072 patients	

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 require 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.

In 2018-19, recognising older persons are significant users of our health service, initiatives have continued to roll out that focus on frailty identification and comprehensive risk assessment and care planning. There has been modification to outpatient referral forms to include a frailty score for referring practitioners. New initiatives in pilot include identifying frequent fallers who are not hospitalised with care coordination teams in partnership with QAS.

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.	A new Community/ED Interface group has been formed. The objective of this group is to identify and implement solutions for vulnerable groups that encounter barriers to accessing health services. The approach includes establishing a steering group to progress solutions including ED cultural changes, ED based point of contact, outreach service development. A partnership approach is needed with Brisbane North PHN and community-based services. These services will span all vulnerable person's groups given they often cross over into other vulnerable groups.	Emergency Medicine Access Committee (EMAC) Hospital Directorates
	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 Nursing and Midwifery
	Pilot project developed with QAS to assist with connecting frequent fallers who are not hospitalised to community care coordination teams.	COHD – Community Services

Action	Initiative	Who is undertaking
Enable rapid response to the deteriorating patient in own home if possible.	RADAR rollout across facilities to provide consistent and reliable in-reach and outreach care from hospitals to residential aged care facilities in Metro North HHS. The service provides best patient pathways and clinically appropriate alternatives for residents that would otherwise have presented or represented to the emergency department and/or been admitted.	Metro North HHS Hospital Directorates
Introduce consistent comprehensive risk screening, frailty identification and care planning across MNHHS.	A standardised evidence-based tool is now in use across all ED in Metro North HHS for measuring clinical frailty involving comprehensive geriatric assessment and individualised care planning.	EMAC Hospital Directorates
	Coordinate Metro North HHS response to special dementia care units and liaise with Brisbane North PHN tender process to address deficit in services for patients with moderate and severe Behavioural and Psychological Symptoms of Dementia.	Medicine Clinical Stream
	The introduction of a screening tool for geriatric patients in the oncology service that obtains functional status information and using this information, links patients to an appropriate clinician to manage their functional deficit. This model is currently being evaluated.	Cancer Clinical Stream
	Modification of the electronic referral form to include a frailty score which will improve comprehensive risk screening for this cohort.	Metro North HHS – Outpatient strategies
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.	Develop processes to monitor and manage never event in ETC regarding patient stays greater than 24 hours at RBWH.	RBWH
Identify those older people most at risk of deconditioning and frailty in hospital through frailty screening, consistent assessment and care planning.	Implement the Eat Walk Engage Program on designated wards at Redcliffe Hospital. Eat Walk Engage is a comprehensive multi-disciplinary program that improves care for older people in hospital. The program significantly reduces delirium and promotes recovery in acute care wards. This structured program helps patients, family and staff to provide: • Optimal nutrition and hydration (Eat) • Early and regular mobility (Walk) • Engagement in meaningful cognitive and social activities (Engage)	Redcliffe Hospital Nursing and Midwifery
Implement evidence-based care pathways to improve the patient journey for people with delirium, dementia and frailty.	Implement a model of care resulting in rapid assessment, planning and discharge back to place of residence as soon as clinically appropriate for patients presenting from RACF.	RBWH
	Coordinate Metro North HHS response to special dementia care units and liaise with Brisbane North PHN tender process to address deficit in services for patients with moderate and severe Behavioural and Psychological Symptoms of Dementia.	Medicine Clinical Stream

Action	Initiative	Who is undertaking
	Implementation of actions from the delirium audit at RBWH include: • Educating staff across multiple disciplines and groups to promote awareness of delirium prevalence for example at the Safety and Quality Committee and the RBWH symposium. • Creation of a brochure titled delirium: a guide for patients, family members and caregivers. Future work will focus on improving recognition and diagnosing delirium across clinical areas, such as the Intensive Care Unit transfer and in pharmacy/medical interactions. Continuing research will focus on best tools for monitoring new delirium occurring in hospital and improved involvement of family caregivers.	RBWH
Increase the use of shared care plans to improve communication and information exchange between providers, patients and families.	Development of a shared care model between General Practice and Haematology. This supports patients to receive some of their care closer to their home through their GP instead of exclusively in specialist outpatient clinic.	Cancer Clinical Stream
	Partner with QAS to promote Viewer ACP tracker and Care Alert kits.	Medicine Clinical Stream
	Partner with Health Alliance and Brisbane North PHN increasing number of GPwSI with Viewer access.	Medicine Clinical Stream Health Alliance
Engage older people and their family/carers in care planning including discussion regarding Advance Care Plans.	Refreshing the Caboolture End of Life Care (EOLC) Pathway including work on having the 'serious conversation' with the EOLC patients, carers and families.	Caboolture Hospital Nursing and Midwifery
Increase timely referral to palliative to care to implement best practice care for people who are dying that is respectful and responsive to the social, emotional and spiritual care needs of patients, families and carers.	Establish flows and processes to access palliative care directly from ED for patients at end of life and/or requiring palliative services at Redcliffe.	Redcliffe Hospital

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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 4: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

Timely identification of people over the age of 75 who are frail				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
85 per cent completion of "Clinical Frailty Assessment" for patients over the age of 75 across Metro North HHS	52.6 per cent completion of "Clinical Frailty Assessment" for patients over the age of 75 across Metro North HHS	65.0 per cent completion of “Clinical Frailty Assessment" for patients over the age of 75 across Metro North HHS	58.5 per cent completion of “Clinical Frailty Assessment" for patients over the age of 75 across Metro North HHS Results by facility: • RBWH: 14.6 per cent • TPCH: 85.1 per cent • Redcliffe Hospital: 40.3 per cent • Caboolture Hospital: 86.7 per cent • Kilcoy Hospital: 0.0 per cent	
Number of people over the age of 75 who are discharged to same address				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
80 per cent of people over the age of 75 who are discharged to same address by hospital	Results by facility: • RBWH: 87.0 per cent • TPCH: 78.0 per cent • Redcliffe Hospital: 76.0 per cent • Caboolture/Kilcoy Hospitals: 67.0 per cent	Results by facility: • RBWH: 88.75 per cent • TPCH: 78.50 per cent • Redcliffe Hospital: 68.7 per cent • Caboolture/Kilcoy Hospitals: 69.36 per cent	Results by facility: • RBWH: 74.1 per cent • TPCH: 79.8 per cent • Redcliffe Hospital: 83.2 per cent • Caboolture Hospital: 77.4 per cent • Kilcoy Hospital: 21.5 per cent	

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 highlights in 2018-19 include the completion of the Sony YouCan Centre at the RBWH which will provide patients with age appropriate specialist youth cancer services and the expansion of surgical services in the northern region of the HHS to provide care closer to home for our children and/or young people.

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 healthy behaviours	Nil.	
Enhance early assessment, identification and support of young people with a mental illness	Commencement of a needs assessment of children and young people who require mental health services in our HHS. The focus of this work has prioritised young people presenting to the ED who often encounter increased length of stay and can be inappropriately streamed through adult services for assessment.	Women's and Children's Stream
Enhance local capacity and capability of children and young people services across community, inpatient and outpatient settings of care to better meet demand.	In partnership with community services Children's Health Queensland (CHQ), we are working towards the vision of ensuring community services are adequate to meet the needs of our children and young people. Services that have been enhanced and/or developed include: • expansion of paediatric orthopaedic surgery at Redcliffe • provision of ENT surgery and outpatient clinics at Caboolture • provision of outreach Ophthalmology services across Metro North HHS • provision of neonatal screening across select sites.	Women's and Children's Stream
	The Sony YouCan Centre is nearing completion at the RBWH. This youth cancer centre will provide patients with age appropriate specialist youth cancer services.	Cancer Care Stream RBWH
Enhance connections between Children's Health Queensland and MNHHS to jointly deliver services.	There is a strong collaborative relationship with CHQ that has provided the community with services closer to home for e.g. ENT outreach to Caboolture residents.	Women's and Children's Stream
Increase child development services in the northern region of MNHHS.	The Children of Caboolture operational group is currently focussing on the linkages between maternity, child health and child development services.	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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 5: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

Access to children's services for Metro North HHS residents				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**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	The overall self-sufficiency rate for children living in Metro North HHS and receiving public hospital care in Metro North HHS hospitals was 55.0 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)	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 cent of admitted separations for children residing in the RBWH catchment received their care at LCCH (local hospital)	The overall self-sufficiency rate for children living in Metro North HHS and receiving public hospital care in Metro North HHS hospitals was 71.1 per cent. • Child residents in the TPCH catchment received 45.1 per cent of admitted separations at their local hospital. • Children residing in the Redcliffe Hospital catchment received 41.0 per cent of admitted separations at their local hospital • 60.0 per cent of admitted separations for children residing in the Caboolture/Kilcoy Hospital catchment received their care at their local hospital • 78.5 cent of admitted separations for children residing in the RBWH catchment received their care at QCH (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.

In 2018-19, the Planning for Wellbeing was launched which is the strategy to improve the quality, coordination and integration of mental health, suicide prevention and alcohol and other drug treatment services, developed in partnership with the Brisbane North PHN.

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 MNHHS.	Metro North HHS Health Alliance Connecting Care in ETC, Mature Links with MNMH Service and Consultation Liaison Psychiatry are examples of alternatives to hospital admission.	RBWH Health Alliance
	12-month LINK funded project completed June 2019. This project proposes an assertive referral process linking ADIS callers seeking alcohol and other drug treatment to appropriate nongovernment services. This was trialled at Redcliffe and Caboolture Hospitals. Full report compiled by MNMH and the NGO consortium involved.	Mental Health Redcliffe Caboolture
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.	Establish a close observation bay environment for medical patients with mental health conditions.	Redcliffe
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.	A new patient centred model of care for the assessment and management of people presenting to ED with mental health and/or alcohol and drug related issues has been developed and will be trialled at RBWH and TPCH pending funding availability. The model will enhance care for these patients and will improve performance measures such as triage category by waiting times and ED length of stay/Queensland Emergency Access Target.	Emergency Medicine and Access Unit RBWH TPCH
Strengthen community resources particularly in the northern part of MNHHS to improve service responsiveness to people with mental illness and people with alcohol and other drug dependence.	Establish more flexible access to care through the special needs clinic with support from the Doctorate of Clinical Dentistry (Dclin Dent) Special Needs Dentistry students.	COHD – Oral Health
	The Way Back Support Service has continued to deliver non-clinical support coordination and care navigation, in addition to clinical counselling to people in the Redcliffe region who have made a suicide attempt or experienced a suicidal crisis.	Brisbane North PHN
Expand perinatal mental health services across specialist community and inpatient services.	Work is progressing to establish 'long stay' maternity inpatient beds for women identified as requiring additional support immediately post birth.	Women's and Children's Stream
Collaborate with partners to grow capacity and capability of alcohol addiction services including alcohol withdrawal management for adults and young people	'Planning for Wellbeing' was launched in October 2018 and is the regional plan for mental health, suicide prevention and alcohol and other drug treatment. Sponsored by the Brisbane North PHN and Metro North HHS and developed in consultation with people with a lived experience, providers and other stakeholders, the plan sets out to improve the quality, coordination and integration of services. All of the services commissioned by the Brisbane North PHN are consistent with the regional plan and contribute to meeting the objectives in the plan.	Brisbane North PHN

Action	Initiative	Who is undertaking
Improve governance, accountability, responsibility, fund holding, and service delivery arrangements for child and youth community health and mental health services across MNHHS in collaboration with CHQ.	Nil.	

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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 6: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

Access to service delivery				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
Increase occasions of service in community setting by 10 per cent	180,800 occasions of service	196,565 direct occasions of service	227,762 direct occasions of service (25% increase between 2016-17 and 2018-19)	

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.

In 2018-19, initiatives have focused on the National Disability Insurance Scheme (NDIS) including educating staff, linking patients where possible to services via the Nurse Navigator.

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	Health literacy activities include: • Brighton has established a Wellness Hub that is concerned with connecting the community to health services and recently held the Healthy Ageing Forum. This forum provides community activities such as information sessions,	COHD

Action	Initiative	Who is undertaking
people to be empowered to participate in their care and to feel comfortable sharing information about their care needs, condition management and health goals.	community events including seminars and workshops and displays of static information such as brochures to improve the literacy of attendees, broader than the older population. • There have been ongoing education sessions for NDIS participants to improve health literacy.	
Implement evidence-based care pathways to improve the patient journey for people with disabilities.	Working with National Disability Insurance Agency (NDIA) to develop comprehensive care information to inform development and funding of NDIS packages.	COHD
	Developed agreed Priority Pathway for MNMH inpatient and extended care patients. Established an NDIS Complex Case Committee (multiagency) to facilitate transition planning and timely access to required services in the community.	Mental Health
Increase the use of shared care plans to improve communication and information exchange between providers, patients and families.	Nil.	
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 continuing to actively provide education using available information, to staff of TPCH, regarding NDIS.	TPCH
	Nurse Navigator - Watching Our Waits actively monitoring patients who require or are waiting for NDIS package as an inpatient and assisting and linking where appropriate at TPCH.	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.	Installation of bariatric equipment in the Radiation Oncology service to support mobility impaired patients.	Cancer Clinical Stream
Develop systems, processes and pathways to enable people timely access to National Disability Insurance Scheme funding to support care.	NDIS transition pathways are now well developed and continuing to mature to ensure timely access to appropriate services to improve outcomes for our care participants. The below list summarises some key work undertaken to achieve this: • Monthly collaborative meetings with NDIA which has led to improved Communication strategies; problem solving pain points; establishing agreed processes to improve time frames and outcomes for participants • Established, with the local NDIS office, a Priority Assistive Technology approval process to support timely equipment hire enabling earlier hospital discharge. • Facilitated with the NDIA to deliver Support Coordination Forums and education for Service providers • Specialist Disability Accommodation(SDA) position established with external funding – has supported over 20 approvals for SDA in MNHHS • All residents under 65 years in our RACFs have been supported to complete a NDIS plan to access NDIS services. They have also been supported to explore	Allied Health

Action	Initiative	Who is undertaking
	alternative accommodation options by our specialist disability accommodation consultant • MNHHS partnership with NDIA well established including a priority access pathway for acute inpatients. • Development of the NDIS Clinical Processes document – improved, consistent approaches for staff to support people through NDIS from access to implementation • Innovative priority process established for MNHHS hospital/health participants to allow timely response to access approvals; planning and plan review meetings. Access is often with 1-2 • Creation of preplanning documents available on internal website to support planning meetings.	

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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 7: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

Participation of people with a disability and their carers in planning, delivering and evaluating health services				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**Status**
Increase the number of people with a disability and their carers in significant service planning, service	Baseline data not available and will be developed for the next reporting cycle	Note: Data for this KPI reporting period was collected on a calendar year basis, with the below result being for the 2017 calendar year Directorates reported the following participation: • 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	Note: Data for this KPI reporting period was collected on a financial year basis with the below result being for the 2018-19 financial year Directorates reported the following participation: • Mental Health Services conducted a co-design process with consumers and carers to evaluate and re-design engagement. Four workshops were held across Metro North HHS to gather ideas and a final workshop prioritised actions for improvement. New consumers and carers with long term mental health conditions participated in these workshops • Consumers with disabilities were involved in the Health Literacy steering committee and working groups	

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.

Initiatives in 2018-19 have focused on providing culturally aware and inclusive service environments including the redesign of the ED at Caboolture Hospital with the support of the local Indigenous elders and delivery of the Lighthouse Project at TPCH to provide a healing garden, patient journey videos and artwork.

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.

Progress towards what we said we will do:

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	Contribute to Institute of Urban Indigenous Health education sessions.	Public Health Unit
	Support Aboriginal and Torres Strait Islander Health Unit in provision of Influenza Vaccination Clinics aimed at people who find it difficult to access mainstream services.	Public Health Unit
	Identify and implement opportunities to support Aboriginal & Torres Strait Islander People's health needs e.g. Discharge after medical advice, Smoking during pregnancy.	Redcliffe Hospital
	Developed a MNHHS Aboriginal and Torres Strait Islander Health Plan 2019-2022 in partnership with the Aboriginal and Torres Strait Islander community, patients, consumers and families, MNHHS staff and stakeholders internal and external to the organisation.	COHD - Indigenous Health
	Planning is underway to implement actions contained in the *Metro North HHS Oral Health Services Plan 2019-2023* in partnership with the Institute for Urban Indigenous Health, Aboriginal and Torres Strait Islander Health Unit, and community-controlled organisations that include: • investigate and mitigate roadblocks that prevent Aboriginal and Torres Strait Islander patients from completing their courses of care. • undertaking the Metro North Quality and Safety Cultural Audit 2018.	COHD – 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 identify, of who	Commencement of the third IHLO whose role is to provide emotional, social and cultural support to Aboriginal and Torres Strait Islander patients and their families at Caboolture Hospital. The Caboolture ED have engaged with the local indigenous elders to improve the cultural appropriateness in the ED.	Caboolture and Kilcoy
	Program of cultural capability / welcoming environments audits in place with improvements to environment in progress for Mental Health.	Mental Health

Action	Initiative	Who is undertaking
they are and what they need emotionally	The Lighthouse project at TPCH has successfully delivered: • the Murrumba healing garden • patient journey videos • Artwork and • Australian Institute of Aboriginal and Torres Strait Islander Studies "Map of Indigenous Australia".	TPCH
	Implement Cultural Capability Audits across the HHS to identify improvement opportunities that can contribute to improving cultural safety, quality and accessibility for Aboriginal and Torres Strait Islander peoples. The components of the audit will include: a) Creating a welcoming environment, b) Developing staff competence and cultural competency, c) Work competency, policy and practices. Information gathered within the audit will assist individual service areas with identifying areas of improvement and recommendations towards building cultural capability. Develop NSQHS Actions Plans across Metro North HHS addressing all Aboriginal and Torres Strait Islander Health standards.	COHD - Indigenous Health Facilities Directorates
	Metro North HHS Indigenous Workforce “Staff Yarns” Network developed. Due for launch Oct/Nov. The purpose of this network is to provide an online supportive environment for Aboriginal and Torres Strait Islander staff to connect, collaborate and be supported in the workplace. Indigenous Staff Yarns Ambassadors have been identified across each Directorate to promote the network group, take part in promotional campaigns, actively contribute to the online discussions.	COHD – Community Services
	There has been realignment of Aboriginal and Torres Strait Islander Health Services functions within Metro North HHS to support culturally appropriate environments for health. • Metro North HHS Aboriginal and Torres Strait Islander Health Services have been realigned as part of the Community and Oral Health Business Case for Change. This includes the realignment of IHLO services from COH to the Hospital facilities including the Cultural Capability Officer roles. • The Indigenous Acute & Primary Care team/Ngarrama Family Service and Sexual Health Team within the RAN service model, transitioned the Indigenous Social Worker role within the Social Work team, established an Indigenous Community Nurse within Diabetes/Extended Care service model and will establish a Manager Indigenous Health Services COHD, to provide cultural leadership, advice and direction for all COHD Indigenous health services, projects and programs.	COHD – Community Services
	Indigenous Liaison Service relocated to newly designed office on Level 1, Ned Hanlon Building in RBWH.	RBWH
	Cultural and environmental audits undertaken and recommendations being implemented at RBWH.	RBWH
Continuously improve culturally and capable staff including communication, training,	There has been an increase in the number of school-based training positions to a total of eight, inclusive of three ATSI participants as part of the Deadly Start program.	COHD - Oral Health Services

Action	Initiative	Who is undertaking
education and awareness through an increased focus on Aboriginal and Torres Strait Islander communities	Talk About newsletter will be further expanded to include regular contributions from across Metro North HHS on services/programs that are delivered towards improving Indigenous health outcomes.	COHD-Community Services
	Review and further develop the Metro North HHS Cultural Capability program to be a nationally accredited course linked to professional development across health and social sectors (see MNHHS Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022). Review and update the Metro North HHS Policy 002070 aligned to the review and further development of the Cultural Capability program.	COHD-Indigenous Health
	Exploring opportunistic cancer screening (breast, bowel and cervical) for ATSI persons including: 1) Bowel cancer: Eligible ATSI persons (over 50 years of age) will be offered screening whilst in hospital. 2) Cervical cancer: A community nurse will be trained to screen patients for cervical cancer in community health settings. This service will be linked to the Women's and Newborns service. 3) Breast cancer: Breastscreen services will be available to ATSI women more easily with the commencement of a shuttle service that takes women to the nearest community health centre for screening.	Cancer Clinical Stream
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.	Reconciliation Action Plan's are either in place or being developed across the Directorates and governance groups being established to implement actions. Specific highlights include: **COHD** • RAP annual Impact Measurement Report due 30th Sept 2019. • COH Reconciliation Week activities completed that included the Reconciliation Shield Bowls event and Reconciliation displays at various Community Health Centres. • MNHHS Statement of Commitment Towards Reconciliation completed. **RBWH** • Establishing a Reconciliation Action Plan working group. • Establish Closing the Gap committee. RBWH Aboriginal and Torres Strait Islander Artwork Commissioned. **TPCH** • The TPCH Reconciliation Action Plan Working Group is actively developing the TPCH Reconciliation Action Plan which is inclusive of actions and considers the MNHHS Closing the Gap plan and Aboriginal and Torres Strait Islander actions within the NSQHS Standards **Mental Health** • Establishing a MNMH Reconciliation Action Plan Working Group to support initiatives aimed at improving the health of our Aboriginal and Torres Strait Islander consumers.	COHD-Community Services Hospital Directorates Mental Health

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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 8: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

Participation of people from Aboriginal and Torres Strait Islander communities in planning, delivering and evaluating health services				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**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 for the next reporting cycle	Note: Data for this KPI reporting period was collected on a calendar year basis, with the below result being for the 2017 calendar year Directorates reported the following participation: • 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	Note: Data for this KPI reporting period was collected on a financial year basis with the below result being for the 2018-19 financial year Directorates reported the following participation during 2018-19: • Aboriginal and Torres Strait Islander Unit engaged consumers in the development of the Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022 • Aboriginal and Torres Strait Islander Unit held a yarning circle at Close the Gap event at Brighton in March 2019 • Aboriginal and Torres Strait Islander Unit consulted Aboriginal and Torres Strait Islander elders and community about service improvement opportunities related to priorities in the Better Together Plan at the NAIDOC family fun day	

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.

There has been significant work in 2018-19 including development of the Metro North HHS Multicultural Action Plan and building relationships with the CALD community to jointly deliver health services that reflect the needs of this community such as the promotion of the Good Start for Life program which is designed to empower mothers, fathers and carers of babies and young children to adopt healthy nutrition and lifestyle practices during pregnancy and in early childhood and is available to Maori and Pacific Islander women.

Key strategies

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

Progress towards what we said we will do:

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.	Engagement of Ethnic Communities Council of Queensland (ECCQ) and Co.As.It Community Services Ltd. in the Healthy Ageing Expo providing important information to our CALD community during seniors week.	COHD – Community services
	Distribution of bowel cancer screening resources in other languages through health workers employed by the ECCQ.	Cancer Clinical Stream
	"Good Start for Life" program which will engage Maori and Pacific Islander women in the region with maternity services, and providing home-based care, starting with improved linkages at Caboolture. We are also looking at options for replicating their clinic/ Healthy Kids Club focusing on nutrition and healthy eating at the Brighton hub. This partnership initiative will be one of the actions within Metro North's 3-year multicultural action plan (2020-23).	Metro North - Health Equity Caboolture
	Partnerships have been initiated with ECCQ, Good Start Program, the G11 Community Leaders Group (Refugee Health), World Wellness Group, Multicultural Development Australia, QLD Program of Assistance to Survivors of Torture & Trauma, Refugee Health Network QLD, Mater Refugee Health Service and others to tap into, support and partner with existing community bilingual workers / multicultural health workers and capability.	Metro North - Health Equity
	The first three-year *Metro North Hospital and Health Service Multicultural Action Plan* in development. The MAP highlights consolidating work that has been occurring to date, and providing further strategic direction, coordination and shared platforms for collaboration to improve impact and outcomes for some of the most vulnerable of CALD individuals, families and communities in the Brisbane North region.	Metro North - Health Equity
	A Health Equity Advisory and Liaison Group was established, comprising of community partners and leaders to advise Metro North on multicultural health strategic direction.	Metro North - Health Equity
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 identify, of who they are and what they need.	Work is continuing on the COHD Multi-cultural strategy, including the proposed introduction of multi-faith 'sanctuaries' supporting our consumers, staff and families	COHD – Community Services
	Diversity Working Group established at RBWH. Hospital data reviewed to identify diverse population groups with an action plan to be developed to prioritise areas of greatest need.	RBWH
	Patient Friendly Working Group at the RBWH is developing an action plan of initiatives aimed at improving the experience and environment for vulnerable patient groups.	RBWH
	Welcome to hospital animated videos being finalised with the added option of audio and subtitle in 9 languages other than English.	Metro North - Health Equity

Action	Initiative	Who is undertaking
	A CALD women's breast health program was designed and delivered with CALD women on Brisbane North.	Metro North - Health Equity Cancer Care Stream
Continuously improve culturally and capable staff including communication, training, education and awareness through an increased focus on CALD communities.	Review and consolidate Public Health resources for CALD and English as a Second Language communities.	Public Health Unit
	A CALD Needs Assessment Data Report has been finalised. This document improves knowledge and awareness of Metro North's HHS CALD communities. The report has highlighted our highest CALD consumers and communities in terms of admissions and potentially preventable hospitalisations.	Metro North - Health Equity
	Health Equity intranet and internet page with resources have been developed to build recognition of Multicultural health commitment and prioritisation, and as a mechanism to harness and share expertise, collaboration and activities across Metro North HHS.	Metro North - Health Equity
	Metro North HHS Translated Appointment Reminder Tool will translate appointment letters into 39 languages other than English, enabling non-English speaking clients to understand their appointment details. Some expected benefits of implementing this initiative include: • Improved patient experience, outcome and engagement by delivering services that is appropriate for MNHHS's culturally and linguistically diverse communities. • Decrease in the number of 'Fail to Attend' appointment for CALD patients. • Reduce of financial lost.	Metro North - Health Equity
	A pilot of two languages (Arabic and Simplified Chinese) for Metro North's patient experience survey has been conducted.	Metro North - Health Equity
	Through the CALD Needs Data Assessment Project, Metro North mapped, identified and reported datasets and systems where CALD data is available, identifying the significant data gaps, quality and integrity issues (advocated for CALD data indicators to be mandatory in Metro North HHS's RiskMan).	Metro North - Health Equity

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 KPI result in 2018-19 compared to our performance in 2016-17 and 2017-18.

Table 9: Our progress on what we said we would measure from baseline performance in 2016-17 to 2018-19

Participation of people from CALD communities in planning, delivering and evaluating health services				
Key Performance Indicators	**FY 2016-17 (Baseline), unless otherwise stated**	**FY 2017-18, unless otherwise stated**	**FY 2018-19, unless otherwise stated**	**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 for the next annual reporting cycle	Note: Data for this KPI reporting period was collected on a calendar year basis, with the below result being for the 2017 calendar year Directorates have reported the following participation during the 2017 calendar year: • 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	Note: Data for this KPI reporting period was collected on a financial year basis with the below result being for the 2018-19 financial year Directorates have reported the following participation: • Health Equity Advisory Committee with representation from CALD communities has guided the development of the Metro North Multicultural Action Plan • Consumers from CALD backgrounds involved in Health Literacy steering committee and working groups	

Priorities to advance in 2019-20

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 a number of 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 2018-2019 the next year provides Metro North HHS with an opportunity to further advance initiatives in a proactive and planned way. Priorities for 2019-20 across the focus areas are described below.

Living healthy and well in our local communities

- continue to focus on improving the health literacy of our patients and staff
- stand up the new Community Advisory Committee
- implement the *Bowel Cancer Screening Participation Plan 2019-2022*
- improve support for our carers and staff to stay healthy and well
- continue local promotion of State health campaigns

Delivering person-centred, connected and integrated care

- continue the roll out of nurse navigator roles in areas of highest need
- continue collection of and assessment of digital platforms for patient experience
- continue the roll out of digital technologies to assist in providing seamless care

Effective delivery of healthcare to address growing population health needs

- continue to work with primary care and community organisations to improve timely follow up care post discharge
- expand alternatives to hospital care in collaboration with QAS, primary care and general practice
- continue planning for the opening of STARS
- increase provision of acute care in the home
- continue to implement strategies to reduce unnecessary variation in clinical practice
- reduce low value interventions
- improve standardisation of care
- optimise patient flow into, through and out of the hospital system
- continue to progress innovations such as biofabrication, biobanking and genomics
- increase capacity to deliver palliative care across settings

Responsive healthcare that meets the high health needs of identified groups

Older people

- continue to progress the Health Alliance initiative
- continue to embed consistent comprehensive risk screening, frailty identification and care planning
- implement evidence based care pathways to improve the patient journey for people with delirium, dementia and frailty

- continue to work with general practice, QAS and other community partners to implement shared care plans to improve communication and information exchange between providers

Children and/or young people

- partner with CHQ to improve transition from paediatric to adult services
- ensure access to community services for children in Metro North
- operationalise the Sony YouCan Centre
- continue to work with partners on the Children of Caboolture initiative

People with mental illness and/or alcohol and drug dependence

- improve access to perinatal mental health
- establish mental health ED short stay beds in Caboolture Hospital
- increase capability of an access to community based mental health services
- review arrangements for access to child and youth mental health services in Metro North HHS

People with disabilities

- continue supporting patients timely access to NDIS funding support
- increase health literacy resources target to people with a disability
- continue to enhance workforce capabilities to provide evidence based care for people with a disability, intellectual disability or complex care needs

Aboriginal and Torres Strait Islander peoples

- implement the *Better Together* plan
- continue to ensure culturally aware service environments are provided
- maintain relationships with Aboriginal and Torres Strait Islander communities and peak bodies to jointly plan, design and deliver services
- continue to increase cultural capability of staff
- implement reconciliation action plans

Culturally and linguistically diverse communities

- implement the multicultural action plan
- improve cultural capability of staff
- continue to engage CALD communities and peak bodies to jointly plan, design and deliver services that meet local needs.

Glossary

ACP	Advanced Care Planning
ARP	Acute Resuscitation Plan
BEMS	Building Engineering and Maintenance Services
BPA	Best Practice Australia
CALD	Culturally and Linguistically Diverse
CARS	Community Assessment and Referral Service
CHDP	Clinical Handover Document Portal
CHQ	Children's Health Queensland
COHD	Community and Oral Health Directorate
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure
CPD	Continuing Professional Development
ECCQ	Ethnic Communities Council of Queensland
ECMO	Extracorporeal membrane oxygenation
EDS	Enterprise Discharge Summary
EMAC	Emergency Medicine and Access Coordination
ENT	Ear Nose Throat
EOLC	End of Life Care
EST	Exercise Stress Test
ETC	Emergency Trauma Centre
GEDI	Geriatric Emergency Department Initiative
GHQ	Genetic Health Queensland
GP	General Practitioner
GPLO	General Practice Liaison Officer
GPwSI	General Practitioner with Special Interest
HITH	Hospital in the Home
HIU	Healthcare Improvement Unit
Hospital Directorates	RBWH, TPCH, Redcliffe, Caboolture and Kilcoy
ieMR	integrated Electronic Medical Record
IHLO	Indigenous Health Liaison Officer
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
LINK	Leading Innovation through Networking and Knowledge
MNIT	Metro North Information Technology
MNMH	Metro North Mental Health
NAIDOC	National Aboriginal Islander Day Observance Committee
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NGO	Non government organisation
NIV	Non Invasive Ventilation
NSHQS	National Safety and Quality Health Service
OPALS	Older Persons Assessment and Liaison Service
PDP	Professional Development Plan
PREM	Patient Reported Experience Measures
PROM	Patient Reported Outcome Measures
QAS	Queensland Ambulance Service
QCH	Queensland Children’s Hospital

QHEPS	Queensland Health Intranet Page
RACF	Residential Aged Care Facility
RADAR	Residential Aged Care District Assessment and Referral
RAN	Referral Assessment Navigation
RAPID	Recommend, Agree, Perform, Input and Decide
RBWH	Royal Brisbane and Women's Hospital
SIBR	Structured Interdisciplinary Bedside Rounds
STARS	Surgical, Treatment and Rehabilitation Service
STI	Sexually Transmitted Infection
TPCH	The Prince Charles Hospital