

# Metro North Health Equity Strategy 2022-2025

## KPA 1 – Actively eliminating racial discrimination and institutional racism within the service

Measures, tools, baseline and targets – FINAL DRAFT

| Strategy  | Actions  | Measures   | Tool   | Baseline                      | Target                 |
|---|--|--|--|-------------------------------|------------------------|
| <b>1.1 Achieve a zero-tolerance policy toward racism for both staff and patients</b>  | Action 1.1 A<br>Develop and implement an anti-racism campaign that incorporates existing and new legislation policies.   | <ul style="list-style-type: none"> <li>Improvement in proportion of staff that believe Metro North Health has zero-tolerance for racism and discrimination (<i>Metro North Health Equity Strategy KPI</i>).</li> <li>Improvement in performance against the Institution Racism Matrix<sup>1</sup></li> </ul> | Staff feedback <sup>2</sup>  | Under Development             | To be determined (TBD) |
|   |  |  | Institutional Racism Matrix  |                               |                        |
|   | Action 1.1 B<br>Review all existing Metro North Health HR policy and process on reportable racial discrimination and abuse that is aligned current Human Rights and Anti-discrimination acts/ legislation. | <ul style="list-style-type: none"> <li>Reduction in number and proportion of Aboriginal and Torres Strait Islander staff experiencing racism.</li> </ul> Phase 2:  | Staff feedback   | Under development             | 0%                     |
|   |  |  | <ul style="list-style-type: none"> <li>Improvement in the community's experience of racism and anti-racism.</li> </ul> | Patient feedback <sup>3</sup> | Under development      |
| Action 1.1 D<br>Development of a Racism Matrix to be used when undertaking a bi-annual auditing in Metro North Health to make sure systemic changes can be made if need be. |  | Community feedback <sup>4</sup>  |  | Under development             | TBD                    |

<sup>1</sup> Existing Marrie Institutional Racism Matrix to be adapted for Metro North

<sup>2</sup> Feedback method for staff will be determined at a later date

<sup>3</sup> Feedback method for patients will be determined at a later date

<sup>4</sup> Feedback method for community will be determined at a later date

| Strategy   | Actions   | Measures   | Tool  | Baseline  | Target          |
|--|---|--|---|---|-----------------|
| <b>1.1 Achieve a zero-tolerance policy toward racism for both staff and patients</b> | Action 1.1 C<br>Establish policies and procedure to report discrimination and perpetual acts of racism in a complaints or compliments screening portal. Must ensure reporting pathways are clear and are managed in accordance with the MNH HR policies and procedures.   | <ul style="list-style-type: none"> <li>Evidence of policies and procedures established and implemented.</li> </ul>   | Document review   | Under development   |                 |
|  | Action 1.1 E<br>Establish a Metro North Health compliments and complaints unit for Aboriginal and Torres Strait Islander workforce and patients resourced by identified staff to provide cultural safety and context.<br>A process that firmly supports staff members immediately as well as after they have experienced a racially traumatic incident. | <ul style="list-style-type: none"> <li>Increased reporting (number and proportion) of complaints and compliments regarding racism/discrimination made by Aboriginal and Torres Strait Islander staff (<i>Metro North Health Equity Strategy KPI</i>).</li> <li>Increased reporting of complaints and compliments regarding racism/discrimination made by Aboriginal and Torres Strait Islander patients (<i>Metro North Health Equity Strategy KPI</i>).</li> <li>Number and proportion of complaints managed effectively (<i>Metro North Health Equity Strategy KPI</i>).</li> </ul>  | Data from the complaints and compliments unit<br><br>Staff and Patient feedback   | Under development<br><br>Under development                          | 100%            |
| <b>1.2 Support the cultural capability of the organisation</b>                       | Action 1.2 A<br>Develop and implement a suite of mandatory training including CPP (Cultural Practice Program), Unconscious bias training and Racial Equity training. The training will be uniform in length and content across all of Metro North Health and take as long as required, with managers ensuring compliance for all staff.                 | <ul style="list-style-type: none"> <li>Evidence of HHSs having cultural safety programs and practices in place that were co-designed with Aboriginal and Torres Strait Islander people and aim to reduce institutional biases and racism and promote inclusivity and equity (<i>SEQ measure</i>).</li> <li>Proportion of staff completing CPP, Unconscious Bias and Racial Equity training (<i>Metro North Health Equity Strategy KPI</i>).</li> <li>Improvement in staff demonstrating cultural integrity post training (<i>Metro North Health Equity Strategy KPI</i>) – analysis by all staff and Aboriginal and Torres Strait Islander staff.</li> <li>Increased proportion of Aboriginal and Torres Strait Islander people who had their</li> </ul> | Document review<br><br>Talent Management System (TMS)<br><br>Staff feedback<br><br>No reporting required until data quality is improved (Statewide) | Under development<br><br>Under development<br><br>Under development | 100%<br><br>TBD |

| Strategy   | Actions   | Measures   | Tool                                  | Baseline   | Target |
|--|---|--|---------------------------------------|--|--------|
|  |   | cultural and spiritual needs met during the delivery of a health care service (PREMS survey) ( <i>Statewide KPI</i> ).   |                                       |  |        |
|  | Action 1.2 B<br>Include mandatory cultural capability and racial equity training in all Metro North Health staff Professional Development Plan templates.   | <ul style="list-style-type: none"> <li>Evidence of inclusion of cultural capability and racial equity training in Metro North Health staff PDP templates.</li> <li>Improvement in staff recall of discussion regarding cultural capability and racial equity training from their PDP process.</li> </ul> | Document review<br><br>Staff feedback | Under development<br><br>Under development             | 100%   |
|  | Action 1.2 C<br>All meetings (inclusive of executive, research, clinical and educational meetings) within in all levels of Metro North Hospital and Health Service should begin with an Acknowledgement of Country. | <ul style="list-style-type: none"> <li>Proportion of staff recalling Acknowledgement of Country at meeting in the last two months.</li> </ul>  | Staff feedback                        | Under development                                      | 100%   |
|  | Action 1.2 D<br>Develop a cultural events calendar to increase awareness of Aboriginal and/or Torres Strait Islander days of significance and support localised events.   | <ul style="list-style-type: none"> <li>Improvement in staff with awareness, understanding and participation of/in cultural events.</li> </ul>  | Staff feedback                        | Under development                                      | TBD    |
|  | Action 1.2 E<br>Enhance awareness of the distinction between Aboriginal peoples and Torres Strait Islander peoples' cultural protocols and directions within new HR policies.                                       | <ul style="list-style-type: none"> <li>Improvement of staff awareness and understanding of the two distinctive cultures.</li> </ul>  | Staff feedback                        | Under development                                      |        |
|  | Action 1.2 F<br>Assess the cultural integrity of Metro North Health staff at regular intervals (12 monthly intervals) through defined methods (e.g. PDP reviews, validated survey tools).                           | <ul style="list-style-type: none"> <li>Proportion of staff demonstrating cultural integrity post training (Metro North Health Equity Strategy KPI) – same measure as in 1.2 A.</li> </ul>  | Staff feedback (12 month intervals)   | Under development                                      | TBD    |
| <b>1.3 Add Racial Equity as a value to the ViA Framework</b> | Action 1.3 A<br>Metro North Health Values in Action (ViA) framework of Integrity, High Performance, Respect, Compassion and Teamwork to include the core value of Racial Equity.                                    | <ul style="list-style-type: none"> <li>Evidence of inclusion of racial equity as a value to the ViA Framework.</li> </ul>  | Document review every 12 months       | Racial equity included in Metro North value of respect |        |
|  | Action 1.3 B<br>Introduce an anti-discrimination and institutional racism statement in the Metro  | <ul style="list-style-type: none"> <li>Evidence of inclusion of anti-discrimination and institutional racism statement in the</li> </ul>   | Document review every 12 months       |  |        |

| Strategy  | Actions   | Measures  | Tool  | Baseline  | Target |
|---|---|---|---|---|--------|
|   | North Health ViA and all related documents including position descriptions, key selection criteria for staff recruitment, and interview questions.  | Metro North Health ViA and all related documents.   |   |   |        |
| <b>1.4 Support the Aboriginal and Torres Strait Islander workforce</b>  | Action 1.4 A<br>Develop and evaluate an Aboriginal and Torres Strait Islander Peer Responder, Mentoring and Leadership program to support transfer of learnings from training to work roles, staff in educational based programs and initiatives.   | <ul style="list-style-type: none"> <li>Increase in Aboriginal and Torres Strait Islander staff who want to and are linked to a trusted mentor of their choice.</li> <li>Improvement in mentor support.</li> <li>Improved satisfaction rates of Aboriginal and Torres Strait Islander staff.</li> <li>Evidence of creating peer responders. (Outcome measure of peer responder program to be developed once model is established.)</li> </ul>  | <p>Staff feedback</p> <p>Focus group of a sample of mentors</p> <p>Document review</p>                                    | Under development                                 | TBD    |
|   | Action 1.4 B<br>Support and promote inclusiveness in Metro North Health HR policy (including escalation points) and procedures through a culture of education, safety and the reporting of institutionalised racism and discrimination when it is seen.   | <ul style="list-style-type: none"> <li>Evidence of revision of HR policies to include cultural protocols (<i>Metro North Health Equity Strategy KPI</i>).</li> <li>Improved performance against the Institutional Racism Matrix (same as 1.1A).</li> <li>Improvement in work/life balance (particularly in the context of being able to satisfy cultural obligations if needed e.g. cultural event days, deceased family leave etc) for Aboriginal and Torres Strait Islander staff.</li> </ul> | <p>Document review</p> <p>Staff satisfaction feedback</p>   | <p>Under development</p> <p>Under development</p> | TBD    |
| <b>1.5 Commit to authentic engagement with Aboriginal and Torres Strait Islander patients, consumers and/or the community</b> | Action 1.5 A<br>Establish “Yarning Circles” and or other forms of gathering to allow space for “truth telling” and establish engagement with Aboriginal and Torres Strait Islander patients and consumers and/or the community. It must align with Metro North Health’s Values in Action and ensure that these are safe spaces for suggestions to be made and ensure input is followed up on. | <ul style="list-style-type: none"> <li>Number of yarning circles/gatherings for truth telling (<i>Metro North Health Equity Strategy KPI</i>).</li> <li>Improvement of community satisfaction with truth telling.</li> <li>Evidence of use of truth telling information for improvement (e.g., cultural report).</li> </ul>   | <p>Document review</p> <p>Community satisfaction (patient, other community members and Elders)</p> <p>Document review</p> | <p>Under development</p> <p>Under development</p> | TBD    |
|   | Action 1.5 B<br>Develop a Metro North Health Statement of Commitment to Reconciliation supported by   | <ul style="list-style-type: none"> <li>Evidence of implementation of Metro North Statement of Commitment to</li> </ul>  | Document review   | Under development                                 |        |

| Strategy | Actions  | Measures   | Tool | Baseline | Target |
|----------|--|--|------|----------|--------|
|          | localised Reconciliation Action Plans (RAPs) across each facility and directorate. | Reconciliation supported by Directorate Reconciliation Action Plans. |      |          |        |

# Metro North Health Equity Strategy 2022-2025

## KPA 2 – Increasing access to healthcare services

Measures, tools, baseline and targets – FINAL DRAFT

| Strategy   | Actions  | Measures  | Tool                  | Baseline                                   | Target  |
|--|--|---|-----------------------|--|---|
| 2.1 Increase choice of primary care service services for the community | Action 2.1 A<br>Expand and re-orient Community and Oral Health (COH) services. | <ul style="list-style-type: none"> <li>Potentially Preventable Hospitalisations – Aboriginal and Torres Strait Islander peoples:                             <ul style="list-style-type: none"> <li>Diabetes complications</li> <li>Selected conditions (not relevant for Metro North Health)</li> </ul> </li> </ul> <p>(Service Agreement 22/23-24/25)<sup>5</sup></p> | Quantitative analysis | 2.5% PPH Diabetes complications            | 2.1%  |
|  |  | <ul style="list-style-type: none"> <li>Increased number of primary care service providers in Metro North Health (Metro North Health Equity Strategy KPI).</li> </ul>  | Document review       | Under development                          |   |
|  |  | <ul style="list-style-type: none"> <li>Increased proportion of Aboriginal and Torres Strait Islander adult patients on the general care dental wait list waiting for less than the clinically recommended time (Statewide KPI).</li> <li>Metro North Health aims to increase the percentage of completed general courses of</li> </ul>                                  | Quantitative analysis | 100%                                       | 85% <sup>6</sup>  |
|  |  |   | Quantitative analysis | 15,773 Weighted Occasion of Service (WOOS) | 15,931-2023<br>16,090-2024<br>16,251-2025<br>(1% increase |

<sup>5</sup> This measure is identical to the SEQ measure *Hospitalisations of First Nations people with diabetes complications/ non-diabetes complications that could have been prevented through the provision of non-hospital services*

<sup>6</sup> [Access to Oral Health Services \(adults\) 21-Oral-health-access-adults-READY.pdf](#)

|   |  |  |   |   |                               |
|---|--|--|---|---|-------------------------------|
|   |  | oral health care for Aboriginal and Torres Strait Islander consumers (Metro North Health Equity Strategy overarching priorities).  |   |   | from previous financial year) |
|   | Action 2.1 B<br>Improve cultural capability of all general practitioners in Metro North Health.  | <ul style="list-style-type: none"> <li>IUIH program measures</li> </ul>  |   | Under development                                     |                               |
| <b>2.2 Improve travel and accommodation support for patients, their carers and families</b> | Action 2.2 A<br>Establish a state-wide agreement to enable patient travel subsidy scheme (PTSS) gap payments to be waived for those who identify as Aboriginal and/or Torres Strait Islander.                              | <ul style="list-style-type: none"> <li>Evidence of agreement.</li> <li>Improved satisfaction with patient travel and accommodation arrangements (Metro North Health Equity Strategy KPI) – applies to actions 2.2B, 2.2C, 2.2D.</li> </ul> | Document review<br><br>Patient feedback | Under development<br><br>Under development            | TBD                           |
|   | Action 2.2 B<br>Contribute to a process to coordinate patient transport services between all transport providers including Metro North Health, Institute for Urban Indigenous Health (IUIH) and other community providers. | <ul style="list-style-type: none"> <li>Improved patient experience in support with transport.</li> </ul>   | Patient feedback                        | Under development                                     | TBD                           |
|   | Action 2.2 C<br>Establish accommodation partnerships for rural and remote Aboriginal and Torres Strait Islander patients to access when attending hospital appointments within Metro North Health.                         | <ul style="list-style-type: none"> <li>Reduced Did Not Responds (DNRs) and FTAs.</li> </ul>  | Quantitative analysis                   | Failure To Attend's - 8.3%<br>DNR – Under development | 9%                            |
|   | Action 2.2 D<br>Undertake pre-planning for transport and accommodation, and document in patient's care   | <ul style="list-style-type: none"> <li>Evidence of use of pre-planning tool (for 2.D).</li> </ul>  | Audit (2.D)                             | Under development                                     |                               |



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|---|--|--|----------------------------|-------------------|--|
|   | plan prior to leaving community for hospital.  |  |                            |                   |  |
| <b>2.3 Increase the scope and capacity of community health care workers</b> | Action 2.3 A<br>Implement clinical governance for clinical community health workers (e.g. Community and Oral Health medical officer)   | <ul style="list-style-type: none"> <li>• Same measures as 4.4 D (which needs to occur first).</li> <li>• Increase in community clinical healthcare workers (Metro North Health Equity Strategy KPI).</li> <li>• Increase in community clinical healthcare workers (Metro North Health Equity Strategy KPI).</li> </ul> | Document review            | Under development |  |
|   | Develop and recruit to clinical community health worker positions  |  | Document review            | Under development |  |
|   | Support Community and Oral Health to complete streamlining community liaison functions and positions develop a process and pathway to link community support workers across Metro North Health directorates, IUIH and other community providers. |  | Document review            | Under development |  |
| <b>2.4 Provide culturally appropriate safe spaces</b>                       | Action 2.4 A<br>Provide private rooms in hospitals (including satellite hospitals) for families with access to necessities (e.g., computers, Wi-Fi, tea and coffee facilities etc).  | <ul style="list-style-type: none"> <li>• Evidence of additional spaces identified.</li> </ul>  | Visual and document review | Under development |  |
|   | Action 2.4 B<br>Provide safe functional spaces for the community to support holistic care across all sectors including Metro North and the Community-Controlled Organisations.   |  |                            | Under development |  |
|   | Action 2.4 C<br>Consider Aboriginal and Torres Strait Islander   | <ul style="list-style-type: none"> <li>• Evidence of co-design with Traditional Owners (local to each facility) and the Aboriginal</li> </ul>  | Document review (Report    | Under development |  |



|   |  |   |  |   |   |
|---|--|---|--|---|---|
|   | perspectives in the design of new facilities.  | and Torres Strait Islander community at each stage/gate of infrastructure planning.   | outlining process)   |   |   |
| <b>2.5 Enhance early intervention and preventative programs for the community</b> | Action 2.5 A<br>Create an Aboriginal and Torres Strait Islander Health Worker/Practitioner outreach program to deliver intervention and prevention programs.               | <ul style="list-style-type: none"> <li>Evidence of gap analysis (link to 4.2A).</li> <li>Potentially Preventable Hospitalisations measure as in Action 2.1A.</li> <li>Decreased potentially avoidable deaths.</li> </ul>  | Document review  | Under development<br><br>Total PPH 10.6%<br><br>158, ASR 139 per 100,000 2015-2019  | 7.0%<br><br>Brisbane North Total 110.29 ASR per 100,000   |
|   | Action 2.5 B<br>Explore and implement opportunistic screening in the community healthcare teams including cervical cancer, bowel care, diabetes and chronic kidney disease | <ul style="list-style-type: none"> <li>Evidence of guidelines developed to discuss screening with patients.</li> <li>Increased use of guidelines by community staff.</li> <li>Proportion of completed Aboriginal and Torres Strait Islander peoples health assessment (by the Medicare Benefit Scheme item number) (SEQ measure).</li> <li>Improvement in proportion of patients diagnosed in earlier stage of chronic disease.</li> <li>Proportion of patients diagnosed with cancer that had relevant screening in the last 5, 3 and 1 year.</li> <li>Metro North Health commits to improve the % of Aboriginal and Torres Strait Islander women cervical screening rates (Metro</li> </ul> | Document review<br><br>Community staff feedback<br><br>Quantitative analysis<br><br>Quantitative analysis<br><br>Quantitative analysis | Under development<br><br>Under development<br><br>2020-21 Brisbane North rate – 36.2% <sup>7</sup><br><a href="https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/data">https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/data</a><br><br>Under development<br><br>Under development | TBD<br><br>54% - highest Australian benchmark (Metro North Health Target)<br><br>TBD<br><br>TBD |

<sup>7</sup> Indigenous- Indigenous-specific health checks include Medicare Benefits Schedule (MBS) items: 715, 228 (face-to-face), - 92004, 92011, 92016, 92023 (telehealth), - 93470, 93479 (face-to-face in residential aged care facilities (RACF))

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|--|--|--|---|---|--|
|  |  | <p>North Health Equity Strategy overarching priorities).</p> <ul style="list-style-type: none"> <li>Number and proportion of breast screening participation (SEQ measure).</li> </ul>  | <p>Quantitative analysis</p> <p>Quantitative analysis</p> | <p>Under development</p> <p>Breastscreen Rate – Metro North Health clinics <sup>8</sup>51.9% target population (ages 50-74 years) 428 screens SPR</p> | <p>TBD</p> <p>60.7% - Zero gap between the proportion of First Nations and non-First Nations women participating. National target is 70%</p> |
|  | <p>Action 2.5 C<br/>Within the hospital system, develop and implement a system for a series of screens to be offered to Aboriginal and Torres Strait Islander patients facilitated during their stay in hospital (e.g. a check list of items such as blood pressure, sugar levels, faecal occult blood, breast screening and prostate check)</p> | <ul style="list-style-type: none"> <li>Evidence of opportunistic screenings being offered.</li> </ul>  | <p>Chart audit (sample of inpatients)</p>                 | <p>Under development</p>  | <p>TBD</p>   |
| <p><b>2.6 Develop a culturally appropriate model to improve the outpatient journey</b></p> | <p>Action 2.6 A<br/>Tailor outpatient appointment environment, processes and visits.</p>   | <ul style="list-style-type: none"> <li>Evidence of initiatives.</li> <li>Specialist outpatient – Decreased proportion of Aboriginal and Torres Strait Islander patients waiting longer than clinically recommended for their initial specialist outpatient appointment (Statewide KPI).</li> </ul> | <p>Document review</p> <p>Quantitative analysis</p>       | <p>Under development</p> <p>RFC Long Waits Jun 22 – 199 14.9% not waiting in time. SPR</p>  | <p>NA</p> <p>Zero long waits across all OPD waitlists (MN HES KPIs)</p>  |

<sup>8</sup> Data derived from Breastscreen clinics in Metro North region as proxy for Metro North residents.

|  |   |  |                       |   |                                 |
|--|---|--|-----------------------|---|---------------------------------|
|  |   | <ul style="list-style-type: none"> <li>• People on specialist outpatients seen within clinically recommended timeframe by triage category (SEQ measure).</li> <li>• Decrease in proportion of Did Not Respond (DNR).</li> <li>• Reduction in the proportion of Aboriginal and Torres Strait Islander Failure to Attend (FTA) appointments (Metro North Service Agreement 2022-23 to 2024-25).</li> <li>• Improved patient satisfaction with access to outpatient care.</li> <li>• Elective Surgery – Increased proportion of Aboriginal and Torres Strait Islander patients treated with clinically recommended time (Statewide KPI).</li> </ul> | Quantitative analysis | Cat 1 – 72.3%<br>Cat 2 – 79.0%<br>Cat 3 - 89.6% | ≥ 98% <sup>9</sup>              |
|  |   |  | Quantitative analysis | Under development                               | TBD                             |
|  |   |  | Quantitative analysis | 8.3% as above                                   | 9%                              |
|  |   |  | Patient feedback      | Under Development                               | TBD                             |
|  |   |  | Quantitative analysis | 92.4%   | Zero                            |
| <b>2.7 Deliver care closer to home</b> | Action 2.7 A<br>Establish models of care that deliver care closer to home in partnerships with, and/or by commissioning from Community Controlled Health Services: e.g. Hospitals in the Home and shared specialist clinics, satellite hospitals. | <ul style="list-style-type: none"> <li>• Evidence of increased services in local communities.</li> <li>• Telehealth utilisation rates for non-admitted tele-health service events<sup>10</sup>.</li> <li>• Increased access to culturally capable services closer to home (MN HEQ KPI).</li> <li>• Evidence of joint partnership services in the community.</li> </ul>   | Document review       | Under development                               |                                 |
|  |   |  | Quantitative analysis | 23.7%   | 30% (Metro North Health Target) |
|  |   |  | Quantitative analysis | Under development                               | TBD                             |
|  |   |  | Document review       | Under development                               | TBD                             |

<sup>9</sup> [07-Elective-Surgery-treated-in-time-cat-1-READY.pdf \(health.qld.gov.au\)](#) [08-Elective-Surgery-treated-in-time-cat-2-and-3-READY.pdf](#)

<sup>10</sup> Both a Service Agreement and SEQ measure (See Performance Measures Attribute Sheets 2022/23)

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| <b>2.8 Implement evidence based holistic care pathways developed for Aboriginal and Torres Strait Islander patients to enhance the health journey</b> | <b>Action 2.8 A</b><br>Provide holistic care drawing on evidence-based pathways already developed, e.g. Australian Government and Cancer Council endorsed Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer (evaluate the University of Queensland and Metro North Health co-funded Indigenous Cancer Nurse Navigator at RBWH for broader implementation). | <ul style="list-style-type: none"> <li>• Increase in clinical areas in which evidence-based pathways are used.</li> <li>• Number of existing evidence-based pathways implemented (Metro North Health Strategy KPI).</li> <li>• Aboriginal and Torres Strait Islander Elders have access to holistic health care which is culturally safe and responsive (Metro North Health Equity Strategy overarching priorities).</li> </ul> | Document review<br><br>Document review<br><br>Document review of models of care | Under development |  |
|   | <b>Action 2.8 B</b><br>Create individual case management and integrated care plans (including care pathways) for all Aboriginal and Torres Strait Islander health consumers and patients.  | <ul style="list-style-type: none"> <li>• Evidence of care plans co-designed with Aboriginal and Torres Strait Islander people.</li> <li>• Increased use of the care plans.</li> </ul>   | Document review<br><br>Chart audit  | Under development |  |
|   | <b>Action 2.8 C</b><br>Support establishment of community-controlled and Metro North Health aftercare services upon discharge from hospital and improve coordination of care between our partners.   | <ul style="list-style-type: none"> <li>• Evidence of establishing after-care services and coordination.</li> </ul>  | Document review   | Under development |  |
|   | <b>Action 2.8 D</b><br>Within Metro North Health, increase after-hours service capacity including: <ul style="list-style-type: none"> <li>• healthcare support workers to support patients coming to Brisbane after hours</li> </ul>   | <ul style="list-style-type: none"> <li>• Evidence of increase in after-hours services (Link to 4.4D).</li> </ul>  | Document review   | Under development |  |

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|  | <ul style="list-style-type: none"> <li>• paediatric allied health support outside of school hours</li> <li>• Indigenous Hospital Liaison Officer support in all emergency departments after 5pm for all patients, but also for patients presenting with mental health issues.</li> </ul> |  |  |                   |     |
|  | Action 2.8 E<br>Explore opportunities for after-hours support from the satellite hospitals currently under development.  | <ul style="list-style-type: none"> <li>• Evidence of after-hours support in Satellite Hospitals.</li> </ul>  | Document review  | Under development |     |
| <b>2.9 Develop service models for targeted groups including, but not limited to, mob in the justice system; domestic and family violence; maternity, children's and families; perinatal and infant mental health; early childhood; sexual health; mental health alcohol and other drugs; hard to reach groups;</b> | Action 2.9 A<br>Develop culturally appropriate, non-reactive healthcare around the patient journey in the prisoner healthcare pathway.   | <ul style="list-style-type: none"> <li>• Improved services in the target areas (Metro North Health Equity Strategy KPI).</li> <li>• Evidence of transfer of information in the journey pathway.</li> </ul> | Quantitative and qualitative analysis<br><br>Document review | Under development | TBD |
|  | Action 2.9 B<br>Metro North Health to explore processes and a model of care for supporting pregnant women involved in the justice system.  | <ul style="list-style-type: none"> <li>• Evidence of journey mapping for pregnant women in the justice system and process for care improvement.</li> </ul>   | Document review  | Under development |     |
|  | Action 2.9 C<br>Introduce an independent (separate to correctional facilities) Aboriginal and Torres Strait Islander health team (including mental health workers) to provide contextual support and to provide safety checks within the prisons.  | <ul style="list-style-type: none"> <li>• Evidence of a separate physical team developed.</li> <li>• Evidence of review of the Mental Health team capacity.</li> </ul>                                      | Document review<br><br>Document review                       | Under development |     |

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| <p><b>palliative care; services and cardiology services</b></p> | <p>Action 2.9 D<br/>Provide consistent and transparent referral and follow up pathways to community based supports to those experiencing domestic and family violence.</p>  | <ul style="list-style-type: none"> <li>Evidence of referral and follow-up pathways from hospitals to community.</li> </ul>   | <p>Document review</p>  | <p>Under development</p>   |   |
|   | <p>Action 2.9 E<br/>Create a one-stop shop clinic model that includes:</p> <ul style="list-style-type: none"> <li>Ngarrama, Child Health and early childhood services such as immunisation</li> <li>development of clinic space for each Ngarrama service (RBWH, Caboolture, Redcliffe)</li> <li>increase in Aboriginal and Torres Strait Islander positions within these teams</li> <li>development of group programs such as, Mothers, Fathers and Playgroups.</li> </ul> | <ul style="list-style-type: none"> <li>Evidence of the one-stop shop model implemented.</li> <li>Increase in participation rates in the Ngarrama service.</li> <li>Children fully immunised by year 1,2 and 5 (SEQ measure).</li> <li>Increased proportion of Aboriginal and Torres Strait Islander babies born to Aboriginal and Torres Strait Islander mothers and non-First Nations mothers with healthy birthweights (Statewide KPI).</li> <li>Women pregnant with a Aboriginal and Torres Strait Islander baby, and Aboriginal and Torres Strait Islander women who delivered baby at full term (SEQ measure – responsibility of IUIH and HHSs).</li> <li>Aboriginal and Torres Strait Islander babies and babies of Aboriginal and Torres Strait Islander women, not admitted to special care nursery (SCN) or neonatal intensive care unit</li> </ul> | <p>Document review</p> <p>Quantitative analysis</p> <p>Quantitative analysis</p> <p>Quantitative analysis</p> <p>Quantitative analysis</p> <p>Quantitative analysis</p> | <p>Under development</p> <p>Under development</p> <p>1 year: 93.29%<br/>2 year: 89.30%<br/>5 year: 97.60%</p> <p>Healthy birthweight – First Nation Mothers 87.3%.<br/>Low birthweight (&lt;2500g) 11.3%.</p> <p>Full term – 85.8%<br/>Premature births (&lt;37 weeks) 14.2%.</p> <p>Unqualified Neonate 56.2% of all births (public &amp; private)<br/>QHAPDC cross sectional file<sup>11</sup></p> | <p>TBD</p> <p>1 year: 88%<br/>2 year: 96%<br/>5 year: 96%</p> <p>Target 2: By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.<sup>13</sup></p> |

<sup>11</sup> Note – multiple births are included in ‘qualified’ category irrespective of if babies go to SCN or NICU

<sup>13</sup> [NATIONAL AGREEMENT ON CLOSING THE GAP JULY 2020 https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf?q=0720](https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf?q=0720)

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|  |  | <p>(NICU) (SEQ measure - both an IUIH and HHS measure).</p> <ul style="list-style-type: none"> <li>• Women pregnant with Aboriginal and Torres Strait Islander baby and Aboriginal and Torres Strait Islander women, whose first antenatal visit is in the first trimester (SEQ measure) – combined IUIH and HHS measure.</li> <li>• Women pregnant with Aboriginal and Torres Strait Islander baby and Aboriginal and Torres Strait Islander women, who had 5 or more antenatal visits (SEQ measure) – combined IUIH and HHS measure.</li> <li>• By 2031 Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women attending antenatal sessions throughout all trimesters of the pregnancy journey (Metro North Health Equity Strategy overarching priority).</li> <li>• Women pregnant with a Aboriginal and Torres Strait Islander baby, and Aboriginal and Torres Strait Islander women, who were not smoking after 20 weeks gestation (SEQ measure – measure for IUIH and HHSs).</li> <li>• Metro North Health aims to increase the % of Aboriginal and Torres Strait Islander women stopping smoking whilst pregnant (Metro North Health</li> </ul> | <p>Quantitative analysis</p> <p>Quantitative analysis</p> <p>Quantitative analysis</p> <p>Quantitative analysis</p> <p>Quantitative analysis</p> | <p>38.6% attend antenatal care by week 10<br/>Aboriginal and Torres Strait Islander Mothers: did not attend antenatal care by week 10 - 61.4%</p> <p>5 or more visits – 93.4%<br/>8 or more visits – 75.7%<br/>Queensland Perinatal Data Collection</p> <p>Under development</p> <p>Not smoking after 20 weeks - 69.1%<br/>Queensland Perinatal Data Collection</p> <p>Smoking during pregnancy (any time)<br/>34.3%</p> | <p>91.7%<br/>Equal to non-Aboriginal and Torres Strait Islander babies(MN target)</p> <p>57.9%<br/>Equal to non-Aboriginal and Torres Strait Islander babies(MN target)</p> <p>100%(MN target)</p> <p>100%(MN target)</p> <p>Zero (MN target)</p> |
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|  |  | <p>Equity Strategy overarching priority).</p> <ul style="list-style-type: none"> <li>Improvement in pregnant women's satisfaction.</li> </ul>   | Patient feedback   | <p>Queensland Perinatal Data Collection (QPDC) 2020-21<sup>12</sup></p> <p>13.1% Smoking before 20 weeks and Not smoking after 20 weeks</p> | <p>Zero (MN target)</p> |
|  |  |   |  | Under development   | TBD                     |
|  | <p>Action 2.9 F<br/>Increase capacity of Ngarrama Service at RBWH, Redcliffe and Caboolture Hospitals to support the demand for the service.</p>   | <ul style="list-style-type: none"> <li>Evidence of increase of staffing capacity.</li> <li>Increased proportion of women accessing service.</li> <li>Number and proportion of mothers pregnant with an Aboriginal and Torres Strait Islander baby that were referred to a culturally responsive birthing program aligned with Queensland Health's <i>Growing Deadly Families Strategies (SEQ measure)</i>.</li> </ul> | <p>Document review</p> <p>Quantitative analysis</p> <p>Quantitative analysis</p> | <p>Under development</p> <p>Under development</p>   | <p>TBD</p> <p>TBD</p>   |
|  | <p>Action 2.9 G<br/>Create an Indigenous midwifery navigator position to support women who are cared for in other models at all sites and to assist with women transferred into our hospitals.</p> | <ul style="list-style-type: none"> <li>Evidence of positions created.</li> <li>Increase in number of referrals to the nurse navigator position.</li> </ul>  | <p>Document review</p> <p>Quantitative analysis</p>                              | Under development   | TBD                     |
|  | <p>Action 2.9 H<br/>Establish a Midwifery Group Practice (MGP) model to be available at RBWH, Caboolture and Redcliffe hospitals.</p>  | <ul style="list-style-type: none"> <li>Evidence of MGP established at the three hospitals.</li> </ul>   | Document review  | Under development   |                         |
|  | <p>Action 2.9 I</p>  | <ul style="list-style-type: none"> <li>Evidence of sub-group created.</li> </ul>  | Document review  | Under development   |                         |

<sup>12</sup> This result is different to what's requested – to be followed with the perinatal dataset

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|  | Create a sub-group of the Women's and Children's Stream to provide strategic and cultural oversight to the Ngarrama programs across Metro North Health. |   |  |  |   |
|  | Action 2.9 J<br>Work in collaboration with Perinatal and Infant Mental Health to improve referral pathways to include women in pregnancy.               | <ul style="list-style-type: none"> <li>Increased number and proportion of referrals from Metro North infant mental health team to perinatal services for pregnant women.</li> </ul>   | Document review  | Under development  |   |
|  | Action 2.9 K<br>Accelerate collaborative efforts to Close the Gap in early childhood health and education outcomes.                                     | <ul style="list-style-type: none"> <li>Children assessed as developmentally on track in all five domains of the Australian Early Development Census (SEQ measure - responsibility with Childrens Health Queensland for measuring).</li> </ul>   | Quantitative analysis  | Under development  | TBD                                     |
|  | Action 2.9 L<br>Deliver culturally appropriate sexual health services.  | <ul style="list-style-type: none"> <li>Evidence of increase in service capacity.</li> <li>Increased number of people accessing the service.</li> <li>Metro North Health commits to maintaining and improving the prevention, testing, treatment and contact tracing of blood borne viruses and sexually transmissible infections for Aboriginal and Torres Strait Islander consumers (Metro North Health Equity Strategy overarching priority).</li> <li>Patient satisfaction with sexual health services.</li> </ul> | <p>Document review</p> <p>Quantitative analysis</p> <p>Quantitative &amp; qualitative analysis</p> <p>Patient feedback</p> | <p>Under development</p> <p>Under development</p> <p>Under development</p> | <p>TBD</p> <p>TBD</p> <p>TBD</p>        |
|  | Action: 2.9 M<br>Deliver culturally appropriate mental health services.   | <ul style="list-style-type: none"> <li>A decreased rate and count of First Nations suicide deaths.</li> </ul>   | Quantitative analysis  | 24 suicides 2016-2020<br>ASR 20.5 per 100,000                              | Target 14:<br>Significant and sustained |

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|  |   | <ul style="list-style-type: none"> <li>Reduction in the rate of suicide deaths (SEQ measure).</li> <li>Increased proportion of Aboriginal and Torres Strait Islander people receiving face-to-face community follow-up within 1-7 days of discharge from an acute mental health inpatient unit (Statewide KPI)<sup>14</sup>.</li> <li>Mental health service episodes for Aboriginal and Torres Strait Islander patients with a documented mental health care plan (SEQ measure).</li> </ul> | <p>Quantitative analysis</p> <p>Quantitative analysis</p> | <p>52%</p> <p>Under development</p> | <p>reduction in suicide of Aboriginal and Torres Strait Islander people towards zero<sup>15</sup></p> <p>73% highest Qld benchmark (Metro North Health target)</p> <p>TBD</p> |
|  | Action 2.9 N<br>Embed social and emotional wellbeing models of services and delivery in mental health and alcohol and other drug services within Metro North Health and with our partner organisations. | <ul style="list-style-type: none"> <li>Patient and carer satisfaction with mental health services from a social and emotional well-being perspective.</li> </ul>  | Patient/carer feedback                                    | Under development                   | TBD   |
|  | Action 2.9 O<br>Develop and implement targeted strategies for hard to reach community members (i.e. homeless, disabled, prisoners, youth, LGBTIQ+ and older people)                                     | <ul style="list-style-type: none"> <li>Evidence of relationships formed with agencies that support the hard to reach community.</li> <li>List of organisations.</li> </ul>  | Document review   | Under development                   | TBD   |

<sup>14</sup> Same SEQ Measure: Mental health service episodes for First Nations patients with community follow-up within 1-7 days of discharge from an acute mental health inpatient unit

<sup>15</sup> NATIONAL AGREEMENT ON CLOSING THE GAP JULY 2020 <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf?q=0720>

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|  | <p>Action 2.9 P<br/>Metro North Health to evaluate palliative care services for Aboriginal and Torres Strait Islander families and communities, as well as the development of an education program to empower Metro North Health staff to understand overarching principles that apply to the delivery of palliative care to Aboriginal and Torres Strait Islander peoples.</p> | <ul style="list-style-type: none"> <li>Evidence of education program delivered to staff.</li> <li>Patient and carer satisfaction with palliative care.</li> </ul>  | <p>Document review</p> <p>Patient and carer feedback</p>                   | Under development  | TBD |
|  | <p>Action 2.9 Q<br/>Create purpose designed palliative care rooms in our hospitals for Aboriginal and Torres Strait Islander families and communities.</p>  | <ul style="list-style-type: none"> <li>Evidence of purpose designed rooms in facilities.</li> </ul>  |  | Under development  |     |
|  | <p>Action 2.9 R<br/>Develop pathways, processes and capacity to assist Aboriginal and Torres Strait Islander people to access palliative and supportive care that is consistent with their wishes.</p>  | <ul style="list-style-type: none"> <li>Evidence of relationships/linkages with organisations e.g. PEPA, domiciliary nursing agencies, AICHS etc.</li> <li>Evidence of asking families about traditional cultural practices (e.g. use of Kam Biman blankets, transfer to country etc).</li> <li>Increased proportion of Aboriginal and Torres Strait Islander people completing Advance Care planning (Statewide KPI).</li> </ul> | <p>Document review</p> <p>Document review</p> <p>Quantitative analysis</p> | <p>Under development</p> <p>Under development</p> <p>Under development</p> | TBD |
|  | <p>Action 2.9 S<br/>Partner with relevant organisations and non-</p>  | <ul style="list-style-type: none"> <li>Evidence of MOUs established between Metro North Health</li> </ul>  | Document review  | Under development  |     |

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|  | government organisations to financially support taking deceased persons to their country.   | and regional AICHS (RAICCHO).  |                       |                   |     |
|  | <p>Action 2.9 T<br/>Participate in the QLD RHD Control Program which includes:</p> <ul style="list-style-type: none"> <li>• providing education to all health staff</li> <li>• providing advice and support to clients and family members</li> <li>• developing educational and promotional materials and resources</li> <li>• building capacity in local communities and health service facilities.</li> </ul> | <ul style="list-style-type: none"> <li>• Evidence of Metro North Health RHD action plan with measures.</li> </ul>                | Document review       | Under development |     |
|  | <p>Action 2.9 U<br/>Deliver on the five key priority areas outlined in the Ending Rheumatic Heart Disease: Queensland's First Nations Strategy 2021-2024.</p>   | <ul style="list-style-type: none"> <li>• Evidence of Metro North Health RHD action plan with measures.</li> </ul>                | Document review       | Under development |     |
|  | <p>Action 2.9 V<br/>Monitor the effectiveness of cardiac care including the Indigenous Cardiac Outreach Program.</p>  | <ul style="list-style-type: none"> <li>• Cardiac Outreach Program - reporting undertaken through a statewide process.</li> </ul> | Quantitative analysis | Under development | TBD |

# Metro North Health Equity Strategy 2022-2025

## KPA 3 – Delivering sustainable, culturally safe and responsive healthcare services

Measures, tools, baseline and targets – FINAL DRAFT

| Strategy  | Actions  | Measures   | Tool  | Baseline  | Target                                      |
|---|--|--|---|---|---|
| <b>3.1 Health care services connect with Aboriginal and Torres Strait Islander community members who are disengaged</b> | Action 3.1 A<br>Develop a strategy to engage Aboriginal and Torres Strait Islander community members who are disconnected from health care services. | <ul style="list-style-type: none"> <li>Increase in proportion of Aboriginal and Torres Strait Islander peoples accessing health services.</li> </ul>   | Quantitative data   | Under development   | TBD   |
| <b>3.2 Transition all services to culturally safe, responsive, sustainable and evidence based models of care</b>        | Action 3.2 A<br>Implement culturally safe and responsive services.   | <ul style="list-style-type: none"> <li>Increased referrals to Metro North services from AMSS.</li> <li>Decrease in number and proportion of Did Not Wait in Emergency Departments.</li> <li></li> <li></li> <li>Decrease in 'lost to follow-ups' for mental health patients.</li> <li>Improved community satisfaction in built environment, service responses and service outcomes.</li> <li>Evidence of culturally appropriate communication methods for ease of information provision to Aboriginal and Torres Strait Islander peoples.</li> <li></li> </ul> | <p>Quantitative data</p> <p>Quantitative data</p> <p>Quantitative data (source: CIMHA)</p> <p>Feedback from the community</p> <p>Document review and community feedback</p> | <p>Under development</p> <p>2021-22 FY whole of Metro North Health average proportion of Aboriginal and Torres Strait Islander people that did not wait = 6.7%</p> <p>Under development</p> <p>Under development</p> <p>Under development</p> | <p>TBD</p> <p>TBD</p> <p>TBD</p> <p>TBD</p> |

| Strategy | Actions  | Measures  | Tool  | Baseline                                   | Target         |
|----------|--|---|---|--|----------------|
|          | Action 3.2 B<br>Establish coordinator roles in targeted clinical areas to support culturally safe and sustainable services.                                    | <ul style="list-style-type: none"> <li>Increase in recruitment of roles for the priority areas.</li> <li>Improved community satisfaction in care provision in the priority areas.</li> </ul>  | Document review<br><br>Community feedback   | Under development<br><br>Under development | TBD<br><br>TBD |
|          | Action 3.2 C<br>Aboriginal and Torres Strait Islander staff to participate in all multi-disciplinary teams.  | <ul style="list-style-type: none"> <li>Increase in Aboriginal and Torres Strait Islander staff on Multi-Disciplinary Teams.</li> <li>Evidence of consideration and inclusion of cultural factors in care of Aboriginal and Torres Strait Islander peoples in all phases of clinical care.</li> </ul>  | Document review<br><br>Chart audit  | Under development                          | TBD            |
|          | Action 3.2 D<br>Develop concierge roles/service to help people navigate and create a welcoming safe and responsive environment.                                | <ul style="list-style-type: none"> <li>Evidence of concierge role.</li> <li>Improved community satisfaction with healthcare visits.</li> <li></li> </ul>  | Document review<br><br>Community feedback (including at next appointment) compliments in RiskMan                                  | Under development                          | TBD            |
|          | Action 3.2 E<br>Review how safe service delivery, responsiveness and practice are embedded into practice.  | <ul style="list-style-type: none"> <li>Improvement in safety results from existing accreditation safety standards.</li> <li>Evidence of providing care using culturally validated tools.</li> <li>Improved community satisfaction with feeling safe in our services.</li> <li>Evidence of variety of resources using appropriate language, terminology and modality.</li> </ul> | Quantitative<br><br>Chart audit<br><br>Community feedback<br><br>Review of Metro North Health resources/ information for patients | Under development<br><br>Under development | TBD<br><br>TBD |
|          | Action 3.2 F<br>Support staff to connect and link with community when designing and delivering programs e.g. Men's and Women's programs around grief and loss. | <ul style="list-style-type: none"> <li>Evidence of collaboration and co-design in review of existing programs and all newly developed programs.</li> </ul>  | Document review<br><br>Staff feedback   | Under development                          | TBD            |
|          | Action 3.2 G<br>Pilot innovative Aboriginal and Torres Strait Islander   | <ul style="list-style-type: none"> <li>Increase in number of co-designed pilot programs (with Aboriginal and Torres Strait Islander staff)</li> </ul>   | Document review   | Under development                          |                |



| Strategy  | Actions   | Measures   | Tool  | Baseline  | Target                |
|---|---|--|---|---|-----------------------|
|   | designed, led and staffed models of care and services that integrate both cultural and clinical models of care.   | <p>that demonstrate Aboriginal and Torres Strait Islander models of care.</p> <ul style="list-style-type: none"> <li>Evidence of culturally capable practice embedded into models of care that are co-designed with Aboriginal and Torres Strait Islander people (SEQ measure).</li> <li>Evidence of cultural and clinical factors considered in all aspects of models of care.</li> </ul> | <p>Document review</p> <p>Document review</p>             | Under development                                 |                       |
|   | Action 3.2 H<br>Deliver education to all staff to ask consumers if they identify as Aboriginal and/or Torres Strait Islander utilising a system wide policy and procedure alongside the patient identification program. | <ul style="list-style-type: none"> <li>Increase in proportion of staff undertaking training.</li> <li>Increase in the proportions of patients identifying (either new or change in status as an existing patient).</li> </ul>  | <p>Quantitative analysis</p> <p>Quantitative analysis</p> | <p>Under development</p> <p>Under development</p> | <p>TBD</p> <p>TBD</p> |
|   | Action 3.2 I<br>Incorporate wellness, healing, and spiritual factors in all training packages to enhance care experience and deliver responsive service delivery.   | <ul style="list-style-type: none"> <li>As in Action 1.2 A (cultural capability training).</li> </ul>   |   |   |                       |
| <b>3.3 Strengthen partnerships with the primary healthcare networks, Aboriginal and Torres Strait Islander Community Controlled Services and other agencies for culturally safe and responsive shared care,</b> | Action 3.3 A<br>Develop minimum standards of information for handover across the patient health journey to assist with transition of care.  | <ul style="list-style-type: none"> <li>Evidence of minimum standards of information for handover developed and implemented.</li> </ul>   | <p>Document review</p> <p>Chart audit</p>                 | Under development                                 |                       |
|   | Action 3.3 B<br>Increase support and training for First Nations people/families undertaking carer roles.  | <ul style="list-style-type: none"> <li>Evidence of training and support provided to carers.</li> </ul>   | <p>Document review</p> <p>Family and carer feedback</p>   | Under development                                 |                       |

| Strategy  | Actions  | Measures  | Tool  | Baseline          | Target |
|---|--|---|---|-------------------|--------|
| transitions and discharge for patients and their carers.                      |  |   |   |                   |        |
| <b>3.4 Strengthen cultural dynamics and safety in targeted clinical areas</b> | Action 3.4 A<br>Improve child safety notification processes for Aboriginal and Torres Strait Islander children and families to consider cultural factors in the reporting process. | <ul style="list-style-type: none"> <li>Evidence of both cultural and clinical factors reported on the child safety notification form.</li> <li>Evidence of staff training on cultural factors to consider.</li> <li>Increased inclusion of Aboriginal and Torres Strait Islander staff in the child notification initiation and process.</li> </ul>                   | Chart Audit<br><br>Document review<br><br>Chart Audit                   | Under development |        |
|   | Action 3.4 B<br>Codesign a cultural capability program for first responders.   | <ul style="list-style-type: none"> <li>Evidence of co-designed program developed.</li> </ul>  | Document review   | Under development |        |
|   | Action 3.4 C<br>Expand the mental health co-responder team to cover the holistic needs, for example, Aboriginal and Torres Strait Islander community members.                      | <ul style="list-style-type: none"> <li>Evidence of increase in co-responder team capacity with Aboriginal and Torres Strait Islander workforce.</li> <li>Community satisfaction with service.</li> </ul>  | Evidence of staffing profiles<br><br>Community feedback                 | Under development | TBD    |
|   | Action 3.4 D<br>Implement holistic mental health model of care to support the patient's health journey between acute and community settings.                                       | <ul style="list-style-type: none"> <li>Evidence of a culturally responsive holistic mental health model of care.</li> <li>Increase in number of interactions during patient's health journey between acute and community settings to deliver holistic care.</li> <li>Improved patient satisfaction (positive experience) in their holistic health journey.</li> </ul> | Document review<br><br>Chart audit<br><br>Patient feedback              | Under development | TBD    |
|   | Action 3.4 F<br>Establish strength-based trauma informed care in response to the impact of historical policies.  | <ul style="list-style-type: none"> <li>Evidence of strength-based trauma informed care (including clinical assessment) being provided throughout all phases of care.</li> <li>Evidence of strength-based trauma informed practical skills module.</li> </ul>  | Clinical Audit<br><br>Patient/community feedback<br><br>Document review | Under development | TBD    |
| <b>3.5 Support evidence-based</b>   | Action 3.5 A<br>Review funding allocation for existing and proposed new  | <ul style="list-style-type: none"> <li>Evidence of program funding review of existing and proposed new programs, processes, and tools for Aboriginal and Torres Strait Islander peoples.</li> </ul>   | Document review   | Under development |        |

| Strategy   | Actions   | Measures   | Tool   | Baseline          | Target |
|--|---|--|--|-------------------|--------|
| <b>services with sustainable funding</b>   | programs, processes, and tools for Aboriginal and Torres Strait Islander peoples.   | <ul style="list-style-type: none"> <li>Evidence of funding allocations and adjustments through the implementation of the funding review program.</li> </ul>  | Document review/<br>Budget allocation<br>process review<br>Financial audit |                   |        |
|  | Action 3.5 B<br>Establish regular meetings with the Metro North Health executive team to review adequacy of funding models for current and proposed programs inclusive of the Metro North Health annual budget build and review.  | <ul style="list-style-type: none"> <li>Evidence of meetings focussed on Aboriginal and Torres Strait Islander allocated funding for programs.</li> <li>Evidence of funding models considered in budget build in accordance with service needs modelling.</li> </ul>  | Document and process reviews<br><br>Document and process reviews           | Under development |        |
|  | Action 3.5 C<br>Quarantine dedicated Aboriginal and Torres Strait Islander resources and funding to prevent reallocation to other areas at the time of the Metro North Health annual budget review and procedure.   | <ul style="list-style-type: none"> <li>Evidence of quarantined funds for Aboriginal and Torres Strait Islander programs and/or roles within mainstream program streams.</li> </ul>   | Document review<br>Workforce audit   | Under development |        |
|  | Action 3.5 D<br>Recurrently fund new programs and services for sustainable service delivery.  | <ul style="list-style-type: none"> <li>As in Action 3.5 A.</li> </ul>  |  |                   |        |
| <b>3.6 Increase and value the expertise of the Aboriginal and Torres Strait Islander Workforce</b> | Action 3.6 A<br>Create a culture and understanding in which Aboriginal and Torres Strait Islander staff/ workforce are experts in their own right, especially in a clinical setting whilst increasing the promotion of the Aboriginal and Torres Strait Islander workforce. | <ul style="list-style-type: none"> <li>Evidence of staff feeling safe and acknowledged for their expertise in clinical settings by Metro North Health staff.</li> <li>Evidence of inclusion of Aboriginal and Torres Strait Islander staff in clinical decision, recommendations and referrals.</li> <li>Link to 3.2 C.</li> </ul> | Staff feedback<br><br>Document and process review<br><br>Clinical audit    | Under development | TBD    |
|  | Action 3.6 B<br>Employ Aboriginal and Torres Strait Islander people in front line positions. e.g. Indigenous  | <ul style="list-style-type: none"> <li>As in Action 4.3.</li> </ul>  |  |                   |        |

| Strategy  | Actions  | Measures  | Tool  | Baseline          | Target |
|---|--|---|---|-------------------|--------|
|   | cultural health workers to partner with and respond when ambulances are called to emergencies or when in hospitals and utilise the ED Ambassador role.   |   |   |                   |        |
| <b>3.7 Include cultural considerations in clinical audit tools and processes</b>                          | Action 3.7 A<br>Design cultural audit tools and embed into routine service review and evaluation.  | <ul style="list-style-type: none"> <li>Evidence of a culture audit tool developed and used for routine service review and evaluation.</li> </ul>  | Document review                                 | Under development |        |
|   | Action 3.7 B<br>Embed cultural considerations in audit tools and review/ evaluate processes in alignment with the National Safety and Quality Standards.   | <ul style="list-style-type: none"> <li>Evidence of culture audit tool embedded in the National Safety and Quality Standards.</li> </ul>   | Document review<br>Safety and Quality Standards | Under development |        |
| <b>3.8 Define health service needs based on evidence</b>  | Action 3.8 A<br>Develop a minimum data set for health and social determinants to validate health and service needs.  | <ul style="list-style-type: none"> <li>Evidence of Metro North Health Aboriginal and Torres Strait Islander minimum data set.</li> </ul>  | Document review                                 | Under development |        |
|   | Action 3.8 B<br>Enhance and enable access to all administrative and clinical information systems for benchmarking activities to understand service needs, redesigning models of care, processes and practices. | <ul style="list-style-type: none"> <li>Evidence of a Metro North Health reporting dashboard.</li> <li>Evidence of a safety and quality review process.</li> </ul>   | Document review                                 | Under development |        |
|   |  |   | Document review                                 | Under development |        |
| Action 3.8 C<br>Engage across directorates and community partners to understand health and service needs. |  | <ul style="list-style-type: none"> <li>Evidence of engagement with directorates and community partners to understand health and service needs.</li> <li>Evidence of health and service needs identified at Directorate level (Link to Local Areas Needs Assessment).</li> </ul> | Document review                                 | Under development |        |
|   |  |   | Document review                                 | Under development |        |

# Metro North Health Equity Strategy 2022-2025

## KPA 4 – Influencing the social, cultural and economic determinants of health

Measures, tools, baseline and targets – FINAL DRAFT

| Strategy  | Actions  | Measures  | Tool              | Baseline          | Target  |
|---|--|---|-------------------|-------------------|---|
| <b>4.1 Implement strength based approaches to improve the health and wellbeing of Aboriginal and Torres Strait Islander people.</b> | Action 4.1 A<br>Co-design and implement a Metro North Health Cultural Framework underpinned by Cultural Determinants.  | <ul style="list-style-type: none"> <li>Evidence of a co-designed Framework articulating cultural considerations e.g. kinship considerations, how to include cultural determinants in models of care, ethics committee for Aboriginal and Torres Strait Islander peoples.</li> <li>Evidence of implementation of Framework.</li> <li>Improved satisfaction with care delivered with cultural sensitivity.</li> </ul> | Document review   | Under Development | TBD   |
|   |  |   | Document review   | Under development |   |
|   |  |   | Patient feedback  | Under Development |   |
|   | Action 4.1 B<br>Research and implement models of care that consider Aboriginal and Torres Strait Islander traditional medicine and healing practices to offer patient choice of care.  | <ul style="list-style-type: none"> <li>Evidence of research to understand various models of care.</li> <li>Evidence of process to facilitate traditional healers to visit patients (aligned to clinical requirements) if requested by patients.</li> </ul>  | Document review   | Under Development |   |
|   |  |   | Document review   | Under development |   |
|   | Action 4.1 C<br>Co-design a formal process to develop and implement culturally appropriate plans that factor in 'family' centred care orientation, planning and actions plans for all Aboriginal and Torres Strait Islander people, including a template for cultural plans and embed cultural evaluation as part of | <ul style="list-style-type: none"> <li>Evidence of a formal co-designed process to develop the culture plans.</li> <li>Evidence of a formal process to implement the cultural plan.</li> <li>Proportion of Aboriginal and Torres Strait Islander patients with cultural assessment plans (where appropriate).</li> <li>Patient satisfaction in relation to cultural considerations being met.</li> </ul>            | Document review   | Under Development | 100% of Aboriginal and Torres Strait Islander patients have |
| Document review   |  |   | Under development |                   |   |
| Quantitative analysis   |  |   | Under development |                   |   |
| Patient feedback  |  |   | Under Development |                   |   |

| Strategy   | Actions  | Measures  | Tool  | Baseline   | Target  |
|--|--|---|---|--|---|
|  | clinical and social work assessment.   |   |   |  | a co-designed tailored, cultural plan in place.                           |
|  | Action 4.1 D<br>Co-design and mandate Aboriginal and Torres Strait Islander staff wellbeing programs that build in connection to culture, land and sea and acknowledge important cultural practice and protocols for the benefit of all staff. | <ul style="list-style-type: none"> <li>Increase in number of co-designed staff wellbeing programs available to Aboriginal and Torres Strait Islander staff.</li> <li>Increased proportion of Aboriginal and Torres Strait Islander staff participating and accessing staff wellbeing programs.</li> <li>Aboriginal and Torres Strait Islander staff satisfaction - connection to culture, land and sea and acknowledge important cultural practice is met.</li> </ul> | <p>Document review</p> <p>Quantitative analysis</p> <p>Staff feedback</p> | <p>Under Development</p> <p>Under development</p> <p>Under Development</p> | 100% of staff offered the opportunity to access staff wellbeing programs. |
|  | Action 4.1 E<br>Develop a peer support program that is culturally appropriate for Aboriginal and Torres Strait Islander staff.   | <ul style="list-style-type: none"> <li>Evidence of the peer support program developed.</li> <li>Increased proportion of staff accessing the peer support program.</li> <li>Improved staff satisfaction with cultural support, safety, well-being.</li> </ul>  | <p>Document review</p> <p>Quantitative analysis</p> <p>Staff feedback</p> | <p>Under Development</p> <p>Under development</p>                          | <p>TBD</p> <p>TBD</p>   |
| <b>4.2 Provide integrated healthcare that incorporates Aboriginal and Torres Strait Islander people's connection to culture, land and sea and social and economic determinants of health</b> | Action 4.2 A<br>Develop models of integrated healthcare through patient journey mapping.   | <ul style="list-style-type: none"> <li>Evidence of a model that captures integrated healthcare through patient journey mapping (including social determinants) is developed and implemented.</li> <li>Evidence that social determinants are considered during patient journey.</li> <li>Improved patient satisfaction with their culture, social, emotional, land and sea needs are met.</li> </ul>   | <p>Document review</p> <p>Chart review</p> <p>Patient feedback</p>        | <p>Under Development</p> <p>Under development</p>                          | TBD   |
|  | Action 4.2 B<br>Strengthen current pathways and co-design models of care with other Government and Non- Government organisations.  | <ul style="list-style-type: none"> <li>As per Action 4.2A.</li> <li>Evidence of partnership with other Government and Non- Government organisations.</li> </ul>   | <p>Document review</p>  | <p>Under Development</p>   |   |
|  | Action 4.2 C   | <ul style="list-style-type: none"> <li>As per Action 4.2 A &amp; B.</li> </ul>  |   |  |   |

| Strategy | Actions  | Measures  | Tool  | Baseline   | Target  |
|----------|--|---|---|--|---|
|          | Work with government, non-government, and community organisations to provide services in a collaborative way.  |   |   |  |   |
|          | Action 4.2 D<br>Implement co-responder models of care that support information sharing and care coordination to ensure a holistic approach to Aboriginal and Torres Strait Islander patient healthcare journey.  | <ul style="list-style-type: none"> <li>Evidence of a co-designed (Ambulance, police, NGO, IUIH) co-responder model of care.</li> <li>Increased number and proportion of Aboriginal and Torres Islander patients presenting to the Emergency Department with specific reasons (e.g. suicide attempt) managed in a co-responder model.</li> </ul>   | Document review<br><br>Quantitative analysis  | Under Development<br><br>Under Development   | TBD   |
|          | Action 4.2 E<br>Evaluate the impacts that current Metro North Health Programs like Deadly Start, Women's Business Pathways and Better Together Medication Access has on improving the social and cultural determinants of health and ensure the learnings are implemented broadly. | <ul style="list-style-type: none"> <li>Evidence of a formal research evaluation program in place to conduct impact evaluation on the current programs.</li> </ul> <p><b>Deadly Start</b></p> <ul style="list-style-type: none"> <li>Increased number of Deadly Start trainees each year.</li> <li>Increased number of Deadly Start trainees that continued higher education.</li> <li>Increased number of Deadly Start trainees employed in Metro North.</li> <li>Increased student satisfaction with Deadly Start program.</li> </ul> <p><b>Women's Business Pathways</b></p> <ul style="list-style-type: none"> <li>Proportion of women with IUIH GP referral that are seen in this service.</li> <li>Increased in number and proportion of women with Gynaecology concerns that are seen in this service.</li> <li>Improved satisfaction of Aboriginal and Torres Strait Islander women utilising the service.</li> </ul> <p><b>Better Together Medication Access</b></p> <ul style="list-style-type: none"> <li>Improved access of Aboriginal and Torres Strait Islander patients to BTMA.</li> </ul> | Document review<br><br>Quantitative analysis<br>Quantitative analysis<br>Quantitative analysis<br>Student feedback<br><br>Quantitative analysis<br>Quantitative analysis<br>Patient feedback<br><br>Quantitative analysis | Under Development<br><br>Under development<br>Under development<br>Under development<br>Under development<br><br>Under development<br><br>Under development<br>Under development | TBD<br>TBD<br>TBD<br>TBD<br><br>TBD<br>TBD<br>TBD<br>100 % access to BTMA |



| Strategy  | Actions   | Measures  | Tool   | Baseline  | Target  |
|---|---|---|--|---|---|
|   |   | <ul style="list-style-type: none"> <li>Improvements in readmission rates of people on the BTMA program.</li> <li>'Improved satisfaction of Aboriginal and Torres Strait people utilising the service</li> </ul>   | <p>Quantitative analysis</p> <p>Patient feedback</p> | <p>Under development</p> <p>Under development</p> | <p>100 % access to BTMA</p> <p>100 % access to BTMA</p>   |
| <b>4.3 Attract and grow our Aboriginal and Torres Strait Islander workforce</b> | Action 4.3 A<br>Establish recruitment processes that break down barriers and promote Metro North Health as an employer of choice for Aboriginal and Torres Strait Islander people.                                  | <ul style="list-style-type: none"> <li>Evidence of a recruitment process that break down barriers (cultural, health literacy, communication, interview processes) for Aboriginal and Torres Strait Islander people.</li> <li>Increased per centage of Aboriginal and Torres Strait Islander peoples applying for Metro North Health positions.</li> </ul> | <p>Document review</p> <p>Document review</p>        | <p>Under Development</p> <p>Under development</p> |   |
|   | Action 4.3 B<br>Establish a Workforce Equity Unit to explicitly support the proactive recruitment, development, and retention of Aboriginal and Torres Strait Islander peoples in the Metro North Health workforce. | <ul style="list-style-type: none"> <li>As per Action 4.3 A.</li> <li>Annual increase to the Aboriginal and Torres Strait Islander workforce to demonstrate representation equal to the Aboriginal and Torres Strait Islander population (Statewide KPI).<sup>16</sup></li> </ul>  | <p>Quantitative analysis</p>                         | <p>1.45% as of end Jun 2022</p>                   | <p>At least 3 percent of Metro North's workforce will be Aboriginal and/or Torres Strait Islander people. (MN32)<br/>For each HHS, percentage of HHS population that is Aboriginal and Torres Strait Islander</p> |
|   | Action 4.3 C<br>Develop strategies to ensure required representation of male and female employees   | <ul style="list-style-type: none"> <li>Evidence of work undertaken to estimate the Aboriginal and Torres Strait Islander workforce numbers to patient numbers to gain a ratio (men vs women).</li> </ul>  | <p>Identification data</p>                           | <p>Under Development</p>                          | <p>TBD</p>  |

<sup>16</sup> This measure also aligns to this MN Service agreement measure: "First Nations representation in the workforce (MN Service Agreement 2022-23 to 2024-25)".

| Strategy  | Actions   | Measures   | Tool   | Baseline  | Target  |
|---|---|--|--|---|---------|
|   | (Aboriginal peoples and Torres Strait Islander peoples) to support men's and women's business in all clinical areas.                                  | <ul style="list-style-type: none"> <li>Improved patient satisfaction with needs of men's and women's business in all clinical areas being met.</li> </ul>  | Patient feedback                             | Under Development   | TBD     |
|   | Action 4.3 D<br>Create culturally appropriate interview processes, supported by MN HR policy.   | <ul style="list-style-type: none"> <li>As per Action 4.3 A.</li> <li>Evidence of HR policies and procedures relating to culturally appropriate interview processes for Aboriginal and Torres Strait Islander candidates.</li> </ul>  | Document review                              | Under development   |         |
|   | Action 4.3 E<br>Quarantine positions to increase Aboriginal and Torres Strait Islander workforce.   | <ul style="list-style-type: none"> <li>Increased percentage of Aboriginal and Torres Strait Islander quarantined positions.</li> </ul>   | Quantitative analysis                        | Under Development   | As 4.3B |
|   | Action 4.3 F<br>Increase the Aboriginal and Torres Strait Islander workforce across the clinical and non-clinical streams including nurse navigators. | <ul style="list-style-type: none"> <li>Increase in Aboriginal and Torres Strait Islander workforce across all workforce streams.</li> </ul>  | Quantitative analysis                        | Headcount<br>Nursing, 129<br>Managerial and Clerical, 89<br>Professional and Technical, 38<br>Operational, 26<br>Medical incl. VMOs, 20<br>A&TSI Health Workforce, 9<br>Trade and Artisans, 1<br>*Headcount as of June 2022 | As 4.3B |
| <b>4.4 Retain the Aboriginal and Torres Strait Islander workforce</b> | Action 4.4 A<br>Establish pathways so the Aboriginal and Torres Strait Islander staff are supported and encouraged to                                 | <ul style="list-style-type: none"> <li>Evidence of a development pathway for Aboriginal and Torres Strait Islander workforce.</li> <li>Increase in number and proportion of Aboriginal and Torres Strait Islander workforce undertaking further education and development (e.g. ELP).</li> </ul> | Document review<br><br>Quantitative analysis | Under Development   | TBD     |

| Strategy | Actions  | Measures   | Tool   | Baseline  | Target              |
|----------|--|--|--|---|---------------------|
|          | access ongoing opportunities to undertake professional development, attend University and/or TAFE and participate in leaderships courses and programs.   | <ul style="list-style-type: none"> <li>Increased satisfaction of Aboriginal and Torres Strait Islander staff supported by managers to access further education and development.</li> </ul>   | Staff feedback   | Under Development   | TBD                 |
|          | Action 4.4 B<br>Implement succession planning and retention processes including creation of a talent portal to focus on specific gaps for Aboriginal and Torres Strait Islander peoples.   | <ul style="list-style-type: none"> <li>Evidence of a talent portal established and utilised.</li> <li>Improved retention rates of Aboriginal and Torres Strait Islander workforce.</li> </ul>  | Document review<br><br>Quantitative analysis                 | Under development<br>Under Development                              | TBD                 |
|          | Action 4.4 C<br>Develop processes and systems so that Sorry Business or Sad News is understood and accommodated for Aboriginal and Torres Strait Islander employees and educate non-Indigenous people about Aboriginal and Torres Strait Islander staff ways of being and doing. | <ul style="list-style-type: none"> <li>Evidence of HR policies and procedures and implementation to accommodate Sorry Business and Sad News for Aboriginal and Torres Strait Islander staff.</li> <li>Evidence of available resources, promotion of information and Sorry Business and Sad News entitlements available to Aboriginal and Torres Strait Islander workforce.</li> <li>Improvement in support to staff for Sorry Business or Sad News.</li> </ul> | Document review<br><br>Document review<br><br>Staff feedback | Under development<br><br>Under development<br><br>Under development | 100%                |
|          | Action 4.4 D<br>Establish a professional line and/or stream for Aboriginal and Torres Strait Islander Health Workers like allied health, nursing and medical professional streams.   | <ul style="list-style-type: none"> <li>Evidence of established professional leadership (with an identified Leadership position) for Aboriginal and Torres Strait Islander Health Workers across Metro North Health.</li> </ul>   | Document review  | Under development   | Leadership position |
|          | Action 4.4 E<br>Co-design Cultural Career pathway and Mentoring Framework based on the Metro North Health Career Pathway and Mentoring Framework.  | <ul style="list-style-type: none"> <li>As per Action 4.4 A and 4.4 B.</li> <li>Evidence of a co-designed Cultural Career pathway and Mentoring Framework.</li> <li>Improved Aboriginal and Torres Strait Islander workforce satisfaction in connection to culture, land, sea, and professional competencies.</li> </ul>  | Document review<br><br>Staff feedback                        | Under development<br><br>Under development<br>Under development     | TBD                 |

| Strategy   | Actions  | Measures  | Tool   | Baseline  | Target            |
|--|--|---|--|---|-------------------|
|  |  | <ul style="list-style-type: none"> <li>Increased number of Aboriginal and Torres Strait Islander workforce with cultural mentors in place.</li> </ul>   | Quantitative analysis  |   | TBD               |
| <b>4.5 Increase opportunities for Aboriginal and Torres Strait Islander peoples to support economic growth</b> | Action 4.5 A<br>Raise awareness to staff of the Queensland Indigenous Procurement Policy, the accompanying Metro North Procurement Service evaluation criteria and Metro North Aboriginal and Torres Strait Islander opt-in Business Register  | <ul style="list-style-type: none"> <li>Evidence of promotional, marketing activities undertaken with Metro North staff to increase awareness of Aboriginal and Torres Strait Islander businesses and the Queensland Indigenous Procurement Policy.</li> <li>Evidence of communicating/ clarifying procurement process to Aboriginal and Torres Strait Islander businesses.</li> <li>Evidence of an Aboriginal and Torres Strait Islander opt-in Business Register.</li> <li>Increased number of Aboriginal and Torres Strait Islander businesses engaged to supply services.</li> </ul> | Document review  | Current proportion of Aboriginal and Torres Strait Islander business engaged by Metro North | TBD               |
|  | Action 4.5 B<br>Develop a registry for Aboriginal and Torres Strait Islander businesses to register their business details.  |   | Document review  |   |                   |
|  | Action 4.5 C<br>Develop a process to build positive working relationships between Metro North Health Procurement Services and Aboriginal and Torres Strait Islander Businesses   | <ul style="list-style-type: none"> <li>Evidence of processes implemented to improve relations with Aboriginal and Torres Strait Islander businesses.</li> <li>Value (\$ annual) of goods and services purchased from SEQ-based Aboriginal and Torres Strait Islander vendors (SEQ measure).</li> </ul>  | Document review  | Under development   |                   |
|  | Action 4.5 D<br>Contribute towards building the capacity of Community Networks, Not-for-Profit and Non-Government Organisations within community through the establishment of joint ventures, partnerships and service delivery to meet the cultural, social and economic determinants of our community. |   | Document review  |   |                   |
|  |  |   | <ul style="list-style-type: none"> <li>Increase in MOUs / service agreements etc with Community Networks, Not-for-Profit and Non-Government Organisations within community.</li> <li>Evidence of diverse and various community Networks, Not-for-Profit and Non-Government Organisations given an opportunity for joint ventures.</li> </ul> | Quantitative analysis   | Under development |
|  |  |   | Document review  | Under development   |                   |

| Strategy  | Actions  | Measures  | Tool   | Baseline   | Target |
|---|--|---|--|--|--------|
| <b>4.6 Create impactful partnerships that influence and impact on social, economic and cultural determinants of health.</b> | Action 4.6 A<br>Create a trauma informed healthcare service through implementation of The Healing Foundation's Queensland Healing Strategy.  | <ul style="list-style-type: none"> <li>Evidence of partnership with The Healing Foundation.</li> <li>Evidence of development of a Trauma Informed Model of Care with Aboriginal and Torres Strait Islander peoples for Metro North Health (same as Action 3.4F).</li> <li>Increased number of staff accessing Trauma informed model of care training for Metro North Health (Linked to Action 3.4F).</li> </ul> | <p>Document review</p> <p>Document review</p> <p>Document review</p> | <p>Under development</p> <p>Under development</p> <p>Under development</p> |        |
|   | Action 4.6 B<br>Partner with Department of Communities, Housing and Digital Economies to support the implementation of the action contained in the 'Working together for a better housing future - Aboriginal and Torres Strait Islander housing action plan 2019-2023'. | <ul style="list-style-type: none"> <li>Evidence of partnership with Department of Communities, Housing and Digital Economies.</li> </ul>  | Document review  | Under development  | TBD    |
|   | Action 4.6 C<br>Support student pathways through formalisation of engagement with Education Queensland, Universities and Registered Training Organisations.  | <ul style="list-style-type: none"> <li>As per Action 4.2 E.</li> <li>Evidence of formal pathway with Education Queensland, Universities and Registered Training Organisations.</li> <li>Increase in Aboriginal and Torres Strait Islander traineeships, cadetships, student placements etc within Metro North Health.</li> </ul>  | <p>Document review</p> <p>Document review</p>                        | <p>Under development</p> <p>Under development</p>                          |        |
|   | Action 4.6 D<br>Support students, their families and key school contacts.  | <ul style="list-style-type: none"> <li>Same as Action 4.6E</li> </ul>   |  |  |        |

# Metro North Health Equity Strategy 2022-2025

## KPA 5 – Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services

Measures, tools, baseline and targets – FINAL DRAFT

| Strategy   | Actions  | Measures  | Tool   | Baseline  | Target             |
|--|--|---|--|---|--------------------|
| <b>5.1 Commitment to engage and consult with Aboriginal and Torres Strait Islander Elders, consumers and community on regular scheduled forums to provide insight and guidance into the implementation of a Metro North Health Cultural Capability Framework, and, to ensure all Aboriginal and Torres Strait Islander initiatives (where applicable) adopt First Nations cultural principles in all aspect of co-design</b> | Action 5.1 A<br>Build and strengthen relationships with community before, during and after healthcare is needed. Link to Action 3.1A (encompassing of disengaged). | <ul style="list-style-type: none"> <li>Improved community satisfaction (with appropriate referrals).</li> <li>Evidence of collaboration between HHSs, CCHSs and First Nations Health Equity Prescribed Stakeholders in needs assessments, planning and co-design of service delivery (SEQ measure)</li> <li>Evidence of co-designed services with Aboriginal and Torres Strait Islander peoples, communities, and organisations. (Metro North KPI).</li> <li>Increased representation, collaboration and shared decision making across the system between primary and acute care. (Metro North KPI).</li> </ul> | Community feedback<br><br>Document review<br><br>Document review<br><br>Patient feedback | Under development<br><br>Under development<br><br>Under development | TBD<br><br><br>TBD |
|  | Action 5.1 B<br>Implement an Aboriginal and Torres Strait Islander co-designed engagement framework aligned to Values in Action to achieve system change.          | <ul style="list-style-type: none"> <li>Evidence of a Metro North Aboriginal and Torres Strait Islander co-designed engagement framework.</li> </ul>   | Document review  | Under development   |                    |
|  | Action 5.1 C<br>Work with communities to measure Metro North Health's progress towards strategy implementation and report publicly on progress annually.           | <ul style="list-style-type: none"> <li>Number of community members attending forums or engaged in meetings on progress.</li> <li>Improved community satisfaction with level of reporting.</li> <li>Evidence of year in review report.</li> </ul>  | Document review<br><br>Community feedback<br><br>Document review                         | Under development   | TBD                |

| Strategy  | Actions  | Measures  | Tool  | Baseline                                   | Target |
|---|--|---|---|--|--------|
|   |  | <ul style="list-style-type: none"> <li>Evidence of health equity strategies and actions embedded into strategic and operational plans as well as business as usual activities (Metro North KPI).</li> </ul>   | Document review   |  |        |
|   | Action 5.1 D<br>Design and develop a training/ orientation package and support guidelines for Aboriginal and Torres Strait Islander consumer representatives on Metro North Health bodies. | <ul style="list-style-type: none"> <li>Evidence of training/orientation package developed.</li> <li>Evidence of value to trained consumers of being fully informed of Metro North business.</li> </ul>  | Document review<br><br>Trained consumers feedback                   | Under development                          |        |
|   | Action 5.1 E<br>Support and remunerate Aboriginal and Torres Strait Islander community members, including Traditional Owners, Elders and consumers who partner with Metro North Health.    | <ul style="list-style-type: none"> <li>Proportion of community members offered support and remuneration.</li> </ul>   | Quantitative analysis   | Under development                          | TBD    |
|   | Action 5.1 F<br>Develop regular yarning sessions between Traditional Owners and hospital staff around planned areas and settings.  | <ul style="list-style-type: none"> <li>Evidence of co-design of new facilities.</li> <li>Evidence of co-design within hospital and healthcare settings re-design of existing facilities.</li> <li>Increase in number of yarning circles and other engagements per year for each Directorate demonstrating community co-design.</li> </ul> | Document review<br><br>Document review<br><br>Quantitative analysis | Under development                          | TBD    |
| <b>5.2 Aboriginal and Torres Strait Islander staff connect and support consumers and their support across the Metro North Health Directorates</b> | Action 5.2 A<br>Establish the pathways that allow Aboriginal and Torres Strait Islander staff to connect and support consumers regardless of where community need is required.             | <ul style="list-style-type: none"> <li>Evidence of development of protocols/ processes to manage cultural referrals.</li> <li>Improved satisfaction of Aboriginal and Torres Strait Islander staff being supported to accept cultural referrals.</li> </ul>   | Document review<br><br>Staff feedback                               | Under development<br><br>Under development | TBD    |
|   | Action 5.2 B<br>Promote the important work of Aboriginal and Torres Strait Islander health care workers. Conduct an annual showcase of exceptional services delivered with the Aboriginal  | <ul style="list-style-type: none"> <li>Same measures as Action 5.1C.</li> </ul>   |   |  |        |



| Strategy  | Actions   | Measures  | Tool  | Baseline  | Target |
|---|---|---|---|---|--------|
|   | and Torres Strait Islander communities.   |   |   |   |        |
| <b>5.3 Strengthen, sustain and evolve successful partnerships to review and redesign models of care and inform system change.</b> | Action 5.3 A<br>Contribute to existing successful community networks and partnerships and share resources to deliver services that meet community needs.  | <ul style="list-style-type: none"> <li>Evidence of community forums register (include purpose and outcome of the forum, representation by work area and identified and non-identified staff) at a directorate level.</li> <li>Improved satisfaction by Metro North partners on development of networks.</li> </ul>  | Document review<br>Register<br><br>Community partners feedback      | Under development   |        |
| <b>5.4 Deliver prevention programs and interventions to the community</b>   | Action 5.4 A<br>Invest in Indigenous Health Worker positions to coordinate health promotion and early intervention outreach activities in partnership with community organisations and communities to improve access to healthcare and deliver holistic care.   | <ul style="list-style-type: none"> <li>Evidence of investment in Health Worker/health practitioner pathways.</li> <li>Increased recruitment opportunities.</li> <li>Improved staff retention rates.</li> <li>Links to Action 2.1 A, 2.3 A, 2.5 A, and 2.8 overall.</li> </ul>   | Document review<br><br>Document review<br><br>Quantitative analysis | Under development<br><br>Under development                          | TBD    |
| <b>5.5 Increase research with Aboriginal and Torres Strait Islander perspective</b>   | Action 5.5 A<br>Include a key performance measure in the Metro North Health Research Strategy to support community driven research which incorporates Aboriginal and Torres Strait Islander cultural perspectives as well as increases the number of Aboriginal and Torres Strait Islander researchers. | <ul style="list-style-type: none"> <li>Evidence of measure in the Research Strategy.</li> </ul>   | Report from the Research Strategy implementation                    |   |        |
| <b>5.6 Obtain meaningful feedback from patients and demonstrate improvements</b>  | Action 5.6 A<br>Develop culturally appropriate feedback tools for Aboriginal and Torres Strait Islander patients and reporting back to community how this feedback is used to improve healthcare.   | <ul style="list-style-type: none"> <li>Evidence of development of culturally appropriate tools (survey (including PREMs), focus group methodologies etc).</li> <li>Evidence of acceptance of feedback tools by community.</li> <li>Evidence of culturally appropriate feedback, research and information being used to improve care (Metro North KPI).</li> </ul> | Document review<br><br>Community feedback<br><br>Document review    | Under development<br><br>Under development<br><br>Under development |        |
|   | Action 5.6 B<br>Report and use state-wide and Metro North Health patient reported   | <ul style="list-style-type: none"> <li>As per Action 5.6 A above.</li> </ul>  | No reporting required until data                                    | Under development   | TBD    |

| Strategy | Actions   | Measures   | Tool                                   | Baseline | Target |
|----------|---|--|--|----------|--------|
|          | <p>experience measures (PREMs) and patient reported outcome measures (PROMs) collected for people who identify as Aboriginal and/or Torres Strait Islander to monitor and improve culturally safe and effective healthcare. Develop culturally appropriate PREMS tools for Aboriginal and Torres Strait Islander patients. Increase public reporting of consumer feedback including PREMs and the action taken by the health service in response.</p> | <ul style="list-style-type: none"> <li>Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a health care service (PREMS survey) (<i>Statewide KPI</i>) Linked to Action 3.7A<sup>17</sup>.</li> </ul> | <p>quality is improved (Statewide)</p> |          |        |

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<sup>17</sup> Linked to 1.2 A and linked to SEQ measure: Patient Reported Experience Measures (PREMS), First Nations people (SEQ measure).