

# Metro North Hospital and Health Service and Brisbane North PHN Year in Review



Working together  
to enhance health  
outcomes – 2017/18



### **Acknowledgment**

We recognise and pay respect to the Turrbal, Dalungbara/Djoondaburri, Gubbi Gubbi/Kabi Kabi, Jagera/Yuggera/Ugarapul, Jinibara/Jiniburi, Ninghi and Undumbi people of the North Brisbane and Moreton Bay region, on whose lands we walk, work, talk and live.

We also acknowledge and pay our respect to Aboriginal and Torres Strait Islander Elders both past and present.

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## A message from the Brisbane North PHN Chief Executive Officer and Chair



While this is the first time we've reported on our shared achievements, this year in review represents the culmination of years of partnership and momentum between our organisations in driving health reform.

The stories in this report are evidence that better health outcomes are achievable when there is effective collaboration between primary and hospital services. They represent our organisations' shared commitment over many years to working together to improve the coordination, integration and provision of care services to support the health and wellbeing of people in the North Brisbane and Moreton Bay region.

This is a partnership that spans all life stages and populations, and that is underpinned by a shift toward joint planning and co-sponsored health and wellbeing plans, such as those published in the last year for older people and in mental health, suicide prevention and alcohol and other drug treatment services. This represents a monumental step toward the integration of care.

I am heartened by the many tangible outcomes achieved through this joint planning, such as the \$5 million Nundah House mental health facility, which had its genesis in a Partners in Recovery innovation funding grant provided to scope the need for such a facility.

There have been numerous other wins along the way, including the development of a landmark recommendations paper on chronic wound care, and the launch of a new service offering personalised support to people discharged from Redcliffe Hospital following a suicide attempt.

We thank the staff of MNHHS and the PHN who have worked tirelessly toward our shared objective of a community where good health is available for everyone.

A handwritten signature in black ink, appearing to read 'Abbe Anderson'.

**Abbe Anderson**  
Chief Executive Officer  
Brisbane North PHN

This report is testimony to the many and varied efforts of our teams, who are rightly proud of their collaboration and the improved outcomes that we continue to deliver, in partnership with our stakeholders and community.

Year on year we continue to build on these partnerships and, since 2014, have showcased our achievements at our annual Metro North Health Forum. Notably, at the 2018 forum, we heard from Nick Steele, Deputy Director General, Healthcare Purchasing and System Performance at Queensland Health, who spoke on 'value-based healthcare'.

Central to this concept is the allocation of resources with a focus on safety, quality and outcomes, rather than volume. Through the achievements detailed in this report, it is exciting to see a shift toward value-based healthcare already happening in Brisbane North.

Enhancements to community-based care are helping us to meet our goal of keeping people well and at home for longer. If hospital treatment is necessary, the frailty and specific needs of older patients are addressed so they can return home safely with the care and support they need.

This focus on the care of frail older people is strengthening our alliance with MNHHS.

Most recently, we announced the results of our jointly-funded Geriatric Outreach Assessment Service pilot project. An internal evaluation found this service had potentially prevented 638 Emergency Department presentations to The Prince Charles Hospital and it won the overwhelming support of the aged care residents and staff involved.

Such wonderful achievements would not have been possible without our dedicated staff and the health and medical professionals who contribute their valuable time.

I commend this report to you.

A handwritten signature in black ink, appearing to read 'Anita Green'.

**Dr Anita Green**  
Chair  
Brisbane North PHN



## A message from the Metro North Board Chair and Chief Executive

With more than one million people in our local catchment, Metro North Hospital and Health Service takes seriously our responsibilities as Australia's largest public health service. This responsibility extends beyond the provision of good healthcare, but also healthcare that suits the individual needs of patients.

Providing connected, responsive and person centred care requires strong partnerships between tertiary, primary and community care providers. The partnership between Metro North and the Brisbane North PHN is crucial to ensuring people who live in the northern Brisbane area have access to care that supports them at all stages of their healthcare journey.

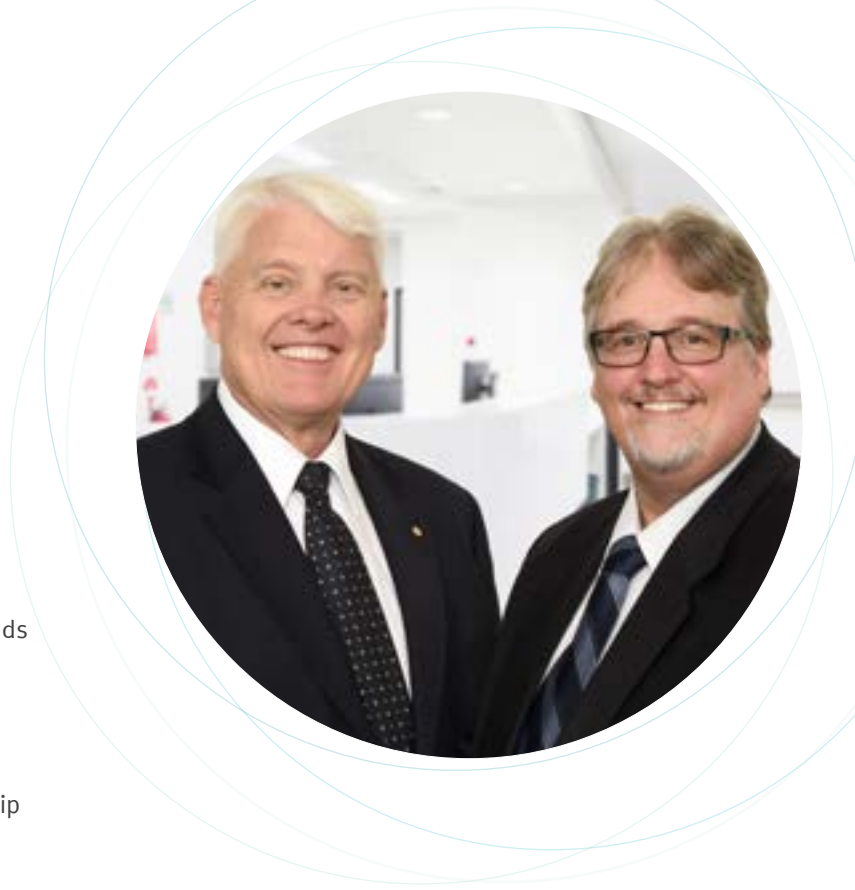
Metro North is committed to providing healthcare that takes into account not only the clinical outcomes but the personal goals of patients with the introduction of a value based healthcare unity. By adopting the value based healthcare model, we have provided the impetus for staff to work in partnership with the patient and their family and other healthcare providers to ask what they want from their treatment and ensure positive outcomes and experiences.

Partnerships like the Health Alliance with the Brisbane North PHN contribute to the excellence of our care. Through these partnerships, our community can be assured of seamless care that is responsive to their needs. We are committed to providing appropriate and accessible care for vulnerable people like those who

are frail and elderly, people who require support with mental health and disabilities, children, and people with socioeconomic disadvantage. Preparation for the National Disability Insurance Scheme continued throughout the year with training and resources available to staff across the health service.

The successes of our partnerships include training for GPs to provide more treatment options for patients with breaks and sprains, a GP with Special Interest headache clinic, and the Geriatric Outreach and Assessment Service at The Prince Charles Hospital.

Through the partnership with Brisbane North PHN, we are continually seeking new ways to better support the healthcare needs of our entire community.



**Dr Robert Stable AM**  
Chair, Metro North Hospital  
and Health Board

**Shaun Drummond**  
Chief Executive  
Metro North Hospital and Health Service

## About our partnership

Brisbane North PHN and Metro North Hospital and Health Service (MNHHS) have a strong history of working together to enhance health outcomes by ensuring people in the North Brisbane and Moreton Bay region receive the right care, in the right place, at the right time.

Underpinning this partnership is a joint protocol which recognises that better health outcomes are achievable when there is effective collaboration between primary healthcare and hospital services.

We continue to build on this partnership year on year, with increased examples of collaborative work between our organisations such as the programs and initiatives detailed within this report.

## About Metro North Hospital and Health Service

Metro North Hospital and Health Service is Australia's largest and most diverse public hospital and health service.

We provide care to a catchment of approximately 1 million people in the northern Brisbane region. Our 18,000 staff work across five hospitals, 14 community and residential care centres, 14 mental health centres and 27 oral health facilities.

Our diverse health services include surgery, cancer care, maternity, trauma, medicine, mental health and more than 30 subspecialties and superspecialties such as heart and lung transplantation and burns. We care for people at all stages of life.

Our hospitals include Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Redcliffe Hospital, Caboolture Hospital and Kilcoy Hospital.

[metronorth.health.qld.gov.au](http://metronorth.health.qld.gov.au)

## About Brisbane North PHN

Brisbane North PHN supports clinicians and communities in Brisbane's northern suburbs, Moreton Bay Regional Council and parts of Somerset Regional Council.

Our region covers approximately 4,100 km<sup>2</sup> of urban, regional and rural areas and covers the same population as Metro North Hospital and Health Service.

We are one of 31 Primary Health Networks across Australia. Our key objectives are:

- to increase the efficiency and effectiveness of medical services for patients; particularly those at risk of poor health outcomes
- to improve coordination of care to ensure patients receive the right care, in the right place, at the right time.

Our vision is a community where good health is available to everyone.

Our staff work across offices in Lutwyche and North Lakes to deliver programs across primary care, community care and mental health, suicide prevention and alcohol and other drug treatment services.

[brisbanenorthphn.org.au](http://brisbanenorthphn.org.au)







## The region

Brisbane North PHN and Metro North Hospital and Health Service (MNHHS) share the same geographical region. The region covers areas north of the Brisbane River including parts of the Brisbane City and Moreton Bay Local Government Area as well as parts of the Somerset Local Government Area (Kilcoy).

The region is home to almost 960,000 residents and is projected to increase to over 1,200,000 residents by 2036.

## Joint planning

MNHHS and the PHN and have partnered to gain a shared view of health service planning and health needs in the region. The region is one of the most diverse in Queensland with:

### ONE IN FIVE

(22.1%, 189,128 people)  
RESIDENTS BORN OVERSEAS,  
WHICH IS > RATE THAN QLD (20.5%)



MORE THAN  
**87,000**

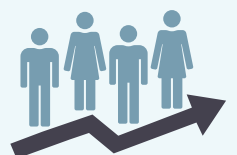
**10.2%** PEOPLE  
RESIDING IN THE REGION  
SPEAK A FIRST LANGUAGE  
OTHER THAN ENGLISH  
COMPARED TO THE  
QUEENSLAND RATE OF 9.5%



THE MEDIAN AGE OF

**35.6** YEARS

LOWER THAN THE QLD MEDIAN AGE OF 36.8%



### ABORIGINAL AND/OR TORRES STRAIT ISLANDER

14,000 PEOPLE LIVE IN THE REGION

**1.7%** OF THE REGION'S TOTAL  
POPULATION AS AT 2011



MORE THAN HALF OF THE  
POPULATION  
IN THE REGION  
IS A YOUNGER  
GENERATION

**55.6%** AGED <  
25 YEARS

THE REGION IS AGEING

**23.9%**  
POPULATION  
GROWTH BETWEEN  
2010 - 2015

IN THE 65-74 YEARS AGE GROUP



## A message from Professor Don Matheson

The Health Alliance was formed by the Boards of Metro North Hospital and Health Service and Brisbane North PHN in early 2017. Their vision was to create an “equal space” where all parts of the health sector could come together to address the challenges that they were unable to tackle alone.

This was a ground breaking idea, signalling a move away from “siloes” approaches of the past, and also a recognition of the wealth of knowledge and problem solving potential that sits across the sector in the North Brisbane region.

The Boards asked the Health Alliance to focus on health and wellbeing of three population groups; older people, children of Caboolture, and people with complex health and social needs who are frequent ED attenders.

The focus on older people has been the area where the most progress has been made. This was aided by the existing work of both organisations based on needs assessments and an older people’s plan, and by MNHHS’s previous focus on frailty. Older people who are frail are at risk of becoming more unwell if they have long waits in ED or prolonged stays in hospital beds beyond what their medical condition requires.

The wider health sector has responded very positively to the opportunity to engage in the Health Alliance process. Discussion on the care of older people has uncovered a sector that is alive with innovative ideas

about how health and health care can be improved for this important group of patients. Detailed discussions are now occurring on how to bring these ideas together in the TPCH area (Chermside and surrounding suburbs). Collectively, these ideas represent a new system of care for older people. At the heart of these deliberations is a strong focus on older people themselves, their families and carers. The Boards’ original vision is unleashing previously untapped potential of the local sector to work collaboratively to improve the health of its people.



Professor Don Matheson



# A strategic Health Alliance

Together, we are embarking on new initiatives such as the Health Alliance, an approach to tackling health and healthcare problems that transcend the mandate of any one organisation or part of the health sector, and that can't be fixed by existing approaches.

It provides a neutral ground where organisations from across the health system can come together as equals to develop solutions to common problems.

The Health Alliance encourages health system funders to work more closely with providers to support long term sustainable solutions to local health needs.

## Health Alliance focus areas

The focus of the Health Alliance to 2020 is on improving the health and wellbeing of three population groups:

- older people
- people with complex health and social needs who frequently attend emergency departments
- children in Caboolture.

### Case study: System to support older people to age well

Older people face a range of issues in accessing the right care, in the right place at the right time within the current health and aged care system.

The Ageing Well Initiative (the initiative) presents a once in a generation opportunity to improve healthcare for older people initially at a local level in North Brisbane, but with the potential to influence change at a regional, state and even a national level.

It is building on the work of Metro North Hospital and Health Service (MNHHS), Brisbane North PHN (the PHN) and the Health Alliance.

The initiative is focusing on The Prince Charles Hospital area, including Chermside and surrounding suburbs where work has already been undertaken to improve health outcomes for older people.

The initiative is co-designing a new model of care with the health and aged care sectors and with older people, their families and carers.

The new model of care will span the entire health journey for older people—from living well, living with chronic disease, living with frailty, crisis and chronic care and dying well. It will cross all settings, including hospital, general practice, residential aged care facilities and in the community.

MNHHS and the PHN are exploring new ways of funding, so that resources can be used flexibly to support the new model of care and better meet the needs of older people.

The Ageing Well Initiative supports one of six key directions outlined in the MNHHS and PHN co-authored *Five year health care plan for older people who live in Brisbane North | 2017-2022*. The direction states that the development of services should ensure older people are supported to stay healthy, well and independent.



An additional area of focus is bringing data and information together across the health system, enabling health workers and organisations to form a more complete picture of the patient journey, and their impact on patients' and populations' health.

### People who frequently attend emergency departments

Many people who frequently attend emergency departments experience complex physical and mental health issues along with social issues like insecure housing and social isolation.

As a group, these people interact with many different parts of the health and social service systems, however their care tends to be uncoordinated, and services are often not delivered in a timely, efficient or effective way.

Recent innovative approaches in the emergency department at Royal Brisbane and Women's Hospital (RBWH) have worked to identify frequent attenders and connect them with community-based supports. This work has shown how better coordination, case management and intensive community follow up can improve the health system response and better meet the needs of people who experience complex health and social issues.

The Health Alliance has engaged a core group of stakeholders focused on this work that includes representatives from MNHHS, the PHN, RBWH emergency department, mental health service providers, general practice and non-government service providers.

The core group has reached a shared agreement on the challenges facing the local system in caring for this group and this agreed position will now be used to consider how to improve the local system response, with an initial focus on the inner city region.

### Children in Caboolture

The high level of health need of children in Caboolture is overlaid with social factors, including significant socioeconomic disadvantage.

Recognition of these needs has resulted in increased service delivery from public, private and non-government providers, as well as a number of initiatives focused on collaborative action to improve outcomes.

The Alliance aims to support and extend existing initiatives, and will add value by focusing more directly on information systems to support health service provision for these children.

The Health Alliance has engaged a core group of stakeholders that includes representatives from MNHHS, Caboolture Hospital, the PHN and Children's Health Queensland.

The Alliance has also begun to engage with local services providers, including GPs.

This is the most recent part of the Alliance's work and current efforts are focused on understanding the journey of care throughout pregnancy, and in the first four years of a child's life. The initial starting point for this work is birth to six months of age.

### Data and information

The current health system is data rich, but the many different data sets are held in isolation, limiting the ability of the health system to take a holistic view of the patient journey, and to effectively and efficiently manage health system resources.

In addition, current arrangements have not supported clinicians and health service managers to engage with data and information related to the whole patient journey and a population health approach.

It will increase data linkage and analytic capacity in concert with fostering the demand for this information across the sector by giving a more complete picture of population outcomes, patient experience, service utilisation and system performance.

The Health Alliance is working with Queensland Health's Clinical Excellence Division, Metro North HHS and Brisbane North PHN to create a shared data platform where health data from across the sector can be integrated and made available to the sector.

In 2017, the Health Alliance worked to map the health data sets that are in use in the North Brisbane region.

Since then, a Memorandum of Understanding has been developed to initiate this work, and a governance structure is under development. The governance structure will include the current project partners along with representatives from general practice and Indigenous service providers, and patients themselves.





Helen Brummell, Team Care Nurse with Leigh Walsh, Team Care Coordination patient

## Improving outcomes for people with chronic conditions

Together we are working to ensure people with chronic conditions receive the right care, in the right place, at the right time, including management close to home in the community.

### Team Care Coordination - Keeping people healthy and at home

For over 20 years, Team Care Coordination has been providing GPs in the North Brisbane and Moreton Bay region with care coordination services for their patients with chronic conditions.

Funded by Metro North Hospital and Health Service and delivered by registered nurses employed by Brisbane North PHN, a 2017 evaluation of the program has confirmed it is effective at reducing emergency department attendances, hospital admissions and the severity of patient illness.

In the 12 months to June 2018, 241 GPs in the region across 129 practices were referring to Team Care Coordination. During 2017/18, 635 patients consented to receive services from Team Care Coordination.

GPs were the sole referral source when Team Care Coordination was first established, but from 2015 onwards the program began accepting referrals from MNHHS facilities through the Staying Healthy, Staying Home initiative.

### Hospital patients supported with Staying Healthy, Staying Home

Referrals from MNHHS received by the Staying Healthy, Staying Home program have grown steadily to 525 in 2017/18.

Under the program, patients receiving care at MNHHS facilities who do not require urgent complex clinical services but who may benefit from support at home, may be referred to Team Care Coordination.

**TEAM<sup>®</sup>**  
**CARE**  
COORDINATION



## Case study: Respiratory program helped Fred get back on track

Before accessing pulmonary rehabilitation, Margate resident Fred Bryant couldn't do many simple things we all take for granted such as mowing the lawn, going for walks, or going up and down stairs.

But, eight weeks on and a lot of hard work in between, plus some great support through the Pulmonary Rehabilitation program being delivered by MNHHS' Community, Indigenous and Subacute Services (CISS) Fred's transformation has been remarkable.

"I am now walking two to three kilometres a day, and am able to climb up and down the 57 steps at Sutton's Beach," Fred said.

Fred, aged 83, is like many elderly people in our community who suffer from a chronic respiratory condition that is making it a lot more difficult for them to maintain their independence and mobility.

"I have experienced some significant respiratory problems over the last 20 years and found myself in and out of specialist clinics – this eight week program has made all the difference."

As part of CISS's Pulmonary Rehabilitation program, Fred undertook two gym sessions each week over a period of eight weeks at the Brighton Health Campus participating in a range of exercises including a walking program, resistance training, weights and rowing, and walking tests.

"The support of nurses and physiotherapists has been fantastic – they closely watch what you're doing and don't talk over you – they listen and talk to you," Fred said.

The current program intake, which has included around 30 participants from across North Brisbane, included additional educational classes delivered with allied health and nursing professionals.

Fred Bryant (far right) pictured with other participants (first left) Viviana Solomon, (second left) Daphne Johns and (fourth left) Fay Henley is one of many locals getting their lives back on track thanks to a very special Pulmonary Rehabilitation program being delivered by (third left) CISS Clinical Nurse Louisa Hammerslag and (fifth left) Senior Physiotherapist Bek Barry.





Amie Horwood, ICIF COPD Project Co-ordinator, Brisbane North PHN, Susan Marshall, Judy Powell, Partnerships Manager, Lung Foundation Australia and Sharon Hodby, ICIF COPD Principal Project Officer, Metro North Hospital and Health Service.

## Better outcomes closer to home for patients with Chronic Obstructive Pulmonary Disease (COPD)

Funded through the Queensland Health Integrated Care Innovation Fund, MNHHS and the PHN are working with community partners to improve the care of patients with COPD through early disease identification, appropriate therapy, early intervention, access to pulmonary rehabilitation and reduced hospital admissions.

The project has coordinated satellite pulmonary rehabilitation programs to increase access across the region. These programs have resulted in significant improvements in function and quality of life, with a 75 per cent completion rate by participants. A case study about these programs is featured on page 14.

Local general practices with high MNHHS service utilisation and a high concentration of patients with COPD, were targeted as part of the project. 25 general practices were enrolled in the clinical audits, and 40 practice nurses attended education on spirometry, while 49 GPs received education to support diagnosis and management of COPD.

The project is a collaboration between MNHHS, the PHN, the Australian Centre for Health Services Innovation and Lung Foundation Australia.

## A regional approach to improving chronic wound care

At the MNHHS Chronic Wound Care Conference in March 2018, the Brisbane North Chronic Wounds Governance Group launched a recommendations paper recognising that chronic wounds severely reduce quality of life, capacity to work and increase social isolation.

The Brisbane North Chronic Wound Governance Group brings together wound specialists from across the region (including MNHHS, the PHN, the Queensland Department of Health Clinical Excellence Division and the Wound Management Innovation Cooperative Research Centre) to identify relevant local needs in chronic wound care and to ensure that people living with a chronic wound receive evidence-based, coordinated care.

The Group is working towards implementing the recommendations of their recommendations paper, *Solutions to the Chronic Wound Problem in Australia: A Call to Action on a regional level.*

Brisbane North Chronic Wound Governance Group



## Mental health, suicide prevention and alcohol and other drug services

Mental healthcare is undergoing a period of significant reform.

MNHHS and the PHN work together to ensure people of all ages, from children to adolescents, adults and older people receive the right mental health services, in the right place, at the right time whether that be in acute facilities or in the community.

### Developing a regional approach to wellbeing

As per the requirement under the *Fifth National Plan for Mental Health and Suicide Prevention*, MNHHS and the PHN have co-sponsored the development of a whole of region plan for mental health, suicide prevention and alcohol and other drug treatment, titled *Planning for Wellbeing*.

Due to be launched during 2018/19, the implementation of the plan involves a range of strategic governance groups and activity implementation groups which include representation from across the sector.

One of these groups is Collaboration in Mind, which brings together organisations and communities in the North Brisbane and Moreton Bay region to lead and coordinate innovative service planning and delivery, so that adults with a severe mental illness enjoy a healthy and fulfilling life.

Collaboration in Mind leads on the development and implementation of the severe and complex chapter of the regional plan, which includes shared priority areas for action by the mental health sector over the next five years.

### Case study: Boost for mental health support on Brisbane's northside

A \$5 million facility to help adults manage and recover from mental health issues has opened on Brisbane's northside.

Minister for Health and Ambulance Services Steven Miles said Nundah House would support people's recovery in their own community, close to their family, friends and existing support networks.

"Nundah House provides an important component of care for adults by helping to bridge the gap between the community and the hospital so more people can get the support they need in the community," Mr Miles said.

Executive Director of Metro North Mental Health (MNMH) Associate Professor Brett Emmerson AM said services such as Nundah House were increasingly being implemented to address a service gap between inpatient and community care.

"Our focus is on achieving safe and positive outcomes in mental health recovery, prevention and community re-engagement," A/Prof Emmerson said.

The journey started with innovation funding from the PHN in order to scope the need for such a facility and was able to be realised with the support of MNHHS. The 10-bed purpose-built facility commenced accepting consumers in late-March 2018, operating in partnership with Neami National.



### Case study: Mental health expo turns seven

MNHHS and the PHN were again involved in the annual Brisbane Mental Health Expo, held in collaboration with our colleagues at Metro South Hospital and Health Service and Brisbane South PHN at Reddcliff Place on 13 October 2017.

Held each year during Mental Health Week celebrations, the event brings together government, non-government and private sector services in one place to share mental health information and resources with the community. The 2017 expo theme 'Opening Doors' was designed to help reduce stigma and increase mental health literacy.

The expo attracted thousands of locals who enjoyed a variety of live stage performances, therapeutic art workshops, story-telling, information stalls, food and giveaways. Over 70 organisations were represented on the day, with over 20 sponsoring the event in its seventh year.







Pictured at the recent launch of The Way Back Support Service are (L-R) beyondblue CEO George Harman, community representative Tina Pentland, Brisbane North PHN executive manager Paul Martin, support coordinator Judith BheBhe, Federal Member for Petrie Luke Howarth MP, MIFQ CEO Jennifer Pouver and Senior Elder for the Gubbi Gubbi people Dr Eve Fesl.

## Improving community-based mental health support

While holding separate funding for community-based mental health services, the PHN and MNHHS collaborate to ensure services can meet the needs of our region.

## Supporting the introduction of the National Disability Insurance Scheme

MNHHS and the PHN through Partners in Recovery work together to support people with psychosocial disability to apply for services under the National Disability Insurance Scheme.

Over 140 GPs have now attended information evenings hosted by the PHN in readiness for the National Disability Insurance Scheme rollout, which commenced in our region from 1 July 2018.

## Case study: Support offers a way back after attempting suicide

A new support service based in Redcliffe is helping people who are most at risk of dying by suicide.

The Way Back Support Service delivers personalised support to people discharged from Redcliffe Hospital following a suicide attempt. According to the Australian Bureau of Statistics, the suicide rate in Redcliffe was 17.6 per 100,000 between 2012 and 2016. The national average was 11.74 per 100,000.

Tina Pentland's son Hamish died in 2009, with a history of mental health issues and several suicide attempts. She was also a member of the committee responsible for establishing The Way Back Support Service in Redcliffe.

"My son Hamish was 20 when he first attempted suicide. If the Way Back existed as a support for him then, I believe he could have had the early support he desperately needed to help him take control of his mental health and give him hope for life and he might still be alive today."

The Way Back Support Service is a Beyondblue program delivered by Mental Illness Fellowship Queensland, supported by Redcliffe Hospital and funded by the PHN.

Community representative Tina Pentland was on a committee responsible for establishing The Way Back Support Service in Redcliffe.



## Improving the health and wellbeing of older people

Australians are now living longer than ever before. Around 13 per cent of the population in the region (more than 124,000 people) is aged 65 years and over and this is expected to grow as a proportion over the coming decades.

We're working in collaboration to meet the challenges arising from an increased demand for health and aged care services.

### Our plan to improve the health and wellbeing of older people

To support the North Brisbane and Moreton Bay region's growing community of people aged 65 and over, MNHHS and the PHN have developed a *Five Year Health Care Plan for Older People who live in Brisbane North 2017-22*.

This plan will guide the way healthcare services are delivered to this group of people in our community and represents a commitment between MNHHS and the PHN to improve the coordination, integration and provision of care services to support the health and wellbeing of older people to help them stay healthy and at home.

### Commonwealth Home Support Program

Along with MNHHS, non-government providers, consumer and carer representatives and peak bodies, the PHN leads the delivery of Commonwealth Home Support Program services to support older people who need help to keep living independently at home.

CHSP services include domestic assistance, personal care, social support, care coordination, nursing, allied health and transport.

During 2017/18, the consortium provided services to 7,902 clients who received CHSP services across North Brisbane, Caboolture and South Brisbane service areas.

We are also working to improve the transition of older patients to and from hospital.



### Case study: A letter from Cecil and Gilbert

Our life as we know it could change tomorrow, it could change in the next hour and some of us already know that the end of life is looming.

Going to the bathroom, taking out the rubbish and getting to appointments are all getting harder, and we may not always understand technology or your technical jargon. We've talked to friends and we all agree, we may be older but we want the same things as everyone else. We come to hospital to get better. We expect to leave hospital feeling better.

When it is all over, we hope to be able to say, 'well that wasn't so bad after all' and we trust you to help us achieve this.





## Case study: Medical outreach trial delivers better healthcare for older people

A specialised medical outreach service trialled at nursing homes in Brisbane North has won the overwhelming support of the aged care residents and staff involved and could save the State Government up to \$4 million a year.

The Geriatric Outreach Assessment Service (GOAS) was trialled over 12 months in 24 Residential Aged Care Facilities (RACFs) across The Prince Charles Hospital (TPCH) catchment.

GOAS is an innovative model-of-care aimed at improving the quality of medical care for acutely unwell RACF residents while also preventing their unnecessary hospitalisation.

An internal evaluation found GOAS had potentially prevented 638 Emergency Department presentations to the TPCH, equating to 66 per cent of the 960 episodes of care provided over the life of the project.

Michele Smith, Brisbane North PHN's Executive Manager for Aged and Community Care, said GOAS had delivered a significant cost saving to the health system.

"Our analysis showed that without GOAS, it would have cost the Queensland Government anywhere from \$3.5m to \$4.3m to provide hospital treatment for the 744 aged care residents involved in the 12-month trial," Ms Smith said.

"By comparison, our pilot project cost \$746K, inclusive of set up expenses, and we expect GOAS will cost just \$464K per year to run on an ongoing basis," she said.

Australian Government funding from the PHN covered approximately two thirds of project costs, with the Metro North Hospital and Health Service (HHS) providing the balance.

Results from more than 1,700 survey responses showed GOAS had improved quality of care for RACF residents, with 98 per cent of consumers likely to recommend the service to others.

"Our evaluation confirms GOAS provides responsive, high quality and person-centred medical care at the right time and in the right place," Ms Smith said.

The evaluation has recommended an expansion of GOAS across all hospitals in Brisbane North to ensure a regionally-consistent approach to the provision of healthcare to unwell RACF residents.

Cross-sector collaboration was key to the successful design, planning and implementation of the GOAS.

Metro North HHS Executive Director of Clinical Services Dr Elizabeth Whiting said engagement at the interface between acute and aged care had been critical to project success.

"While more time is needed to assess the long-term effects of GOAS on acute care, surveys show a vast majority of aged care workers are now more confident in managing an acutely unwell resident," Dr Whiting said.

The GOAS team provided 417 training sessions on 22 clinical pathways to upskill the 3,019 aged care staff at the 24 RACFs involved in the project.

"Going forward, we will continue to offer GOAS as part of Metro North's Residential Aged Care Assessment and Referral (RADAR) Service," Dr Whiting said.

The RADAR Service is available between 8.00am-4.00pm weekdays (phone 1300 072 327).

Among other findings from the GOAS evaluation:

- 24 in-scope RACFs within the TPCH catchment showed a declining trend in inpatient hospital admissions compared to out-of-scope RACFs
- Emergency Department presentations by residents of in-scope RACFs remained stable, despite an increase in available RACF beds within the catchment area
- 71 per cent of GOAS episodes of care were same-day services and 91 per cent of episodes were seen by both a Registrar and a Clinical Nurse.

The GOAS evaluation has recommended taking a population health approach to the funding and provision of care of older people in all community and hospital settings to improve coordination and integration across the whole patient journey.

[Left: GOAS celebration, Above: GOAS launch](#)



## Supporting the integration of care



(Left) Dr Anita Green – Deputy Chair, Brisbane North PHN (centre) with L-R: Tony Hucker – Director of Clinical Quality and Patient Safety, Queensland Ambulance Service, Dr Colin Myers – Executive Director of Critical Care, Metro North Hospital and Health Service, and Dr Chris Zappala – President, AMA Queensland.

### The emergency department isn't always your best option

In the lead up to winter each year since 2016, the PHN has led an after-hours community education campaign to increase awareness of after-hours services, help people make informed choices when accessing services and reduce the burden in inappropriate emergency department presentations.

The campaign was launched in 2016 at The Prince Charles Hospital and had the support of Metro North Hospital and Health Service, Queensland Ambulance Service and AMA Queensland.

Dr Colin Myers, Executive Director of Critical Care at Australia's largest hospital and healthcare service, said EDs are for emergencies and in many cases patients who are seeking treatment for minor ailments will wait.

"Unless it is an emergency, patients should consider using the alternatives available to them highlighted in this campaign as our sickest patients will always be seen first," Dr Myers said.

### Forum showcases collaboration

Since 2014, the PHN and MNHHS have hosted the Metro North Health Forum. The annual forum brings together representatives from primary, community and acute care to network and share ideas to improve the health of our communities. It showcases the range of initiatives underway between the PHN and the HHS that aim to connect and coordinate healthcare.

The 2018 forum and sold out exhibition was attended by 345 stakeholders, with 70 GPs and practice managers attending a breakfast briefing beforehand.

### Working Together to Connect Care

This program brings a specialised community response to work closely with hospitals in the region to respond to individuals frequently presenting to emergency departments. Through a coordinated hospital and community partnership, participants work with Micah Projects or Footprint staff who directly respond to the health, housing and social support needs of participants.



Above: Metro North Health Forum session



Left: GP breakfast briefing during the Metro North Health Forum

## Closing the gap in Indigenous health

Together we're working with the Institute for Urban Indigenous Health to engage Aboriginal and Torres Strait Islander communities in the planning, development and implementation of health services.

A steering group made up of all three organisations is looking at ways to engage with the community to ensure health planning considers and is able to respond to the specific needs of Aboriginal and Torres Strait Islanders in commissioning, delivering and evaluating healthcare services across our region.



## Strengthening the health workforce

### HealthPathways – a resource for GPs by GPs

HealthPathways provides clinicians in our region with access to patient assessment, management, as well as local referral and service information all in one place.

During 2017-18, we developed 126 localised pages to cover a range of clinical conditions bringing the total, including service pathways, to 311 pages.

Since July 2017, there have been over 45,000 page views on the Brisbane North HealthPathways website and more than unique 3000 users accessing 7773 sessions.

The pathway accessed most frequently during this period has been the codeine chronic use and de-prescribing pathway which was developed in response to changing prescribing legislation.

Dr John Bennett (pictured) is a practicing GP from Toowong and along with his colleague Dr Fabian Jaramillo has been working as a Clinical Editor to develop a suite of localised pathways since November 2016.



“Our aim is to give you as much information as possible in one spot. Trying to find things is always difficult. If you search, you're really not sure about the provenance, the quality, the influences that may've caused this information to be where it is,” Dr Bennett said.

So we're hopeful of being able to overcome some of those shortcomings with this product,” he said.

### General Practice Liaison Officers (GPOs) drive GP engagement

As part of the MNHHS Strategy of “Putting People First”, and the PHN's organisational vision of “a community where good health is available for everyone” the General Practice Liaison Officer program has been identified as a key initiative in the development of connected healthcare across the North Brisbane and Moreton Bay region.

By utilising the experience acquired through many years of delivering primary care services, our GPOs provide an essential primary care perspective to care delivered in secondary care.

Our team of 10 GPOs are GPs who work closely with hospital outpatient departments, community health services and primary care to reduce waiting lists and improve the patient experience.

## Case study: GPLO support critical to uptake of the Health Provider Portal (the Viewer)

The GPLO team has been driving rollout and uptake of the Health Provider Portal (the Viewer) by GPs across the North Brisbane and Moreton Bay region, with 465 GPs registered for access at August 2018.

Speaking at the June GP Breakfast as part of the Metro North Health Forum, GPLO and daily user of the Viewer, Dr Meg Cairns said the Health Provider Portal was useful to complement the information provided in a hospital discharge summary.

“For one of my recent patients, I knew I had the electronic discharge summary, but I used the Health Provider Portal to get more information about my patient’s treatment in hospital.

“I was able to check the patient’s chest x-ray, CT pulmonary angiogram report, blood tests, emergency department discharge summary and some instructions on recommended follow up treatment,” she said.

[GPLOs Dr Meg Cairns and Dr James Collins speaking at the GP Breakfast Briefing as part of Metro North Health Forum on 19 June 2018.](#)



## Specialist-led education popular with local GPs

The GPLOs lead the coordination and delivery of an education program to GPs across the North Brisbane and Moreton Bay region. Delivered in conjunction with specialists at Metro North facilities, the RACGP-accredited education ensures GPs are up-to-date with the latest clinical guidelines and hospital processes and have an understanding of local services and referral options.

Topics are informed by the GPLO program in consultation with general practice, specialists at MNHHS and local community service providers. Events feature presentations from specialists, information about relevant HealthPathways and case studies relevant to general practice.

During 2017/18 events were held on topics including oncology and haematology, back pain, mental health,

chronic kidney disease, and gastroenterology and hepatology. Over 225 GPs attended the events which culminated in over 70 GPs and practice managers attending the GP breakfast briefing as part of the Metro North Health Forum on 19 June 2018.

For a number of years, MNHHS and the PHN have collaborated in the delivery of the GP Alignment Program maternity and gynaecology education for local GPs. During 2017/18, 28 GPs completed maternity education and approximately 70 completed gynaecology education, with over 300 GPs across the region now aligned to deliver shared care with Metro North. During 2017/18 a paediatrics workshop was also held as part of this education program and was attended by 43 local GPs.

Our team of GPLOs also represent their GP peers on statewide committees to support decision making on initiatives that impact the primary care workflow.

[GPLO education event](#)





### **Case study: CURE-IT Hepatitis Program wins award**

Using a partnership model approach, the CURE-IT program to cure hepatitis C has recently won the Queensland Health Award for Excellence in Connecting Healthcare.

The partnership comprises The Prince Charles Hospital, Royal Brisbane and Women's Hospital, Brisbane North PHN and community organisation Queensland Injectors Health Network (QIHN).

Providing initial support to connect with local GPs in the project's establishment phase, GPLO Dr Noela Kwan spoke directly with clinical lead, Dr Tony Rahman.

In addition to curing more than 250 people in the first year alone, Dr Rahman confirmed nearly 500 CURE-IT patients have been treated for Hepatitis C with cure rates >98 per cent. Dr Rahman also added that all patients have been treated by their GPs and not required any hospital visits.

TPCH Executive Director Anthony Williams said the partnership is one of the most successful models of care to treat hepatitis in the community.

"The CURE-IT partnership model supports community organisations and GPs in the community to treat patients with hepatitis C and provides education and advice to GPs in regional areas," he said.

"This is a vulnerable group of people who may not access conventional healthcare so the success rates have been good because we've been taking the cure to the patients in the community, with expert advice from gastroenterologists available as needed," Mr Williams said.

### **GPLOs support new models of care**

In 2018, the GPLOs also supported the MNHHS expansion of new models of care under GP with a Special Interest (GPwSI)-led initiatives.

Under the guidance of a specialist, a range of innovative service delivery models can be delivered to patients in a safe, more timely and cost-effective manner in an outpatient setting. Our GPLOs helped with recruitment and promotion of a GPwSI positions across the region.

### **Case study: Primary care pathway provides fracture treatment and management closer to home**

GPLOs from MNHHS and the PHN have also supported the MNHHS musculoskeletal primary care pathway project which aims to increase treatment and management of simple fractures in primary care.

At July 2018, over 200 patients were on the pathway, with nine practices across the North Brisbane and Moreton Bay region involved and provided with plaster and casting education.

## Case study: Healthy Spine model of care gets patients back on track

The Healthy Spine Service helps to improve the management of patients with back and neck pain by providing coordinated care, improved access to services, timely treatment, the right level of care, tailored education and management and care plans monitored by the patient's GP.

The project involved:

- development and implementation of referral improvement strategies and primary care pathways
- implementation of a single screening and triage hub for patients referred with back and neck pain (Spinal Health Hub)
- community-based back pain assessment and care planning clinic (Healthy Spine Clinic)
- development of education resources supporting patients with back and neck pain including an education program (Healthy Spine Program)
- enhanced use of telehealth and telerehabilitation to deliver services locally to patients.

The PHN supported MNHHS with the establishment of the Healthy Spine Service by helping to recruit a General Practitioner with Special Interest (GPwSI) to run the clinics and program at the North West Community Health Centre at Keperra.

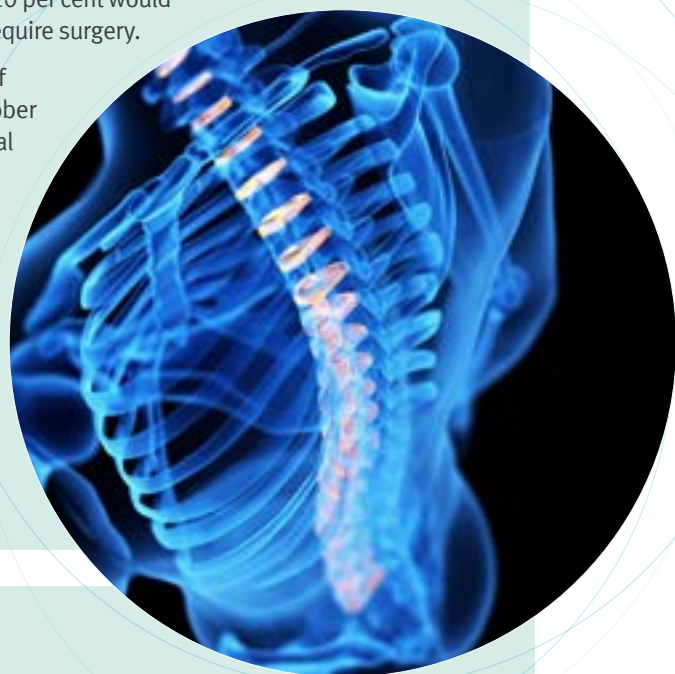
The Service was set up in response to surging demand for back pain services, with patients traditionally being referred into a surgical specialty outpatient department, despite estimations that only 20 per cent would benefit from consultation with a medical specialist and only 4-5 per cent require surgery.

As part of the project, the PHN and MNHHS supported the development of education resources that were made available on HealthPathways in October 2017 and co-hosted a back pain education event attended by over 40 local GPs in March 2018.

Results from the project have shown that 69 per cent of patients seen via the GPwSI in the community were discharged back into primary care with a management plan and via improved primary care pathways referrals into a surgical outpatient department continues to decrease.

The Healthy Spine Clinic is predicted to support 1,172 patients per year, while the Healthy Spine Program is anticipated to support 1,029 patients per year.

The project is subject to a full evaluation and will transition to business as usual, with direct referral from primary care recommended in the future.



## Case study: Workshop helps build capacity of consumers

In April 2018, MNHHS and the PHN facilitated a joint consumer-led training workshop. The 24 participants were from the organisations' consumer networks and included a mix of new and experienced consumers with wide-ranging experiences across the health sector.

Experienced consumers were able to share their experiences and learnings with the newer consumer representatives. A representative from Health Consumers Queensland was also there to provide support to the discussions.

Executives from both the PHN and MNHHS were on hand to speak to the importance of consumer engagement within their organisations. The PHN believes that those who are affected by a decision have a right to be involved in the decision making process and that consumer involvement in all stages of the commissioning cycle (the planning, design, delivery and evaluation), not only improves healthcare services but also outcomes for consumers.

Reflecting on the workshop, participants told us they found it useful to learn from other consumers, especially the more experienced consumers who have been able to witness the evolution and impact of consumer involvement in healthcare. Participants also appreciated the opportunity to find support from a diverse group of consumers with similar motivations.



## Clinician and community engagement on committees

MNHHS and the PHN conduct joint engagement activities through our projects and through representation on and joint meetings of on each organisation's relevant committees and councils, such as the MNHHS Community Board Advisory Committee and PHN's Clinical Council and Community Advisory Committees.

## Collaboratives improve communication across sectors

MNHHS and the PHN co-host collaborative meetings to enhance continuity of patient care through improved understanding of services available in general practice and the hospitals, the timely access to these services and improved communication between GPs and hospitals. Our current Collaboratives include:

- Royal Brisbane and Women's Hospital Collaborative
- Women's and Newborn's Service Collaborative
- The Prince Charles Hospital Collaborative
- Redcliffe Hospital Collaborative
- Children's Health Queensland Collaborative.

## Brisbane North Allied Health Collaborative

The PHN oversees the implementation of the Brisbane North Allied Health Collaborative, of which MNHHS is a member of the Steering Committee.

Chair of the Brisbane North Allied Health Collaborative Steering Group, Dorelle Thompson from Wellness Nutrition Solutions said this was an outstanding achievement given the relatively short amount of time for which the Collaborative had been operational.

"The Collaborative Steering Group has been meeting for a little over two years now," Ms Thompson said.

"Within that time, we've formalised the structure of the collaborative model, developed an action plan, and firmly cemented the Collaborative as one of the main avenues for allied health support, direction and leadership in the region.

In August 2017, almost 100 allied health providers attended a networking and information event hosted by the Brisbane North Allied Health Collaborative, while 43 attended a motivational interviewing workshop in October 2017.



## Immunisation and public health collaboration

Metro North Public Health Unit and the PHN work to align efforts to improve immunisation rates across the region, manage public health issues and ensure consistent messaging across the sector.

To support general practice to maintain vaccination rates, we facilitated eight immunisation catch up events for 175 local practice nurses in 2017/18.

As well as providing a conduit to general practice on public health news and alerts, the PHN and MNHHS collaborate at a campaign level to drive uptake of immunisation.



Allied Health Collaborative event

## Case study: MNHHS and PHN collaborate for flu briefing

State Health Minister Steven Miles and other senior health figures including GP and PHN Board Chair Dr Anita Green launched the MNHHS flu campaign at the Royal Brisbane and Women's Hospital in April 2018.

Mr Miles said last year's flu season had put a huge strain on the state's hospitals and the Queensland Ambulance Service.

"We can't afford to see that happen again," Mr Miles told The Courier-Mail. "We need as many Queenslanders as possible to go and get their flu vaccinations.

"I'm urging people of all ages to get vaccinated, especially younger children because they are particularly susceptible," he said.

The event was a show of unity across the primary and secondary care sectors, in response to figures showing the 2017 flu season was one of the worst on record in Queensland, with 56,094 flu notifications and 6,070 hospitalisations

Dr Green spoke to Courier-Mail medical reporter Janelle Miles and was quoted describing last year's low flu immunisation take-up as "appalling".

"It worries me because the flu needs to be taken seriously," Dr Green said.

Brisbane North PHN Board Chair Dr Anita Green receives her flu vax.



## Community palliative care networks help support choice at end of life

MNHHS and the PHN are involved in regular meetings of community palliative care networks to improve access to palliative care in community settings.

A Communities Palliative Care Collaborative meets bi-monthly with representatives from services funded to provide palliative care in the North Brisbane and Moreton Bay region. This includes St Vincent's, Karuna, MNHHS Community Indigenous and Subacute Services and some non-government organisations who support palliative care through packaged funding. The aim of this group is to promote clinical communication and process improvement across the community sector and primary health.

At a broader level, a South East Queensland Palliative Care Network meets quarterly to promote clinical communication and information sharing across Queensland University of Technology, peak bodies including Palliative Care Queensland, Carers Queensland, primary care, non-government and acute sectors (public and private).



Indigenous hospital services

Indigenous hospital services are available to all Indigenous people living in the Northern Territory. These services are provided by the Northern Territory Health Department and are designed to meet the specific health needs of Indigenous people.

For more information, please contact your local Indigenous Health Unit or the Northern Territory Health Department.

