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## List of Abbreviations

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<td>ABI</td>
<td>Acquired Brain Injury</td>
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<td>AIM</td>
<td>Acute Inpatient Modelling Tool</td>
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<td>BDHP</td>
<td>Brisbane Diamantina Health Partners</td>
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<td>BIRU</td>
<td>Brain Injury Rehabilitation Unit</td>
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<td>BSPHN</td>
<td>Brisbane South Primary Health Network</td>
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<tr>
<td>CHR</td>
<td>Centres for Health Research</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
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<td>ELOS</td>
<td>Emergency Length of Stay</td>
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<tr>
<td>EN</td>
<td>Enrolled Nurse</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HHS</td>
<td>Hospital and Health Service</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>ICU</td>
<td>Intensive Care Units</td>
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<td>LPA</td>
<td>Local Planning Area</td>
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<td>NDIS</td>
<td>National Disability Insurance Scheme</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NSQHS</td>
<td>National Safety and Quality Health Service Standards</td>
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<td>PHN</td>
<td>Primary Health Network</td>
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<td>POST</td>
<td>Patient Off Stretcher Time</td>
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<td>PPH</td>
<td>Potentially Preventable Hospitalisation</td>
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<tr>
<td>QAS</td>
<td>Queensland Ambulance Service</td>
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<tr>
<td>QUT</td>
<td>Queensland University of Technology</td>
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<tr>
<td>RACF</td>
<td>Residential Aged Care Facility</td>
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<td>RN</td>
<td>Registered Nurse</td>
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<td>SIU</td>
<td>Spinal Injuries Unit</td>
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<tr>
<td>TIC</td>
<td>Transformation and Innovation Collaborative</td>
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<tr>
<td>TRI</td>
<td>Translational Research Institute</td>
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<tr>
<td>UQ</td>
<td>University of Queensland</td>
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<td>WHS</td>
<td>Wynnum Health Service</td>
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<td>WMCHC</td>
<td>Wynnum-Manly Community Health Centre</td>
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Executive Summary

The Metro South Health Service Plan 2017–2022 (MSHSP) provides a strategic perspective on health service delivery across all of our services. Robust health service planning—including multi-factorial needs analysis and stakeholder consultation—is essential to ensure our services continue to meet the needs of our community into the future.
By 2027, Metro South Health will serve a resident population of almost 1.3 million—the largest of any Hospital and Health Service in Queensland—as well as providing specialist services to people across the State. Over the next 10 years, growing demand for our health services will be driven by overall population growth as well as key population trends in Metro South Health, including an ageing population, areas of significant socio-economic disadvantage, and increasing populations of cultural and linguistically diverse groups and Aboriginal and Torres Strait Islander peoples. Health service demand will also continue to be driven by the prevalence of modifiable risk factors in our community, which is reported to account for almost one-third of the total burden of disease in Queensland. Modifiable risk factors include smoking, poor diet, overweight and obesity, risky alcohol consumption, and physical inactivity.

Despite the projections of growing health service demand, significant opportunities exist for us to improve the health outcomes of our community and mitigate the effects of demand on our services. Advances in clinical technologies and research, innovative models of care, and contemporary procurement, funding, quality and workforce frameworks, all offer the potential to increase the efficiency and effectiveness of our health services.

We have identified four key Service Directions to provide a focus for Metro South Health to guide our service development and address the future health priorities of our community over the next 5 years:

1. Promoting wellbeing and health equity
2. Delivering healthcare to support population growth
3. Connecting healthcare and putting our patients first
4. Pursuing innovation for smarter healthcare.

Each of our Service Directions will be progressed through the delivery of 39 priority Strategies. These Strategies have been developed to align with the challenges and opportunities identified through our health service needs analysis. The successful delivery of these Strategies is dependent on complementary planning for the impact on key service enablers—workforce, infrastructure and assets, funding, technology, quality and safety, research, and service partners. Detailed planning for each of these areas will be completed via the Metro South Health Integrated Planning Framework.

Measures of success have been identified for each of our Service Directions in this Metro South Health Service Plan. Our performance against these measures will be monitored through the Metro South Health Integrated Planning Framework.

Following endorsement of the Metro South Health Service Plan by the Metro South Health Executive Committee and Board, Metro South Health facilities and services will enable implementation as required. It is important to note that endorsement of this Metro South Health Service Plan by the Metro South Health Executive Committee and Board does not represent a commitment by Metro South Health to fund any additional capital and/or operating costs that may be required for implementation. Following endorsement, the Implementation Phase will include incorporation into Service Annual Operational Plans, Service Enabling Plans and stream-level Health Service Plans, and business case/s development for additional required funding.
The Metro South Health Service Plan identifies the key health service directions and strategies for the efficient and effective alignment of our services to the needs of our community over a 5-year planning horizon (2017–2022), with a long-term outlook to 2027. The Metro South Health community includes not only those living within the boundaries of our Hospital and Health Service, but also people from across Queensland who rely on the public sector health services we provide.

Creating a single, unified health service plan for Metro South Health has several advantages in enabling us to:

» identify and respond to changing populations and related health service needs
» understand and respond to current and future demand for services
» assess the impact of advances in clinical evidence and technologies on the way future services need to be organised and delivered

Figure 1: Metro South Health Integrated Planning Framework

Source: Metro South Health Integrated Planning Framework (2016 Update)
» improve service efficiency through the exploration of alternative service options that can optimise service delivery arrangements to manage increasing demand
» prioritise the allocation of limited health service resources
» continue to provide safe and sustainable services—high quality care that continues to meet and, where possible, exceed required minimum standards.

The Metro South Health Service Plan provides a strategic perspective on health service delivery across all of our services, providing guidance for service delivery directions and strategies in other key planning documents, including our strategic plan, clinical stream-based health service plans, service operational plans and service enabling plans across Metro South Health (as shown in Figure 1). The strategic directions in the Metro South Health Service Plan have been influenced by the strategic state-wide health system priorities articulated in documents such as *My health, Queensland’s future: Advancing health 2026* and various state-wide health service plans.

The Metro South Health Service Plan has been developed following a desktop analysis of various data, plans and reports; as well as feedback from stakeholder engagements with Metro South Health staff, service partners, patients and our community over the last 12 to 18 months.
Our Community

Metro South Health is the most populated health service in Queensland, with an estimated resident population of 1,087,222 in 2014. It is expected to remain the most populated of the 16 HHSSs in Queensland by 2027, with a projected populated of almost 1.3 million people by that time. The health service’s catchment spans 3,856 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east, south to Logan and the eastern portion of the Scenic Rim to the border of New South Wales.

Recent annual growth (2013 to 2016) in hospital admissions at Metro South Health facilities has outstripped population growth by more than 9:1, reflecting a number of population and health status trends, and placing ever-increasing demand on our health services. Between 2016 and 2026, an annual growth in admissions of 4.6 per cent is expected, compared to annual Metro South Health population growth of 1.5 per cent.

The highest projected additional population within Metro South Health is expected in the regions of Jimboomba-Logan Village and Brisbane South (west of the South East Freeway and south to the border with Logan City).

Our Health Services

Metro South Health is the major provider of public health services, health education and research in the Brisbane south side, Logan, Redlands and Scenic Rim regions. We employ more than 14,000 staff and have an annual operating budget of $2.1 billion.

Metro South Health is comprised of five major hospitals, in addition to a number of health centres throughout the region. In addition, the Princess Alexandra Hospital, as a major tertiary referral centre, provides state-wide specialty services in liver transplant, renal transplant, spinal injury management, brain injury management and skull base surgery. We also play a key role in education and research, with strong links to the University of Queensland, Queensland University of Technology, Griffith University and several other academic institutions.
Our hospitals
» Beaudesert Hospital
» Logan Hospital
» Princess Alexandra Hospital
» QEIi Jubilee Hospital
» Redland Hospital

Our specialty services
» Addiction and Mental Health Services
» Aged Care & Rehabilitation Services
» Cancer Services
» Emergency Services
» Medicine and Chronic Disease Services
» Oral Health Services
» Patient Flow Program
» Surgical Services
» Women’s and Children’s Services

Our state-wide specialty services
» Liver and renal transplantation
» Spinal injury management
» Brain injury management
» Skull base surgery

Our major health centres
» Beenleigh
» Browns Plains
» Dunwich
» Eight Mile Plains
» Inala
» Logan Central
» Redland
» Wynnum

Our community-based services
» Aboriginal and Torres Strait Islander Health
» Addiction and Mental Health
» BreastScreen Queensland
» Chronic Disease Management
» Community Rehabilitation
» Hospital Avoidance and Substitution
» Maternity
» Offender Health
» Oral Health
» Palliative Care
» Persistent Pain
» Refugee Health
» Residential Aged Care

Our staff
14,000 staff members (headcount) across clinical and non-clinical streams
Challenges and opportunities
Ageing Population
Older people are higher users of health services, and will be increasingly so, as younger age groups with higher burdens of “lifestyle-related” diseases enter the 65 years and over age group. People are living longer, with an associated growth in the prevalence of age-related conditions such as dementia, which require more frequent use of health and aged care services.vi, vii, viii

Proportion of MSH population aged 65 year+
2014: 12% (130,895 people)(Qld = 14%)
2017: 16% (201,076 people)(Qld = 18%)

Socio-economic vulnerability
There are areas of significant socio-economic disadvantage in Metro South Health. People in these areas can have a 69 per cent higher rate of potentially preventable hospitalisations, and a higher profile of risk behaviours and chronic disease.iv, ix

43% of Logan residents live in areas classed as being in the top 20% of socio-economic disadvantaged areas in Australia.

Culturally and Linguistically Diversion Population
Migrants may face language barriers and differences in cultural practices that make it difficult to access health services. Humanitarian entrants to Metro South Health more than doubled between 2015 and 2016:x, xi, xii

2011: 32% of MSH residents reported being born overseas; half of those from Non English Speaking Background countries. 2017: Major linguistic backgrounds include Chinese (3.7%), Indo-Aryan (1.9%), Mon-Khmer (1.8%) and Pacific Austronesian (1.0%)
2016: 1,318 humanitarian entrants settled in MSH (47% of all humanitarian entrants to Qld).

Aboriginal and Torres Strait Islander Population
Metro South Health has the second largest Indigenous population in Queensland (second only to Cairns and Hinterland HHS). There are higher rates of projected population growth amongst the Indigenous population compared to the total population in Metro South Healthxiii. Aboriginal and Torres Strait Islander people statistically bear a greater burden of ill-health and early death than non-Indigenous Queenslanders:x

Projected annual population growth 2011 to 2026:
Brisbane Indigenous Region¹: 3.3% (Qld = 2.9%)
Total MSH Population: 1.6% (Qld = 1.9%)

¹ Incorporates areas from Metro North, Metro South and West Moreton HHSs

People with disabilities
People with disabilities are more likely to experience premature mortality, greater morbidity and access health services at higher rates than people without disability.xvi, xv Informal (unpaid) carers need to be valued and supported as partners in health service provision:

2011: Over 40,000 MSH residents (4.1% of the population) experienced disabilities requiring assistance with core activities of daily living. 2015: 1 in 10 Queenslanders fulfilled an informal carer role for someone experiencing disability, fraility, mental illness, chronic illness or pain.
Health Status

Risk Behaviours
Despite recent improvements in some areas, the rates of risky health behaviours amongst MSH residents and the Queensland population remain a concern.

<table>
<thead>
<tr>
<th>Risky Behaviours</th>
<th>Metro South Health</th>
<th>Qld</th>
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<tbody>
<tr>
<td>Overweight or obese</td>
<td>Adult 57%</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>Child 24%</td>
<td>24%</td>
</tr>
<tr>
<td>Daily smoking</td>
<td>Adult 11%</td>
<td>12%</td>
</tr>
<tr>
<td>Risky levels of alcohol consumption</td>
<td>Adult 20%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>Child 94%</td>
<td>93%</td>
</tr>
<tr>
<td>Insufficient daily vegetable intake</td>
<td>Adult 42%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>Child 31%</td>
<td>31%</td>
</tr>
<tr>
<td>Insufficient daily fruit intake</td>
<td>Adult 41%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>Child 63%</td>
<td>58%</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>Adult 50%</td>
<td>54%</td>
</tr>
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</table>

Leading causes of death and burden of disease
The “burden of disease” can refer to premature death and/or living with a reduced quality of life due to illness.

Death:
- heart disease
- stroke
- dementia

Burden of disease:
- cancer
- mental disorders
- heart disease

Most people today live longer and die an “expected” death—usually from chronic progressive conditions; increasing the need for an end-of-life care system that meets the needs and expectations of individuals and their families.

2012: 28,300 deaths in Queensland
14,700 deaths in Queensland hospitals (52%)

Potentially Preventable Hospitalisations (PPHs)
PPHs are conditions where hospitalisation is believed to be avoidable through provision of timely and adequate non-hospital care.

2016:
- 16% of all Metro South Hospital hospitalisations were potentially preventable

Leading conditions:
- Diabetes complications, urinary tract infections and cellulitis.
### Health Service Demand

#### At a glance

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>2016</th>
<th>2027</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Projected demand for our hospital beds</strong></td>
<td></td>
<td>61%</td>
<td>2016 to 2027</td>
</tr>
<tr>
<td><strong>Hospital admissions for people aged over 70</strong></td>
<td></td>
<td>81%</td>
<td>38,642 to 69,881</td>
</tr>
<tr>
<td><strong>Hospital admissions considered potentially preventable</strong></td>
<td></td>
<td>16%</td>
<td>2016</td>
</tr>
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#### Private hospital use

- **Private hospital admissions for MSH residents**: 50% total hospital admissions.
  - Highest in Brisbane EAST LPA: 62%, Lowest in Logan LPA: 34%, Note 1: LPA = Local Planning Area

#### Patient Outflows

- **Total public bed days accessed by MSH residents in non-MSH public facilities**: 35%.
  - Highest outflows to West Moreton HHS, Mater Health Services, and Children’s Health Queensland HHS

#### Patient Inflows

- **Total MSH bed days provided to non-MSH residents**: 19%.
  - Highest inflows from West Moreton, Metro North, and Darling Downs HHs

**Sources:** Metro South Health Service Activity Projections, 2016; Metro South Health Bed and Treatment Space Projections, 2016; Metro South Health: Targets for Alternate Tertiary Healthcare Models—Preliminary Findings, 2015; Acute Inpatient Modelling (AIM) Tool 13–14 Base Case (for private hospital use by Local Planning Area)
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<tr>
<td></td>
<td>Hospital admissions</td>
<td>Outpatient occasions of service</td>
</tr>
<tr>
<td>Beaudesert Hospital</td>
<td>↑1%</td>
<td>↑36%</td>
</tr>
<tr>
<td>Logan Hospital</td>
<td>↑34%</td>
<td>↑23%</td>
</tr>
<tr>
<td>Princess Alexandra Hospital</td>
<td>↑29%</td>
<td>↑10%</td>
</tr>
<tr>
<td>QEII Jubilee Hospital</td>
<td>↑25%</td>
<td>↑40%</td>
</tr>
<tr>
<td>Redland Hospital</td>
<td>↑18%</td>
<td>↑22%</td>
</tr>
<tr>
<td>Metro South Health Hospitals</td>
<td>↑27%</td>
<td>↑21%</td>
</tr>
<tr>
<td>Metro South Addiction and Mental Health Services</td>
<td>↑1%</td>
<td>↑59%</td>
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Sources:  
Decision Support System (DSS) (Recent Growth)vi  
Metro South Service Activity Projections, 2016 (Project required growth)xvii  
Metro South Bed and Treatment Space Projections, 2016 (Projected required growth)xix  

Note: Highest growth per service category
» **High growth areas** | Significant recent growth at QEII Jubilee and Logan Hospitals (new and expanded ED capacity opened in 2014-15).

» **Emergency treatment time** | Declining Emergency Length of Stay (ELOS) performance (percentage of patients who leave ED within 4 hours) in Metro South Health, from 75.3% in July 2013 to 68.4% in June 2016. xxv

» **GP-type presentations** | Minor decrease (2.4%) in “GP-type” presentations to Metro South Health EDs in 2015–16. Rates vary considerably across MSH facilities.xxvi

» **Leading ED diagnoses** | Possible cardiac chest pain, viral infection, abdominal pain, non-cardiac chest pain, urinary tract infection.xxvii

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**EMERGENCY CARE**

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**Future highest growth areas:**
- Sub-acute—rehabilitation, hospital avoidance programs, geriatric medicine
- Medical—cardiology, epilepsy, spinal, neurology, gastroenterology
- Other outpatient treatments—minor medical and surgical procedures
- Primary health care.

» **Specialist outpatient wait lists** | 33% decrease in total wait list in 2015-16. Longest current wait lists in orthopaedics, neurology, gastroenterology, general medicine, and ophthalmology.xxvii Opportunities for more multidisciplinary allied health screening clinics.

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**INPATIENT CARE**

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**Medical services—future high growth areas** | Cardiology, qualified neonates, neurology, gastroenterology, maternity.

**Surgical services—future high growth areas** | Maxillo-facial surgery, transplants, head and neck surgery, cardiac surgery, urology.

**Procedural services—future high growth areas** | Chemotherapy, radiotherapy, gastrointestinal endoscopy.

**Elective surgery wait lists** | Increasing total wait list and number of long wait patients in 2015–16. Longest wait lists in orthopaedics, urology, and general surgery.xxi

**Sub and non acute services** | Significant recent growth in rehabilitation activity at Logan (new Rehabilitation Unit opened 2014) and Beaudesert Hospitals. Identified need for expanded sub-acute models of general adult rehabilitation (non-geriatric), geriatric evaluation management services, and dementia services.

**Mental health services—future high growth areas** | Community care units, child and adolescent acute services.

**Services near where people live** | A significant proportion of Logan-Beaudesert and Redlands residents access inpatient services from hospitals out of their local area; for example from Princess Alexandra or QEII Jubilee Hospitals, instead of from their local health facilities.

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**OUTPATIENT CARE**

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**Future highest growth areas:**
- Sub-acute—rehabilitation, hospital avoidance programs, geriatric medicine
- Medical—cardiology, epilepsy, spinal, neurology, gastroenterology
- Other outpatient treatments—minor medical and surgical procedures
- Primary health care.
Our community-based care

### COMMUNITY-BASED CARE 2016 ACTIVITY

<table>
<thead>
<tr>
<th>Service</th>
<th>Acute Care @Home</th>
<th>Community Adult Rehabilitation Service</th>
<th>Rapid Response@Home</th>
<th>Transition Care Program</th>
<th>Dementia Outreach Service</th>
<th>BreastScreen Queensland Brisbane Southside</th>
<th>Metro South Addiction and Mental Health Services</th>
<th>Metro South Oral Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasions of Service</td>
<td>23,947</td>
<td>8,605</td>
<td>10,131</td>
<td>30,255</td>
<td>1,137</td>
<td>45,755</td>
<td>266,454</td>
<td>181,600</td>
</tr>
</tbody>
</table>

Sources: Community Health Information Management System (CHIMS); Queensland Health System Performance Reporting\(^{xxv}\); Metro South Addiction and Mental Health Service Strategic Plan 2015–2020\(^{xlv}\); Metro South Oral Health Services Health Service Plan\(^{\text{xlii}}\)

» **Hospital avoidance** | Increasing expectation to deliver high quality healthcare outcomes in non-hospital care settings to optimise wellness, increase patient choice, enable service delivery innovation and improve hospital bed and infrastructure efficiency and productivity. It is estimated that between 5-7 per cent of hospital bed days could be transferred to non-hospital care within 10 years, through the implementation of co-ordinated hospital avoidance strategies\(^{xxx}\).

» **Connecting healthcare** | Need for better integration of care across funding, policy and delivery barriers, improved chronic disease and complex needs management, and better post-discharge care.

» **Infrastructure that meets the needs of modern health care delivery in a community setting** | Wynnum Health Service and Inala Community Health Centre are established centres that have been prioritised by stakeholders for service redesign and infrastructure improvement. Community-based addiction and mental health services have also been prioritised for improved service access and infrastructure solutions.

» **BreastScreen services** | An increasing number of BreastScreen Queensland Brisbane Southside (BSQ BSS) clients are being screened outside of catchment. The number of new clients accessing the service has been steadily declining, while the number of clients retained by the service (rescreen rate) has been steadily increasing.

» **Preventative oral health services** | Need for improved access to preventative and emergent oral health services, incorporating alignment to geographical areas of need and flexible service models.

» **Preventative and early intervention addiction and mental health services** | Challenges in meeting the needs of high risk groups—such as youth, perinatal, and other socially vulnerable populations—with alternatives to hospitalisation. Support services can be fragmented across multiple government agencies and non-government organisations (NGOs).

### COMMUNITY HEALTH CARE

» **Improved residential aged care for people with dementia** | Service and facility redesign opportunities exist to better enable the Redland Residential Care (RRC) to provide optimum care for residents displaying behavioural and psychological symptoms of dementia (BPSD).

» **Expanded psychogeriatric residential services** | RRC currently provides 16 designated psychogeriatric residential beds. Mental health service activity projections indicate that by 2027, an additional 25 beds will be required to meet demand.
Health Service Directions
Queensland health system

My health, Queensland’s future: Advancing health 2026ii.

The key service directions for the Queensland health system are:

1. Promoting wellbeing
2. Delivering healthcare
3. Connecting healthcare
4. Pursing innovation

Metro South Health remains a key referral service for statewide specialist services; however, regional health services are planned to grow in capacity and capability over the next 10 years to support better access to health care for all Queenslanders. Metro South Health will have a key clinical leadership role in mentoring the development of regional specialist services, while also gaining opportunities to capitalise on capacity efficiencies resulting from reverse patient flows.

HHS Service Agreement with the Department of Healthxxv
The Service Agreement between the Department of Health and Metro South Health covers a three-year period and identifies the health services that Metro South Health will provide, funding arrangements for those services, and the targets and performance indicators to ensure outputs and outcomes are achieved. It outlines program-specific funding commitments as well as purchasing incentives, which direct investment and service development towards areas of high priority for the Queensland Government.

Private health services
The opening of the Mater Private Hospital Springfield in October 2015 represents the largest expansion of private health care services available to Metro South Health residents in recent times. However, a number of other private health care providers (e.g. primary care, diagnostics, allied health, medical specialists, hospitals and aged care services) have recently expanded or have plans to expand their services across our region over the medium term.

Such expansion brings opportunities to work together to address known infrastructure and workforce capacity challenges for public sector services. In recent years, Metro South Health has developed partnerships with Mater Health Services, St Vincent’s Private Hospital Brisbane and Canossa Private Hospital, to help meet the growing public health service needs of our community.

Health Service Directions
Australian Government policy

National Disability Insurance Schemexxxii
The National Disability Insurance Scheme (NDIS) will begin in the Metro South Health catchment in the 2018–19 financial year. We will need to plan how Metro South Health services will be involved with the NDIS and work closely with the Queensland Government to ensure a smooth and effective transition.

Aged Care Reformxxxiii
A 10-year program of aged care reform is being implemented by the Australian Government. These changes are aimed at making Australia's aged care system:
» Sustainable and affordable
» Provide greater choice and flexibility for consumers
» Support people to stay at home, and part of their communities for as long as possible
» Encourage aged care businesses to invest and grow
» Provide diverse and rewarding career options.

Primary Healthcare Networksxxxiv
Primary Healthcare Networks (PHNs) were established by the Australian Government in 2015 to increase the efficient and effective delivery of primary health care. Metro South Health will need to work in partnership with the Brisbane South PHN (BSPHN) to achieve improvements in care coordination within the Metro South Health catchment.
The projected increases in demand for health care services in Metro South Health are greater than the existing infrastructure and asset capacity can accommodate. Meeting future health service demand through the delivery of high quality services will require an investment in new facilities and better use of existing facilities. If left unchanged, the current asset portfolio will develop significant capability gaps by 2027.

The following future clinician workforce implications have been identified, arising from workforce, population, health status and health service utilisation trends:

**Medical Practitioners**
- Shortfall of over 3,000 medical practitioners across Qld by 2023
- Increasing feminisation of the workforce—participation and attrition impacts in future years. Flow-on effects to workforce management and human resource policies
- Shortfalls in ophthalmology, general practice, psychiatry and radiology.

**Nurses and Midwives**
- Impact of age-related retirement of Registered Nurses (RNs)—41% of RNs and RN midwives to retire by 2022
- Significant oversupply of Enrolled Nurses (ENs) graduates over next 10 years
- Legislated nurse-to-patient ratios in Qld—further increase RN shortages.

**Oral Health**
- Supply of all oral health workforces is expected to exceed demand.

**Allied Health**
- Expanded scope of practice strategies have demonstrated success in managing increasing service demand; however training requirements are extensive with no formal recognition for training
- Risk of shortages—orthotics and prosthetics, medical physics, psychology—due to prolonged training pathways and/or limited training supply.

The Safety and Quality agenda has achieved much in Australia over the last 15 years to protect our patients. The efforts in this time have concentrated on the assurance side of the agenda: ensuring we have systems and standards in place to early detect and manage issues, be the incidents or performance concerns. Metro South Health is a recognised leader of this agenda in Australia, shown by us achieving the best Accreditation results in Australia against the National Standards, the ongoing stream of visitors to and collaborators with Metro South Health in the Safety and Quality field, as well as the Magnet and Pathways to Excellence Recognition. We have national leading Clinical Governance Systems such as the Clinical Governance Scorecard, The Senior Medical Performance Review and the Triage for Senior Medical Performance issues. Metro South Health teaches nationally on Clinical Governance.
The key challenge is that these assurance systems, while essential, are no longer sufficient to our aim of making Metro South Health a great place to be a patient. We need to be better at improving care for patients. We need to get better at getting better.

Metro South Health is not alone in this. World-wide, leading health systems and hospitals are moving systematically from an assurance only focus to an improvement focus.

The evidence suggests that there are 5 main opportunities for improving patient care:

1. Making our system kinder for patients: right now too often the convenience and the consideration of patient wants, lags what we would aspire to.
2. Quality Improvement: our improvement efforts are ongoing and lead to better care every day. The opportunity, shown by leading health care systems across the globe, is to far more systematically apply the science of quality improvement, change and implementation to get better at getting better.
3. More reliable care: this means consistency delivering agreed patients cares. Health care too often provides these agreed cares only about 70% of the time. Improving our reliability is a key opportunity for patients, albeit one that is difficult to achieve and will require significant effort in mobilising cultural, social and digital aspects in combination.
4. Enhanced data: too often in healthcare our information on our performance is insufficient to help us improve. Mobilising digital hospital, we need to get better and more real time performance data to staff.
5. Reforming our assurance and compliance systems: these systems have been particularly successful in Metro South Health and the opportunity now is to reform these so that we can maintain excellence, while reducing red tape and reforming these systems to have a better impact on patients care.

While technological and clinical innovation has the potential to contribute to remarkable advances in health care, it can also contribute considerably to increases in health care expenditure. In an environment of limited resources, it is essential to evaluate and identify technologies and programs that improve patient outcomes and offer value for money from those that offer no value or low value.

Metro South Health is an internationally recognised leader in biomedical and clinical research, with a strong history of collaboration between clinicians, scientists, university partners and industry. Translating research into real benefits for patients and innovations in the way we deliver services must remain a priority for the future.
Service directions and strategies

Our Service Directions build on the directions established in My health, Queensland’s future: Advancing health 2026¹. They represent the key focus areas for Metro South Health to address the future health priorities of our community over the next 5 to 10 years, as identified through analysis of the service challenges and opportunities outlined in the previous section.
The service directions are:

<table>
<thead>
<tr>
<th>Promoting wellbeing and health equity</th>
<th>Measuring our success...</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will promote wellbeing for all in our community by promoting healthy behaviours and increasing illness prevention and early intervention services.</td>
<td></td>
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<tr>
<td>We will improve health equity amongst our community by targeting services to meet the needs of those at highest risk of poor health outcomes due to social determinants, biomedical risk factors and behavioural risk factors.</td>
<td></td>
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<tr>
<td>Improved performance across the key indicators of preventative health (Qld Preventative Health Survey)</td>
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<tr>
<td>Increased immunisation rates</td>
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<tr>
<td>Increased cancer screening participation rates</td>
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<tr>
<td>Reduced dental decay rates</td>
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<tr>
<td>Reduced suicide rates</td>
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<tr>
<td>Reduced Potentially Preventable Hospitalisation (PPH) rates for chronic diseases</td>
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<tr>
<td>Implementation of health service plans for special needs population groups</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivering healthcare to support population growth</th>
<th>Measuring our success...</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will prioritise increases in service capacity to best meet the projected increases in health service demand arising from current service challenges, population growth and key health status trends.</td>
<td></td>
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<tr>
<td>Improved performance against Emergency Length of Stay (ELOS)</td>
<td></td>
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<tr>
<td>Improved performance against Patient Off Stretcher Time (POST) targets</td>
<td></td>
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<tr>
<td>Reduced wait times for specialist outpatients</td>
<td></td>
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<tr>
<td>Reduced wait times for elective surgery</td>
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<tr>
<td>Increased self sufficiency at Logan and Redland Hospitals</td>
<td></td>
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<tr>
<td>Transfer of inpatient activity to non-hospital care</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Connecting healthcare and putting our patients first</th>
<th>Measuring our success...</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will support our patients on their healthcare journey by better integrating care between primary care, hospitals and other community-based healthcare providers.</td>
<td></td>
</tr>
<tr>
<td>Implementation of redesigned MSH Patient Flow Program</td>
<td></td>
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<tr>
<td>Reduced PPH rates</td>
<td></td>
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<tr>
<td>Reduced GP-type presentations to ED</td>
<td></td>
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<tr>
<td>Reduced readmission rates</td>
<td></td>
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<tr>
<td>Implementation of Integrated Health Plan/s and Strategies</td>
<td></td>
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<tr>
<td>Increased telehealth utilisation rates</td>
<td></td>
</tr>
<tr>
<td>Implementation of telehealth utilisation rates</td>
<td></td>
</tr>
<tr>
<td>Implementation of “choosing wisely” innovations</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pursuing innovation for smarter healthcare</th>
<th>Measuring our success...</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will translate evidence-based service innovations into better practice and healthcare for our community.</td>
<td></td>
</tr>
<tr>
<td>Implementation of digital healthcare-enabled service delivery improvements</td>
<td></td>
</tr>
<tr>
<td>Completion of pilot innovation programs</td>
<td></td>
</tr>
<tr>
<td>Implementation of evidence-based service innovations</td>
<td></td>
</tr>
<tr>
<td>Implementation of “choosing wisely” innovations</td>
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</tbody>
</table>
Promoting wellbeing and health equity
### What we will do

1. **Collaborate with other government agencies, health service providers, NGOs, and the community, to develop and implement strategies which address the social determinants, behavioural and biomedical risk factors for health and wellbeing.**

1.1. Implement strategies to improve childhood immunisation rates to 95 per cent at 1 year, 2 years and 5 years of age.

1.2. Improve the efficiency of cancer screening programs (breast, bowel and cervical) in Metro South Health through partnership with the Department of Health to:

   » Improve coordination of health promotion activities to develop health awareness and increase the participation rate of Metro South Health residents

   » Improve population based modelling of cancer screening demand and the development of location-based activity targets.

1.3. Improve coverage of annual staff influenza vaccination program throughout MSH to reduce the risk of staff contracting flu and transmitting it to patients who may be at risk of serious illness.

1.4. Expand the implementation of the Smoking Cessation Clinical Pathway throughout Metro South Health facilities and to Metro South Health oral health and mental health patients, to contribute to reduced smoking rates in the Metro South Health population.

1.5. Implement the Metro South Health Oral Health Service Plan (2016) to deliver a suite of service efficiency initiatives and improve oral health services for the Metro South Health population.

1.6. Expand addiction and mental health prevention and early intervention services across identified at-risk populations, such as youth, perinatal, and various socially vulnerable groups.

1.7. Expand community-based chronic disease programs for people with cardiac, diabetes and respiratory illnesses.

1.8. Develop and implement MSH service plans aimed at increasing service access and improving health outcomes for:

   » Aboriginal and Torres Strait Islander populations

   » Culturally and linguistically diverse populations

   » People with disabilities.

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1Social determinants of health and wellbeing include socioeconomic position, early life circumstances, social exclusion, social capital, employment and work, housing and the residential environment. Biomedical risk factors are bodily states that contribute to the development of chronic disease, such as high blood pressure, high body mass index etc. Behavioural risk factors include (but are not limited to) smoking, risky alcohol consumption, using illicit drugs, insufficient exercise, poor eating patterns, and excessive sun exposure.
Delivering healthcare to support population growth

We will increase health service capacity and capability to deliver person-centred care to a growing population, based on the following key principles:

» Efficient use of existing infrastructure
» Targeted infrastructure development projects
» Access to care close to home
» “Choosing wisely” to increase value-based care
» Health care partnerships
» Contemporary workforce models.

We will implement strategies based on these principles to reduce the projected gaps in inpatient bed and treatment space capacity at MSH facilities:

<table>
<thead>
<tr>
<th></th>
<th>Current bed capacity (2016)</th>
<th>Projected required bed capacity (2022)</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaudesert Hospital</td>
<td>39</td>
<td>44</td>
<td>-5</td>
</tr>
<tr>
<td>Logan Hospital</td>
<td>427</td>
<td>712</td>
<td>-285</td>
</tr>
<tr>
<td>Princess Alexandra Hospital</td>
<td>1,024</td>
<td>1,267</td>
<td>-243</td>
</tr>
<tr>
<td>QEII Jubilee Hospital</td>
<td>217</td>
<td>291</td>
<td>-74</td>
</tr>
<tr>
<td>Redland Hospital</td>
<td>205</td>
<td>466</td>
<td>-261</td>
</tr>
<tr>
<td>Redland Residential Care</td>
<td>128</td>
<td>149</td>
<td>-21</td>
</tr>
<tr>
<td>Total at major Metro South Health facilities (as listed)</td>
<td>2,040</td>
<td>2,929</td>
<td>-889</td>
</tr>
</tbody>
</table>
### What we will do

<table>
<thead>
<tr>
<th>2.1</th>
<th>Facilitate increases in inpatient capacity and capability of MSH facilities to safely and sustainably meet projected future demand. The priority areas for service development in each facility are:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority areas for service development</strong></td>
<td></td>
</tr>
<tr>
<td>Beaudesert Hospital</td>
<td>Emergency, Rehabilitation</td>
</tr>
<tr>
<td>Logan Hospital</td>
<td>Emergency, Medical (respiratory, general medicine, neurology, chemotherapy), Surgical (orthopaedics, general surgery, endoscopy), Maternity, Neonatal, Mental health acute, Sub and non-acute</td>
</tr>
<tr>
<td>Princess Alexandra Hospital</td>
<td>Emergency, Medical (neurology, general medicine), Surgical (ICU/CCU, orthopaedics, plastics, endoscopy), Mental health (acute, ABI, community care units), Sub and non-acute (including SIU, BIRU, ABI, general adult (non-geriatric) rehabilitation)</td>
</tr>
<tr>
<td>QEII Jubilee Hospital</td>
<td>Emergency, Medical, Surgical (ICU, orthopaedics, urology, endoscopy)</td>
</tr>
<tr>
<td>Redland Hospital</td>
<td>Emergency, Medical (general medicine, renal dialysis), Surgical (ICU, general surgery, endoscopy), Maternity, Neonatal, Mental health (acute, community care units), Sub and non-acute</td>
</tr>
<tr>
<td>Redland Residential Care</td>
<td>Complex aged care, Transition care, Psychogeriatric care, Dementia care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2</th>
<th>Facilitate increases in specialist outpatients capacity for MSH facilities to meet projected future demand, especially for the following services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Cardiac rehabilitation, Diagnostic support services, Geriatric medicine, Minor surgical and medical procedures, Neurology, Persistent pain management.</td>
<td></td>
</tr>
</tbody>
</table>

| 2.3 | Review existing infrastructure utilisation to ensure the best use of existing space. |

| 2.4 | Advocate for infrastructure funding for the priority areas for service development within MSH, as identified in this Plan. |

| 2.5 | Increase the public health service self-sufficiency\(^2\) towards 80 per cent at Logan and Redland Hospitals across a range of medical and surgical services, to facilitate increased access to health services closer to home for residents of the Logan-Beaudesert and Redlands-Wynnum regions (N.B. The self-sufficiency of Beaudesert Hospital will not be reduced). |

| 2.6 | Expand the provision of community-based hospital and ED avoidance models (e.g. Hospital in the Home, primary care access) across MSH to optimise wellness, increase service access, and improve hospital bed and infrastructure efficiency and productivity. |

| 2.7 | Provide expanded integrated community health services for the Wynnum-Manly community from the new Wynnum-Manly Community Health Centre (Gundu Pa) (WMCHC) (to replace existing Wynnum Health Service (WHS) facility). |

| 2.8 | Advance the concept of “choosing wisely” in MSH to improve health service quality and capacity through identifying and considering tests, treatments, and procedures where evidence shows they provide little or no benefit. |

\(^2\)Self-sufficiency refers to the rate at which residents of a particular geographic region access health services within that region.
Maximise partnerships with private health service providers—e.g. Mater Health Services—to meet growing service demand.

Engage with other HHSs to support their development of increased health service capacity and capability, and enable treatment closer to home for their residents who currently access MSH services.

Promote the development of contemporary workforce models to support changes in health service delivery, including flexible work arrangements, multidisciplinary care and optimisation of scopes of practice.
Connecting healthcare and putting our patients first
| 3.1 | Implement redesign of the MSH Patient Flow Program to enhance strategic patient flow management across MSH through engagement, communication and integrated, multidisciplinary service delivery. |
| 3.2 | Expand the use of Nurse Navigators for integrated case management of complex needs patients across hospital and community settings of care. |
| 3.3 | Expand the existing Integrated Respiratory Services model in the Logan-Beaudesert region to enhance access to community-based respiratory support services (including collaboration with GPs, BSPHN and community health services) and provide rapid assessment within the hospital to improve length of stay and accelerate discharge. |
| 3.4 | Expand the existing community-based CARE-PACT model in MSH, in partnership with residential aged care facilities (RACFs) and GPs, to better manage the acute healthcare needs of frail older persons in RACFs, where these are beyond the scope of the RACF and GP. |
| 3.5 | Establish a GP and dietician-led gastroenterology screening clinic in MSH to identify clinically suitable gastroenterology patients for holistic management within the community. |
| 3.6 | Establish a multidisciplinary Older Persons Coordinated Care Service at QEII Jubilee Hospital to:  
  » streamline access to multidisciplinary Comprehensive Geriatric Assessment, management and care planning for people referred to the hospital  
  » provide alternatives to inpatient assessment  
  » facilitate early discharge  
  » reduce delays in transfer to interim care or placement in a RACF. |
| 3.7 | Implement the recommendations of the Metro South Health Dementia Services Strategy to ensure the delivery of high quality and integrated health care services to people living with dementia and their carers and families. |
| 3.8 | Expand the use of telehealth to deliver inpatient and outpatient services—to improve service access for patients and support other service providers to deliver quality care. |
| 3.9 | Implement the recommendations of the Statewide adult brain injury rehabilitation health service plan 2016–2026 and Statewide adult spinal cord injury health service plan 2016–2026, as relevant to Princess Alexandra Hospital services. |
| 3.10 | Develop and implement a Logan Health Plan—recognising the specific and urgent health needs in this region—in collaboration with various government agencies, health service providers, NGOs, and the Logan community. |
| 3.11 | Complete service planning and implementation to ensure a smooth transition of MSH services to the National Disability Insurance Scheme, and National Injury Insurance Scheme Queensland. |
Pursuing innovation for smarter healthcare
### What we will do

| 4.1 | Leverage the benefits of the Digital Hospital Implementation Project through redesigning health service delivery models to improve service efficiency and drive increases in patient care reliability and health outcomes. |
| 4.2 | Support the piloting of innovative ideas—including in partnership with research organisations and other service providers—underpinned by robust project management and evaluation frameworks. |
| 4.3 | Provide leadership in best-practice end-of-life strategy implementation in Queensland, including advance care planning and integrated palliative care services. |
| 4.4 | Implement the recommendations of the Metro South Health Gastrointestinal Endoscopy Strategy to deliver high quality, coordinated and streamlined services that meet growing demand. |
| 4.5 | Expand the use of remote health monitoring technologies to improve access to timely, integrated care and achieve improved health outcomes, especially for chronic disease patients. |
| 4.6 | Investigate the appropriate expansion of robotic surgery techniques to support efficient and effective surgical service delivery. |
| 4.7 | Implement innovative models of acute stroke care across MSH to optimise health outcomes for stroke patients. |
| 4.8 | Expand the use of Structured Interdisciplinary Bedside Rounding across MSH to increase care collaboration and promote proactive patient care. |
The successful delivery of our health service directions and strategies is dependent on complementary planning for the impact on key service enablers. An overview of the key strategic directions for our service enablers is provided below, with detailed planning completed via our Integrated Planning Framework (Figure 1).

### Infrastructure and Assets

Master Planning (15 year horizon) completed for Logan, Princess Alexandra, QEII Jubilee and Redland Hospitals. Initiatives have been prioritised to align with the areas of greatest service delivery need and business continuity risk.

Key opportunities include:
1. strategic alignment of infrastructure with service needs and the appropriate allocation of funds through a prioritisation framework to support enhanced and sustainable service delivery
2. better use of existing infrastructure through extending life by appropriate maintenance, re-utilisation and refurbishment of both building and equipment assets
3. establishment of public-private partnerships
4. government investment
5. implementation of delivery frameworks, methodologies and governance to support project management, leasing, equipment management and planning.

### Workforce

Develop a Metro South Health Strategic Workforce Plan which identifies priority actions over the next five years to ensure an appropriately skilled and sustainable workforce to successfully support:
- future demand for health services; and
- future service delivery models, including consideration of demand shifts, new models of care, new technology, policy and legislative directions, and industry trends.

Maintain strategic relationships with universities and workplace training providers to inform workforce training pathways, including the provision of work placements.
Funding

Collaborate with the Department of Health to design funding and investment models that incentivise health service delivery that is:
» patient-centred
» health outcome-focused
» integrated across sectors
» resource efficient.

Adopt a strategic approach to prioritising services and interventions in order to maximise health gain for our community:
» incorporating concepts of efficiency, value-based care and investment in growth services in a fixed budget environment.

Technology

1. Delivery of Digital Hospital and other eHealth initiatives to Metro South Health facilities – e.g. Electronic Medical Record, McKesson Capacity Planner, Imprest Medication Management Program, Patient Flow Manager Program, Telehealth capacity
2. Support clinical excellence through innovation, mobility and access to data
3. Investment in Health ICT actively and effectively supports Metro South Health in addressing its major priorities
4. Continue to build on our excellence in ICT governance, planning and innovation
5. Continue to build our internal capability to deliver and support ICT
6. Focus on improving customer experience with ICT services
7. Support the enablement of information to be easily exchanged between Government departments, business and the community.

Person-Centred Care

Achieve Planetree Person-Centred Care designation across Metro South Health facilities - recognised excellence in person-centred care - through practicing a person-centred and holistic approach to care across the following 10 components:

» Communication through human touch
» Family, friends and social support
» Information and education
» Healthy communities
» People caring for people
» Food as therapy
» Overall wellbeing
» Architectural and interior design
» Spirituality
» Arts and entertainment
Quality and Safety

Making Metro South a great place to be a patient, by:
1. The Kindest System for patients: making our system kinder for patients and achieving Planetree person-centred care recognition for excellence in this.
2. Quality Improvement: systematically apply the sciences of quality improvement, change and implementation to get better at getting better; to help and empower our staff turn their improvement ideas into reality.
3. More reliable care: consistency delivering agreed patients cares to our patients, mobilising Digital Hospital decision support and addressing the systems causes for unreliable care.
4. Enhanced data: mobilising Digital Hospital and the expertise of our staff as the enabler to get better and real time clinical performance data to staff.
5. Reforming our compliance systems: maintaining our excellence, while reducing red tape and reforming these systems to have a better impact on patients care. Lead the nation on these reforms through the New Era Accreditation work and the Short Notice Accreditation work.

Research

Promote and support the engagement of staff in research endeavours across all MSH facilities, professional streams and settings of care, through research partnership models, including (but not limited to):
- Centres for Health Research (CHR)
- Translation Research Institute (TRI)
- Brisbane Diamantina Health Partners (BDHP)
- Centre for Functioning and Health Research (CFAHR)
- The Hopkins Centre – Research for Rehabilitation and Resilience.

Service Partners

- Maintain a strong partnership with the Brisbane South Primary Health Network (BSPHN) to move towards a more integrated and coordinated health care system
- Strengthen engagement with our consumers, carers and community as partners in health service development and the achievement of optimal health outcomes
- Evaluate public-private partnerships to meet infrastructure and asset requirements
- Maintain relationships - including effective service agreement performance management - with public and private sector service delivery partners to ensure sustainable publicly-funded health service delivery for our community (eg. Mater Health Services)
- Increase value-based contracting and outsourcing to improve the effectiveness and efficiency of support services and procurement.
Implementation and review

Following endorsement of the Metro South Health Service Plan by the Metro South Health Executive Committee and Board, Metro South Health facilities and services will work to enable implementation as required.

It is important to note that endorsement of this Plan by the Metro South Health Executive Committee and Board does not represent a commitment by Metro South Health to fund any additional capital and/or operating costs that may be required for implementation.

Key activities in the implementation of the Metro South Health Service Plan will include:

» Facility and service-level analysis of the Service Directions and Strategies and incorporation into Service Annual Operational Plans, Service Enabling Plans and stream-level Health Service Plans

» Business case/s development for additional required funding (both capital and operational), and submission through appropriate funding approval committees

» Support implementation

» Transition to “business as usual”

» Performance monitoring via regular reviews as detailed in the Metro South Health Integrated Planning Framework.
References


