A message from the Board Chair

Welcome—and thank you

Metro South Health’s vision is to be renowned worldwide for excellence in health care, teaching and research.

For us, that means creating a health care system that will always provide the highest standard of care for our patients and our community. To do this, our focus must include delivering integrated and seamless services, using the latest evidence-based innovations and technologies, and ensuring our highly skilled staff have opportunities to develop and improve their practice.

It also means we actively pursue a person-centred approach, placing people at the core of all that we do. Enabling our patients and the wider community to not only have a voice, but to be actively involved in our organisation, is important to ensure we provide a quality service that meets the needs of the community.

This strategic plan builds on the many achievements we have made over the three years since Metro South Health was created as an independent body. It sets the direction for our health service over the next four years, with a number of key focus areas and priorities.

In developing our strategic plan, we have consulted with clinicians, staff, external partners including primary health, as well as members of our community.

On behalf of the Metro South Health Board, I would like to acknowledge and thank all of those who have contributed to its development. We are committed to making a real difference now and well into the future for our patients and our community.

I commend this strategic plan and look forward to working with our staff, our community and our stakeholders to realise our strategic objectives by 2019.

Mr Terry White AO
Chair, Metro South Hospital and Health Board
The Queensland Government’s objectives for the community

Our Strategic Plan reflects our commitment to working closely with the Queensland Government to implement its objectives for the community, by advancing the Queensland Government’s priorities for health and ambulance service delivery.

Creating jobs and a diverse economy
- increasing workforce participation
- ensuring safe, productive and fair workplaces
- stimulating economic growth and innovation
- delivering new infrastructure and investment

Delivering quality frontline services
- achieving better education and training outcomes
- strengthening our public health system
- providing responsive and integrated government services
- supporting disadvantaged Queenslanders

Protecting the environment
- protecting the Great Barrier Reef
- conserving nature and heritage
- ensuring sustainable management of natural resources
- enabling responsible development

Building safe, caring and connected communities
- ensuring an accessible and effective justice system
- providing an integrated and reliable transport network
- encouraging safer and inclusive communities
- building regions

Metro South Health’s key focus areas and enablers are:

<table>
<thead>
<tr>
<th>Focus Area 1</th>
<th>Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality</th>
<th>To advance the Queensland Government’s priorities for health service delivery:</th>
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<tbody>
<tr>
<td></td>
<td>Strengthening our public health system</td>
<td>Providing responsive and integrated government services</td>
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<tr>
<td>Focus Area 2</td>
<td>Technology that supports best practice, next generation care</td>
<td>Strengthening our public health system</td>
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<td></td>
<td>Providing responsive and integrated government services</td>
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<tr>
<td>Focus Area 3</td>
<td>Health system integration</td>
<td>Strengthening our public health system</td>
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<td></td>
<td>Providing responsive and integrated government services</td>
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<tr>
<td>Enabler 1</td>
<td>Resource management that supports health service delivery needs</td>
<td>Strengthening our public health system</td>
</tr>
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<td></td>
<td>Providing responsive and integrated government services</td>
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<tr>
<td>Enabler 2</td>
<td>Enabling and empowering our people</td>
<td>Ensuring safe, productive and fair workplaces</td>
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<tr>
<td></td>
<td>Achieving better health-related education and training outcomes</td>
<td></td>
</tr>
<tr>
<td>Enabler 3</td>
<td>Ensuring the needs of our stakeholders influence all our efforts</td>
<td>Supporting disadvantaged Queenslandans</td>
</tr>
</tbody>
</table>

Figure 1: Queensland Government’s objectives for the community

The Queensland Government’s priorities for health and ambulance service delivery are:
- Ensuring safe, productive and fair workplaces
- Achieving better health-related education and training outcomes
- Strengthening our public health system
- Providing responsive and integrated government services
- Supporting disadvantaged Queenslanders.

Figure 2: Queensland Government’s priorities for health and ambulance services

2. Source: Ministerial Charter Letter, Minister for Health and Minister for Ambulance Services, 5 February 2016
Embracing new approaches to deliver best-practice patient care

Since its inception in 2012, Metro South Health (MSH) has established itself as one of Australia’s leading health services, in terms of its performance and culture, its clinical excellence and its commitment to identifying and responding proactively to the changing healthcare needs of our community.

Keeping up with the rapid rate of change and growing demands for innovation in order to deliver best-practice patient care (and in an organisation employing more than 14,000 staff, with an annual budget of $2.3 billion) requires clear and effective leadership.

To reach its potential, MSH needs a commitment to collaboration and a willingness to invest whole-heartedly in applying emerging methodologies and technologies. Perhaps most importantly, it requires a shared commitment to an agreed strategic direction, supported by a willingness to invest in training and empowering the people who make up MSH.

This document represents the diverse experience, insight and shared passion of the MSH Executives and Board in outlining a practical direction for MSH.
With a refined focus on three key areas with three enabling areas, the plan outlines both a direction, as well as key outcomes and strategies to be achieved in the next four years.

The key areas of focus include:
1. Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality
2. Technology that supports best practice, next generation clinical care
3. Health system integration.

Enabling areas include:
1. Resource management that supports health service delivery needs
2. Enabling and empowering our people
3. Ensuring the needs of our stakeholders influence all our efforts.

Responding to emerging needs

More than ever we are seeing the need for health services to create a culture of redesigning, improving and rethinking the way services are delivered. Some of the key drivers of the imperative to change include:

- Advances in technology that impact clinical practice, organisational connectivity and efficiency, and the patient interface.
- Changing attitudes and expectations in the community toward health services.
- Increased access to health information and availability of different forms of healthcare (e.g. telehealth and eHealth).

- Growing demand on the health service due to population growth and changes in demographics, with complex funding models and infrastructure challenges.
- Providing health care that is respectful of, and responsive to, the preferences, needs and values of each patient.
- Responding to national social reforms including aged care and the National Disability Insurance Scheme.

As the population ages and more people are living with chronic diseases, healthcare costs are becoming an increasing burden. The current Queensland context presents an opportunity for MSH to consider different models of healthcare service delivery—models which are not only more cost effective, but which also deliver high quality outcomes for patients.

A problem arises when current funding models are based around acute-based hospital activity with little reference to primary healthcare and early intervention. The need to demonstrate cost savings from averted hospital admissions is becoming increasingly important, with results from international studies highlighting just how challenging it can be to recognise these potential savings.

Therefore, an important priority in this plan is an ongoing focus on enabling health services in the community (decreasing the reliance on the more traditional facility based model of clinical care) and meaningfully tracking the benefits in terms of economic efficiency and increased patient safety. Embracing and utilising technological advances is going to be a key factor in delivering on this priority.

To effectively move toward a longer-term contemporary health model there is a part MSH needs to play in effectively influencing the broader health agenda. MSH must take advantage of its strong standing in the Australian health sector during the current period of healthcare transformation.

As one of the highest performing health networks in the country, MSH is well positioned to be a catalyst for strategic thinking, leadership, networking and action across the entire health sector. Aligning with contemporary health models will mean embracing new roles to support a high-functioning, networked ecosystem that empowers leaders and integrates best-practice to influence Australia’s health, science, economic and social agendas.

This plan therefore considers a range of external stakeholders key to delivering the strategic outcomes – including:
- Local general practitioners
- Community health providers
- Private public partnerships
- Government departments
- Academic institutions
- Industry.

As we move forward, MSH is dedicated to building on its recent successes to continue its work for the community. Through the passion and dedication of our staff, we are consistently establishing an international reputation for excellence in healthcare, teaching and research. As we pursue this ambition further, I look forward to collaborating with our colleagues to continue reshaping the way we operate and finding innovative ways to improve clinical care and community health.

Robert Mackway-Jones
Acting Chief Executive, MSH
Metro South Hospital and Health Service (hereafter referred to as Metro South Health) is the most populated health service in Queensland, and is the major provider of public health services, health education and research in the Brisbane south side, Logan, Redlands and Scenic Rim regions.

Metro South Health (MSH) is one of 16 Hospital and Health Services in Queensland and serves an estimated population of 1 million people, 23 per cent of Queensland’s population. It employs more than 14,000 staff and has an annual operating budget of $2.3 billion.

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.

MSH is made up 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 employ more than 14,000 staff across our services. 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.
Vital statistics (2015–16)

1 million
people in the Metro South region

1,258,989
outpatient appointments

239,474
hospital admissions

285,971
emergency department presentations

14,602
staff members (headcount)

$2.0 billion
expenditure
Our key focus areas and enablers

1) Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality

2) Technology that supports best practice, next generation clinical care

3) Health system integration
Our **vision** is to be renowned worldwide for excellence in health care, teaching and research.

Our **purpose** is to deliver high quality health care through innovative and evidence-based strategies, enabled by the efficient use of available resources, robust planning processes and stakeholder collaboration.

**ENABLERS**

1) **Resource management that supports health service delivery needs**

2) **Enabling and empowering our people**

3) **Ensuring the needs of our stakeholders influence all our efforts**
Clinical excellence

Clinical compliance is already managed very well across MSH. As an organisation we are committed to excellence and challenging ourselves to go beyond compliance to become recognised as a leading example of outstanding healthcare, both nationally and internationally.

We will focus on...

» Achieving accreditation against standards of excellence (not just compliance).
» Areas of detail that make the difference to clinical outcomes and patient experience.

Opportunities and deliverables

» Identifying and pursuing best-practice accreditations that reflect highest standards of clinical excellence.
» Leveraging clinical redesign capability to drive excellence.
» Faster translation of research-led evidence-based clinical practice into our services.
» Delivering a clinical reliability agenda across the service.

Delivering value

Leading health services internationally are increasingly focused on making strategic investments in specific clinical services based on demonstrated value, and disinvesting from low-value services.

We will focus on...

» Ensuring we continue to deliver high-value, highly effective services that meet the current and emerging needs of our community.
» Ensuring we have effective processes and capability to identify and prioritise key opportunities as they emerge.

Opportunities and deliverables

» Utilising international evidence to identify known areas in scope for disinvestment.
» Undertaking assessment and analysis of those areas to establish the relevance of any learnings to MSH.
» Establishing a process for making strategic prioritisation decisions that can be cascaded at all levels of the organisation.

Redesign and improvement

Significant large-scale redesign projects have already been successfully undertaken in MSH (e.g., the Logan outpatients project, NEAT remodelling). From this point of strength, our next step is to increase our focus on micro-process redesign to drive excellence and efficiency.

We will focus on...

» Empowering leaders to drive improvement and innovation.
» Making smaller-scale, rapid-cycle improvements that can quickly translate ideas into tangible benefits for patients and staff (moving from change as an event to change as an ongoing culture).

Opportunities and deliverables

» Establishing redesign and innovation capability and facilitation (people who can take an idea and ‘make it happen’) across the service.
» Establishing a leadership-based change model for facilitating and guiding change through embedded champions.
» Pursuing funding opportunities to incentivise redesign.
» Increasing capacity for internal learning and development to maximise the success of new initiatives and redesign workplace processes.
## Outcomes, strategies and KPIs

<table>
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| **1.1 Clinical excellence, not just compliance, across the service** | 1.1.1 Achieve external designation/recognition for person-centred care across MSH  
1.1.2 Continue programs for increasing clinical excellence and educational opportunities as outlined by the Magnet designation  
1.1.3 Achieve globally recognised nursing standards across MSH  
1.1.4 Develop approaches to strengthen collaborative clinical research, including innovation and implementation research  
1.1.5 Develop a MSH translational research strategy to better translate emerging evidence into effective and efficient clinical practice | External designation/recognition for person-centred care achieved  
“Pathway to Excellence” implemented  
Magnet Redesignation achieved at PAH  
Rate of healthcare-associated staphylococcus aureus bacteraemia  
% of emergency department patients who depart within 4 hours of arrival  
% of emergency department patients off stretcher within 30 minutes |
| **1.2 High value, highly effective health care services that meet the current and emerging needs of our community** | 1.2.1 Develop value-based care approach based on emerging evidence, federal/state policy and community needs  
1.2.2 Review the clinical streams structure to refine and improve effectiveness of decision-making, and the interaction between streams and with facilities  
1.2.3 Develop a service prioritisation model to assist in decision-making on investment in new initiatives (including education and professional development)  
1.2.4 Continue to work with other HHSs and the Department of Health to progress the implementation of regional health service plans  
1.2.5 Apply robust health service planning processes—including multi-factorial needs analysis methodologies—to all service developments, to address current and emerging health service needs and proactively influence government policy across all sectors  
1.2.6 Develop health service plans to respond to needs associated with emerging community trends (e.g. increasing refugee community, ageing population and dementia) | % of elective surgery patients treated within the clinically recommended time  
% of gastrointestinal endoscopy patients treated within the clinically recommended time  
% of separations recorded as discharged against medical advice  
Average Length of Stay (ALOS) for multi-day stay patients for identified Australian Refined Diagnostic Related Groups (AR-DRGs)  
Redesign and improvement strategies supported by EPIC (Executive Planning and Innovation Committee) meet TIC (Transformation and Innovation Collaborative) project management documentation guidelines  
Clinical Streams Review completed  
Health Service Plans for all clinical streams completed |
| **1.3 Increased capacity and capability for redesign and improvement across the service** | 1.3.1 Undertake redesign and improvement strategies, focusing on both clinical and non-clinical services  
1.3.2 Build redesign and innovation capability across MSH services | |
Now more than ever, rapid advances in clinical and business technology are both enabling and, indeed, demanding ever greater levels of excellence in clinical care.

As our community becomes more digitally educated, their expectations for convenient, personalised and responsive care increases.

In the consulting room, clinical technology is enabling faster, more accurate, less invasive diagnosis, treatment and prevention.

Meanwhile, the ongoing surge of social technologies opens new avenues for effective care outside of traditional hospital environments.

When effectively applied, technology becomes a driver for change, a catalyst for innovation, and a tool for engaging more effectively internally, as well as with other providers and the community.

Within the next 18 months, MSH intends to pioneer the first public Digital Hospital Project (DHP) in Australia at the PAH, with a view to further roll-out throughout the health service in the coming years. This is an important part of the MSH strategy as we strive to achieve the leading edge for excellence in healthcare and embed a culture of innovation and clinical excellence.

We will focus on...

**CLINICAL**

- **Consumer and clinician digital access**
  - App-based care and information access
  - Online videos optimized for mobility
  - Computer based treatment programs

- **Enhancing home-based healthcare**
  - Telehealth for in-home care
  - Increased portability
  - Systems to further enable effective in-home care and self-monitoring
  - Patient education before discharge
  - Point-of-care technology (device integration)

**NON-CLINICAL**

- **Asset and records management**
  - Simple and high quality coordinated records management system
  - Equipment tracking capacity
  - Patient record connectivity with other health providers in Metro South region

- **Remote monitoring and access control**
  - Increased ability to monitor patients in their own home
  - Secure cloud and mobile environments
  - Targeted use of clinical care resources

- **Staff communication**
  - Using new technologies to deliver information (i.e. Facebook, apps)
  - Staff engagement development of new technology
  - Innovation pipelines and feedback loops at all levels of the organisation

- **Integration opportunities**
  - Coordinated referrals system
  - Health literacy
  - Way finding
  - Appointment scheduling

**Improved diagnostics**

- Efficiencies through automation
- Minimally invasive diagnostics
- Improved decision-support pathways
- Personalised medicine (e.g. genomics)
- Point of care decision support
- New implantable devices

**Technology that supports best practice, next generation clinical care**
## Outcomes, strategies and KPIs

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| 2.1 Digital Hospital Project implemented across the service | 2.1.1 Go live on Digital Hospital Project at PAH  
2.1.2 Rollout of the Digital Hospital Project across MSH | Digital Hospital Project successfully implemented  
Telehealth utilisation rates |
| 2.2 Increased uptake of service-wide technology initiatives to improve clinical excellence, efficiency and access | 2.2.1 Piloting of service-wide technology initiatives to improve clinical excellence, efficiency and access  
2.2.2 Enable electronic schedule management across MSH  
2.2.3 Automate pharmacy processes  
2.2.4 Finalise large technology projects (e.g. molecular diagnostics at PAH)  
2.2.5 Implement improved and contemporary digital communication platforms (e.g. increased use of Voice Over Internet Protocol (VOIP))  
2.2.6 Develop and implement preliminary digital strategy to enable home and community-based models of care  
2.2.7 Increase uptake of telehealth services to reduce the need for patients to travel for care  
2.2.8 Improve alerts and monitoring to flag ‘high risk’ patients, leading to early commencement of support services to enhance the transition from hospital to community  
2.2.9 Achieve extensive integration with home and community-based models of care enabled through technology | Pilots of service-wide technology initiatives completed  
MSH Digital Communications Strategy implemented |
| 2.3 Improved availability and integration of contemporary systems for patient information and business management across health services | 2.3.1 Establish best-practice e-procurement processes  
2.3.2 Enable automation of payroll forms where possible  
2.3.3 Provide leaders with business intelligence dashboards to support timely decision-making  
2.3.4 Develop and implement learning management, asset management and record management systems  
2.3.5 Replace access control systems across the health service  
2.3.6 Implement a single patient administration system across MSH  
2.3.7 Retire the Hospital Based Corporate Information System (HBCIS) and other legacy systems | |
| 2.4 Increased consumer and clinician digital access to health services and information | 2.4.1 Develop and deliver a digital communications strategy to increase awareness and engagement, particularly focusing on those consumers who do not currently use technology  
2.4.2 Review opportunities to improve network strength through cloud, mobility and social messaging tools | |
Shifting community attitudes, large demographic changes and funding pressures continue to challenge us to establish more effective models of care that maximise our ability to provide care to the whole population. Sometimes, a hospital facility is the only place where suitable care can be provided, but increasing evidence demonstrates that high-quality care can be provided in a range of non-hospital settings. In a future of limited resources where we must do more with less, delivering for the community means MSH needs to take a proactive approach to help as many people as possible avoid using our larger facilities by increasing their access to health and well-being services in the community.

Internationally, substantial evidence now exists to support the efficacy of programs that focus on:
1. Encouraging population health through healthier lifestyles, habits and early interventions (prevention)
2. Diagnosing and treating both acute and chronic conditions in community and home-based facilities (hospital avoidance)
3. Enabling faster transitions out of hospital without compromising clinical recovery through better home-based and community-based care (supported discharge/Hospital in the Home).

In many cases, delivering these more effective approaches to care will require leadership and a demonstrated willingness to collaborate across technical, professional and organisational boundaries to build stronger relationships with primary care providers in the community.

The development of an integrated health care approach with a strong local network of primary healthcare providers with better connections to MSH, will be central to our ability to ensure that the community’s needs are met sustainably into the future.

We will focus on...

Moving from a current, fragmented system towards a more integrated, coordinated healthcare network

Primary care
- General practitioners (x1000)
- Non-government organisations (x250)
- Aged care
- Allied health practitioners and pharmacists (x10000)
- Home and community care
- Aboriginal and Torres Strait Islander health

Integrated health system
- Collaboration to optimise the delivery of community healthcare outcomes
- Faster discharges, home-based care
earlier diagnoses and prevention
- Better access to acute and specialist care when it’s needed most

Secondary, tertiary and quaternary care
- Public hospitals
- Private hospitals
- Community health
- Addiction and mental health
### Outcomes, strategies and KPIs

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<tr>
<td>A MSH integrated health care approach, based on the vision for integrated health care across sectors</td>
<td>Identify high-value integrated health care models and quantify benefit targets, through data analysis and research</td>
<td>MSH integrated health care approach implemented</td>
</tr>
<tr>
<td></td>
<td>Review and prioritise current and potential integrated health care models based on a multifactorial benefit analysis</td>
<td>Smoking Cessation Pathway completion rate</td>
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<td></td>
<td>Develop and implement an integrated health care strategy based on the vision for integrated care across health sectors</td>
<td>Childhood immunisation rates</td>
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<tr>
<td></td>
<td>Collaborate with local government, non-government organisations, community groups and other government departments to design and implement local strategies that address the behavioural and social determinants of health</td>
<td>Breast cancer screening activity against targets</td>
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<td></td>
<td>Continue to investigate technology opportunities to improve the collection and integration of patient data across the health sector to improve clinical decision-making and ensure the benefits of integrated health care strategies are realised for patients.</td>
<td>Bowel cancer screening participation rates</td>
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<td>% of unseen specialist outpatients waiting more than the clinically recommended timeframe for their urgency category</td>
<td>% of unseen specialist outpatients waiting more than the clinically recommended time of 2 years</td>
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<tr>
<td></td>
<td>Reduction of long wait specialist outpatients</td>
<td>% of all hospitalisations that are identified as potentially preventable hospitalisations (identified vaccine-preventable, acute and chronic conditions)</td>
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<tr>
<td>Improved population health outcomes through healthier lifestyles, habits and early interventions (prevention)</td>
<td>Promote evidence-based health behaviour changes in the management of health conditions</td>
<td>% of patients on the General Care dental waiting list that are waiting less than the clinically recommended time of 2 years</td>
</tr>
<tr>
<td></td>
<td>Maintain delivery of risk factor prevention and early intervention programs and services targeting nutrition, physical activity, alcohol consumption, tobacco use, overweight and obesity and falls prevention</td>
<td>% of all hospitalisations that are identified as potentially preventable hospitalisations (identified vaccine-preventable, acute and chronic conditions)</td>
</tr>
<tr>
<td></td>
<td>Continue to provide current immunisation services aimed at improving existing immunisation coverage</td>
<td>% of Aboriginal and/or Torres Strait Islander hospitalisations that are identified as potentially preventable hospitalisations</td>
</tr>
<tr>
<td></td>
<td>Continue to provide breast and bowel cancer screening services which aim to increase participation rates in line with national targets</td>
<td>Number of patients with whom an Advance Care Plan (ACP) approach has taken place</td>
</tr>
<tr>
<td>Improved access to health care in the home and community for people at risk of hospitalisation (pre-hospitalisation)</td>
<td>Implement evidence-based home and community-based services for people most at risk of hospitalisation in our community</td>
<td>MSH Patient Flow Program optimisation project completed</td>
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<td></td>
<td>Extend the use of allied health and nurse practitioner conservative management clinics to reduce specialist outpatient waiting lists by identifying and diverting patients who require non-specialist management</td>
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<td></td>
<td>Continue to support and expand Metro South Health’s End of Life Strategy</td>
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<tr>
<td>Improved access to post-hospitalisation health care in the home and community to enable timely and effective hospital-to-home (including nursing home) transitions (supported discharge / Hospital in the Home etc)</td>
<td>Implement evidence-based home and community-based services to enable timely and effective hospital-to-home (including nursing home) transitions</td>
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<td></td>
<td>Optimise the MSH Patient Flow Program to more effectively align and integrate service delivery</td>
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The tension between decreasing funding paths and an increasing requirement to do more without compromising quality and safety is driving change. To deliver on these requirements, a focus is needed on hospital avoidance and prevention programs. However, this presents a challenge as MSH is currently funded for acute based hospital activity, and does not control a lot of the primary and early intervention work from a funding responsibility perspective. Continuing to explore integration solutions, positively influencing key funders and system managers is key in navigating these challenges and migrating the MSH to a contemporary health model.

### Outcomes, strategies and KPIs

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| 4.1 Capital and asset planning that is aligned with future health service needs to inform investment priorities | 4.1.1 Seek capital investment to deliver on MSH priorities outlined in State Health Asset and Infrastructure Plan  
4.1.2 Continue to develop and implement the MSH Total Asset Management Plan to align physical assets with service delivery needs and longer term asset infrastructure plans  
4.1.3 Health service planning informs smart decisions on the use of infrastructure and assets  
4.1.4 Investigate partnership opportunities to enhance access to sub-acute services | Full year forecast operating position  
Year to date funded and cost per Queensland Weighted Activity Unit (QWAU)  
Own Source Revenue full year forecast  
Capital investment full year forecast  
Procurement Transformation Strategy completed |
| 4.2 Positive influence on key funders and systems managers to develop funding models that support contemporary models of health service delivery | 4.2.1 Engage with the Department of Health to pursue longer-term funding certainty to support more effective direction-setting and planning  
4.2.2 Create an environment where devolvement is progressed and funding models are identified in funding agreements in order to move into longer term planning  
4.2.3 Seek devolvement of capital funding responsibility for non-building related assets | |
| 4.3 Increased organisational capacity and capability for resource management to meet health service needs | 4.3.1 Identify and undertake value-for-money resource management improvement initiatives across MSH  
4.3.2 Continue to maximise effectiveness and efficiency through increased Activity Based Funding technical capacity, activity modelling and benchmarking against state and national best-practice  
4.3.3 Develop methods to improve business intelligence with respect to performance, benchmarking performance, relative efficiency, cost ratios and assessments of clinical value  
4.3.4 Create a sustainable system to maximise revenue opportunities within the relevant funding frameworks that exist including reviewing the Own Source Revenue Plan  
4.3.5 Seek better funding outcomes through demonstrated performance success  
4.3.6 Develop a procurement transformation approach to maximise benefits within whole of sector framework | |
Enabling and empowering our people

MSH is proud to have a positive workplace environment, which has been fostered and maintained in the midst of large-scale change. Continuing to enable and empower our people is crucial to delivering a health service that is agile and innovative, and able to maximise the technological changes and advancements that continue to be rolled out across the health service. Keys to facilitating this objective include furthering the education and training of staff, and developing leadership across MSH. Creating capacity and building capability of staff through education and training enables a culture of redesign and improvement, equipping staff to tackle problems, think of solutions and sustain advances that are patient-based. Rethinking the way power and responsibility operate within teams and organisations across the health and care system fosters an environment where leadership is shared both ‘vertically’ and ‘horizontally’, improving our staff engagement. This in turn enables MSH to improve community health and deliver better patient care.

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| 5.1 Capable and accountable leadership | 5.1.1 Further improve culture of performance and clinical excellence through leadership capability and accountability  
5.1.2 Identify opportunities to build leadership networks across the service e.g. additional forums/ opportunities for stream leaders and facility leaders to interact as a group  
5.1.3 Identify ways to enable and empower our leaders with key messages about strategic direction  
5.1.4 Identify and develop leadership at all levels | Rate of workforce engagement (workforce culture)  
Minimum Obligatory Human Resource Information FTE  
Equal Employment Opportunity Workforce Composition  
Workforce Plans completed for all professional streams  
Registered Training Organisation status achieved |
| 5.2 A workforce with the capacity and capability to deliver agile and innovative health services | 5.2.1 Develop an employer reputation and brand that positions MSH as an employer of choice by launching the new external MSH website  
5.2.2 Complete operational workforce plans targeted toward specific professional groups (i.e. for nurses, medical staff, administrative staff and allied health)  
5.2.3 Achieve Registered Training Organisation status  
5.2.4 Develop robust staff engagement approaches in partnership with external experts in other industries and universities  
5.2.5 Continue to develop and provide further research and training opportunities  
5.2.6 Proactively develop organisational change capability for leaders and teams throughout MSH  
5.2.7 Use learning management systems to create tailored learning and professional development programs  
5.2.8 Maintain and improve the current highly positive workplace culture in the midst of the large change programs and new work environments  
5.2.9 Continue to improve the educational base for our staff, independent of government initiatives, and in collaboration with external partners such as universities and vocational training providers | |
| 5.3 A diverse workforce | 5.3.1 Strive to maintain a diverse workforce which reflects the community MSH serves | |
Maintaining effective stakeholder relationships remains an essential focus for MSH. The changing nature of many of these relationships may require new approaches moving forward. MSH is focused on ensuring it continues to build effective working relationships with all its stakeholders by engaging consistently and demonstrating respect in all interactions.

Our key stakeholders include
Government, industrial bodies, our workforce, Department of Health, consumers, patients and community, research and education facilities, Primary Health Networks, professional bodies, other government service providers (e.g. Ambulance, Disability Services, Police), non-government organisations, primary care providers (general practitioners, specialists and residential care facilities).

### Outcomes, strategies and KPIs

<table>
<thead>
<tr>
<th>What we will achieve (Our outcomes)</th>
<th>What we will do (Our strategies)</th>
<th>How we will measure our success (Our KPIs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Effective working relationships with all stakeholders by engaging consistently and demonstrating respect in all interactions</td>
<td>6.1.1 Work together to address mutual problems and improve patient care 6.1.2 Develop stronger relationships with local primary providers 6.1.3 Be agile and responsive to community views to provide even better services, ensuring patients are partners in their healthcare 6.1.4 Empower key stakeholders through increased awareness and understanding 6.1.5 Ensure MSH is recognised as an exemplar health service 6.1.6 Identify opportunities to engage and clarify most beneficial points of contact to better understand current focus of key agency partners 6.1.7 Engage with individual MPs and councillors and be responsive to their needs 6.1.8 Communicate successes 6.1.9 Partner with educational institutions and research institutes to speed the translation of advances in research to clinical application 6.1.10 Engage actively with the Department of Health to ensure we understand key priorities 6.1.11 Participate in key departmental planning and governance forums 6.1.12 Complete key enabling plans (such as Closing the Gap Plan, Multicultural Plan and Disability Plan) to support improvement in the equity and access to services for these community members</td>
<td>Complaints resolved within 35 calendar days External designation/recognition for person-centred care achieved Relationship capital generated across stakeholder groups % performance against the National Safety and Quality Health Service Standards – Partnering with Consumers Key equity and access enabling plans completed and implemented</td>
</tr>
</tbody>
</table>
Delivering on the MSH strategic direction
# Delivering on the MSH strategic direction

## Focus area

### 1. Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality

- External designation/recognition for person-centred care achieved
  - 2017-18: Achieved
- "Pathways to Excellence" implemented
  - 2017-18: Implemented
- Magnet Redesignation achieved at PAH
  - 2018-19: Completed
- Rate of healthcare-associated staphylococcus aureus
  - ≤ 2 per 10,000 bed days
- % of emergency department patients who depart within 4 hours of arrival
  - 80%
- % of emergency department patients off stretcher within 30 minutes
  - 90%
- % of elective surgery patients treated within the clinically recommended time
  - ≥ 98% Category 1 and ≥ 95% for Category 2 and 3
- % of gastrointestinal endoscopy patients treated within the clinically recommended time
  - ≥ 80% Category 4 and ≥ 60% for Category 5 and 6
- % of separations recorded as discharged from hospital against medical advice
  - 0.8%
- Average Length of Stay (ALOS) for multi-day stay patients for identified Australian Refined Diagnostic Related Groups (AR-DRGs)
  - As per 2016-17 Department of Health Service Agreement KPI
- Redesign and improvement strategies supported by EPIC (Executive Planning and Innovation Committee) meet TIC (Transformation and Innovation Collaborative) project management documentation guidelines
  - Baseline: Not commenced
- Clinical Streams Review completed
  - Baseline: Not commenced
- Health Service Plans for all clinical streams completed
  - Baseline: 3/8 streams
- 2016-17: All streams

### 2. Technology that supports best practice, next generation clinical care

- Digital Hospital Project successfully implemented
  - Baseline: Commenced
- 2015-16: Go-live at PAH completed
- 2018-19: Go-live across MSH completed
- Telehealth utilisation rates
  - ≥ 20% growth on previous year’s service events
- Pilots of service-wide technology initiatives completed
  - Baseline: Not commenced
- 2015-16: 5 pilots commenced
- 2016-17: 5 pilots completed
- 2017-18: 5 new pilots commenced
- MSH Digital Communications Strategy implemented
  - Baseline: Not commenced
  - 2016-17: Completed
  - 2017-18: Implemented
<table>
<thead>
<tr>
<th>Focus area</th>
<th>KPI</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Health system integration</td>
<td>» MSH integrated health care approach implemented</td>
<td>2017-18: Implemented</td>
</tr>
<tr>
<td></td>
<td>» Smoking Cessation Pathway completion rate</td>
<td>Baseline: 25% 2016-17: 65% 2017-18: 65%</td>
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<td></td>
<td>» Childhood immunisation rates</td>
<td>95%</td>
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<td></td>
<td>» Breast cancer screening activity against targets</td>
<td>Meet or exceed yearly target set by</td>
</tr>
<tr>
<td></td>
<td>» Bowel cancer screening participation rates</td>
<td>Department of Health</td>
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<td></td>
<td>» % of unseen specialist outpatients waiting more than the clinically</td>
<td>≥ 95% Category 1 and ≥ 80% for</td>
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<td></td>
<td>recommended timeframe for their urgency category</td>
<td>Category 2 and 3</td>
</tr>
<tr>
<td></td>
<td>» Reduction of long wait specialist outpatients</td>
<td>Meet or exceed yearly target set by</td>
</tr>
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<td>» % of patients on the General Care dental waiting list that are</td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td>waiting less than the clinically recommended time of 2 years</td>
<td>100%</td>
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<td></td>
<td>» % of all hospitalisations that are identified as potentially</td>
<td>≥ 2% reduction on previous year’s rate</td>
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<td></td>
<td>preventable hospitalisations (identified vaccine-preventable, acute</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and chronic conditions)</td>
<td></td>
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<td></td>
<td>» % of Aboriginal and/or Torres Strait Islander hospitalisations</td>
<td>≥ 2% reduction on previous year’s rate</td>
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<td></td>
<td>that are identified as potentially preventable hospitalisations</td>
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<td></td>
<td>» Number of patients with whom an Advance Care Plan (ACP)</td>
<td>≥ 1,000 patients per quarter</td>
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<td></td>
<td>approach has taken place</td>
<td></td>
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<td></td>
<td>» MSH Patient Flow Program optimisation project completed</td>
<td>2017-18: Completed</td>
</tr>
<tr>
<td>4. Resource management that supports health</td>
<td>» Full year forecast operating position</td>
<td>Balanced, surplus or an agreed</td>
</tr>
<tr>
<td>service delivery needs</td>
<td>» Year to date funded and cost per Queensland Weighted Activity Unit</td>
<td>non-recurrent deficit (agreed with</td>
</tr>
<tr>
<td></td>
<td>» Own Source Revenue full year forecast</td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td>» Capital investment full year forecast</td>
<td>Percentage variance at or below zero</td>
</tr>
<tr>
<td></td>
<td>» Procurement Transformation Strategy completed</td>
<td>Meet or exceed budget</td>
</tr>
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<td></td>
<td></td>
<td>Balanced, or within -2% of budget</td>
</tr>
<tr>
<td>5. Enabling and empowering our people</td>
<td>» Rate of workforce engagement (workforce culture)</td>
<td>Baseline: 36% (Reaction culture) 2015: 40%</td>
</tr>
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<td></td>
<td>» Minimum Obligatory Human Resource Information FTE</td>
<td>(Consolidation culture) 2017: 50% (Ambition</td>
</tr>
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<td></td>
<td>» Equal Employment Opportunity Workforce Composition</td>
<td>culture)</td>
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<tr>
<td></td>
<td>» Workforce Plans completed for all professional streams</td>
<td>Meet yearly target set by Department of</td>
</tr>
<tr>
<td></td>
<td>» Registered Training Organisation status achieved</td>
<td>Health</td>
</tr>
<tr>
<td>6. Ensuring the needs of our stakeholders</td>
<td>» Complaints resolved within 35 calendar days</td>
<td>≥ 86%</td>
</tr>
<tr>
<td>influence all our efforts</td>
<td>» External designation/recognition for person-centred care achieved</td>
<td>2017-18: Achieved</td>
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<td></td>
<td>» Relationship capital generated across stakeholder groups</td>
<td>2017-18: Increase in relationship capital</td>
</tr>
<tr>
<td></td>
<td>» % performance against the National Safety and Quality Health</td>
<td>across stakeholder groups</td>
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<tr>
<td></td>
<td>Service Standards – Partnering with Consumers</td>
<td>≥ 90%</td>
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<tr>
<td></td>
<td>» Key equity and access enabling plans completed and implemented</td>
<td>2017-18: Completed</td>
</tr>
</tbody>
</table>
Our greatest challenges

As the largest public health service (by resident population) in Queensland, MSH faces a number of strategic risks over the next four years.

Demand is greater than infrastructure and resource capacity

There are indications that the health of Queenslanders is improving. Life expectancy is increasing, death rates for many causes are decreasing, and more people continue to report satisfaction with their health. However, hospitalisation rates are increasing for many health conditions, and are likely to continue to rise over the next 20 years. Whilst much of the future pressure on the healthcare system will come from an ageing population, there are also other causes, in particular the impact of chronic diseases. The current infrastructure and resources are likely to be unable to meet the health needs of Metro South residents over the coming years. Changes to models of care and the delivery of health services are required to ensure demand is able to be met.

Revenue generated is less than planned

Metro South Health has developed a number of strategies to generate revenue. If these strategies do not deliver the expected results, a review of services will be required to retain financial viability.

Unanticipated events (e.g. natural disasters, pandemics)

Queensland regularly experiences severe weather events and natural disasters and Metro South Health, as the largest Hospital and Health Service, is integral in the management of pandemics or disease outbreaks. Plans are in place to respond to disease outbreaks, natural disasters and environmental hazards.

Advances in health technology

It is estimated that half of the increase in expenditure in health spending over the last 50 years is due to the introduction of new technologies and the subsequent increased volume of services per treated case. However, advances in health technology have also improved the efficiency, effectiveness and quality of health services. Metro South Health is committed to increasing the availability and use of technology in an appropriate way. New technologies including eHealth and telehealth will provide opportunities to deliver more effective health services and improve health outcomes.

Our opportunities

Key opportunities exist that will assist Metro South Health to meet its targets as it continuously works to innovate, adopt and improve:

» Establishment of partnerships to develop infrastructure
» Better integration between local health services (primary, secondary, tertiary and quaternary) to drive improvements in health outcomes across the entire health system
» Initiatives such as the Translational Research Institute and Brisbane Diamantina Health Partners to promote the transfer of knowledge into improved health outcomes
» Improve workforce efficiency through the judicious use of technology including eHealth
» Clinical redesign to better meet demand

Access and utilisation of dedicated clinical research facilities, such as the joint partnership between the Translational Research Institute and PAH
Monitoring and review

The monitoring and performance of Metro South Health is prescribed by a number of external authorities:

- Hospital and Health Service Agreement Key Performance Indicators
- National Safety and Quality Health Service Standards
- National Health Performance Framework

Other measurements of performance include the evaluation of program/service initiatives.

This Plan will be monitored by the Metro South Hospital and Health Service Board quarterly. The Plan can be reviewed or amended at any time at the request of the Board.

Regular review of the Strategic Plan by the Board will allow identification and assessment of changes in the internal or external environment impacting on Metro South Health’s strategies.

Accountability for implementing, monitoring and reviewing this Strategic Plan lies with the Health Service Chief Executive.

Strategic planning framework

Consultation, collaboration, integration