

Metro North Hospital and Health Service *Putting people first*

Metro North Hospital and Health Service and Brisbane North PHN

A protocol for working together to
enhance health outcomes

V1 Effective: 10/2015 Review: 10/2018

Background

This is an agreement (Protocol) between Metro North Hospital and Health Service and Brisbane North PHN (the Parties).

The Metro North Hospital and Health Service (the HHS) is a statutory body and a key provider of public acute care services in the region. The Brisbane North PHN (the PHN) is an independent company and commissioner of primary health care services with a recognised role in local coordination of and support for community and primary health care providers.

The Parties have, in all of their previous forms, a long history of working together and achieving improved health care outcomes for the communities of their region.

The nature of these endeavours has varied but all have been built on the good relationships that exist between the Parties.

The Parties recognise they have a shared responsibility for the health and wellbeing of the community of Brisbane North.

Under the *National Health Reform Agreement* (2011) and subsequent Acts and Regulations in Queensland, there is a requirement to document an overarching Protocol between the Parties.

Vision

The Parties share a vision to have a community where good health is available to everyone. This is manifested in the integrated and aligned manner in which health services are organised and delivered locally.

Objectives

The key objective of the Protocol is for the Parties to adopt a shared and coordinated approach in seeking to address the health needs of the local population in the most efficient and effective manner possible.

The Protocol is also aimed at the following objectives:

- a) promote cooperation between the Parties in the planning and delivery of health services;
- b) outline how together we can meet the joint objectives of our respective organisations;
- c) provide context, guidance and outline joint governance proposals for a range of initiatives that continue to be developed between the Parties;
- d) ensure alignment of approach with other parts of the local health economy such as aged care and disability services;
- e) identify the key issues which form the basis of the cooperative approach between the HHS and the PHN; and
- f) improve the health outcomes for the community of Brisbane North.

In order to further those Objectives, the Parties will work together to:

- Share health information data;
- Identify and provide plans and an evaluation mechanism for the key issues identified as requiring cooperation;
- Respond to relevant State and national strategies and policy ;
- Identify and prioritise local health needs;
- Determine the most efficient service delivery to meet current and expected future demand;
- Meet performance requirements as measured by State and National authorities;
- Enhance service access, coordination and integration across the health continuum;
- Influence and reform those areas of the health system for which they have responsibility; and
- Ensure care is delivered in the right place at the right time by and to the right people.

Governance

To achieve the objectives of the Protocol, close collaboration and relationships will take place at all levels of both organisations through the following engagement structures:

(a) Joint Board Meetings

(i) Membership

The Boards of each of the Parties agree to meet at least twice a year.

(ii) Meetings

In these meetings, subject to each Board’s obligations in relation to confidentiality and privacy, a summary of key issues discussed and decisions made that are of relevance to the other Party will be shared.

(iii) Approach

The Joint Board Meeting may establish its own rules and conventions in relation to the running of meetings and oversight of outcomes of meetings. The Joint Board Meeting may make recommendations or give directions to the Protocol Working Group.

(b) Protocol Working Group

(i) Membership

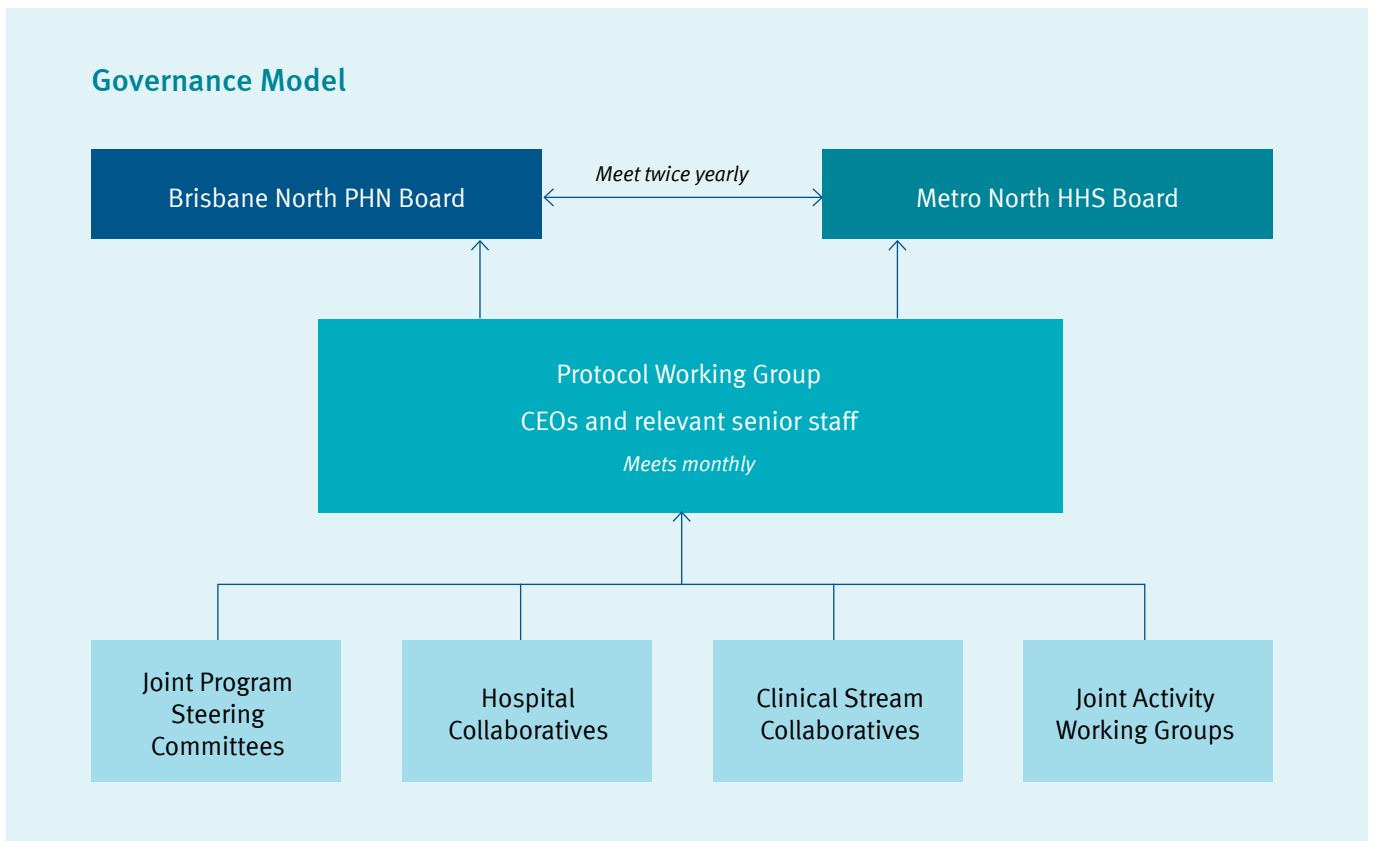
Membership shall consist of the Chief Executive of either party and relevant senior staff. The members shall agree on a Chairperson who shall arrange for preparation of agendas, direction of meetings and taking minutes of meetings.

(ii) Meetings

The Protocol Working Group shall meet monthly. In these meetings, subject to each organisation’s obligations in relation to confidentiality and privacy, a summary of key issues discussed and decisions made that are of relevance to the other Party will be shared.

(iii) Approach

The Protocol Working Group may establish their own rules and conventions in relation to the running of meetings and oversight of outcomes of meetings. The Parties shall discuss the progress and issues involved or encountered in activities of the Parties, as set out in Schedule 1, at meetings. The Protocol Working Group may make recommendations to the Joint Board Meeting.



Key Elements for Developing Integrated Care

International evidence¹ identifies a set of common elements that support integrated healthcare governance and improved integration of care between the primary and secondary sectors. The activities undertaken by the Parties under this Protocol will be guided by the adoption of the following ten elements:

1. Joint planning

The Parties are committed to a joint and coordinated approach to the development of strategic and operational plans that are grounded in a common understanding of the health needs of the north Brisbane community.

2. Integrated information and communication (ICT) systems

The parties recognise that integrated information system infrastructure is essential for effective care coordination and communication across the care continuum. The parties will work towards building systems of data sharing and data management.

3. Change management

Successful system integration will require institutional change. The Parties therefore commit to developing an effective change management strategy to underpin the integration initiatives being undertaken.

4. Shared clinical priorities

The Parties will work towards consulting available data and engage clinical leaders, community members and consumers to assist in identifying agreed clinical priorities for service improvement. The Parties are committed to developing integrated service delivery models in these priority areas that will optimise care across the continuum through improved patient care planning and coordination and the development of care pathways.

5. Aligned incentives

The Parties will work towards providing incentives that are aligned across the continuum in order to promote inter-professional and cross-sectorial teamwork, shared accountability for cost and quality and to ensure the whole sector is working towards a shared vision. The Parties are committed to exploring cross-sector system redesign, for example, alternate funding models, and to promote the goal of improved health and service delivery at a population level.

6. Population focus

The parties are committed to promoting a culture of shared responsibility for the health of the community. This requires a shift in focus from health services delivered in separate units, facilities or sectors to a focus on care that can be provided across organisations for the Brisbane North population and an emphasis on upstream health promotion and disease prevention.

7. Measurement and evaluation

The Parties are committed to adopting a collaborative approach to evaluating the impact of system improvements. Developing targets that extend beyond organisational boundaries allows clinicians and managers to see areas of improvement from a patient rather than an organisational perspective. This will include evaluation of the effectiveness of working relationships, planning processes and outcomes, in relation to this Protocol.

8. Continued professional development

The Parties will work towards promoting inter-organisational and inter-sectorial multidisciplinary professional development. By doing this a skill set will be developed across the sector that will better meet the needs of the community by enhancing continuity of care and supporting transition between different types of care.

9. Community engagement

The Parties are committed to community and clinician engagement mechanisms and will endeavour to share and/or jointly participate in these mechanisms.

10. Innovation

The Parties share a commitment to fostering collaborative innovation, particularly in the areas of care coordination and transition, chronic care optimisation and service redesign to ensure patients are seen at the right time, in the right place by the right provider.

1. Nicholson C, Jackson C, Marley J. A governance model for integrated primary/secondary care for the health-reforming first world – results of a systematic review. BMC Health Serv Res 2013; 13: 528.