# Mater Misericordiae Ltd

# and

# Brisbane South Primary Health Network

## A protocol for working together to enhance health outcomes for the Brisbane South region

## Background

This is an agreement between Mater Misericordiae Limited (Mater) and Brisbane South Primary Health Network (Brisbane South PHN) (the Parties).

Mater is a company limited by guarantee which owns and operates the Mater Hospitals who provide public and private acute care services in the region.

Brisbane South PHN is an independent company limited by guarantee. PHNs have been established by the Australian Government as regional managers and commissioners of primary health care services. Their role involves undertaking evidence based health needs assessments, local coordination of and support for community and primary 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 Parties recognise they have a shared responsibility for the health and wellbeing of the communities of Brisbane South.

## Vision

The Parties share a vision to have a community where health services are aligned, integrated and delivered equitability to everyone.

## Objective and strategies

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

The objective will be achieved through a range of strategies including:

- Collecting and sharing health information data to assist in,
    - identifying and prioritising local health needs, and
    - identifying the key issues which form the basis of the cooperative approach;
- Identifying and providing plans and evaluation mechanisms for the key issues identified as requiring co-operation;
- Providing context, guidance and an outlining joint governance proposals for a range of initiatives that continue to be developed between the Parties;
- Ensuring alignment of approach with other parts of the local health economy such as aged care and disability services;
- Determining the most efficient and effective service delivery to meet current and expected future demand;
- Enhancing service access, coordination and integration across the continuum;
- Influencing and reforming those areas of the health system for which they have responsibility; and,
- Ensuring care is delivered in the right place at the right time by and to the right people.

## Governance

To achieve the objective of the Protocol close collaboration and relationships will take place at multiple levels of both organisations through the following structures:

1. Joint Board Meetings

    Meeting of the Boards of each of the Parties is to be determined.

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.

Joint Board Meetings may establish their 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.

2. Protocol Working Group

Membership shall consist of the Chief Executive of both parties and relevant senior staff. Members shall agree on a Chairperson who shall arrange for preparation of agendas, direction of meetings and taking of minutes.

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

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.

3. Relationship to other agreements and protocols

This protocol acknowledges and, wherever possible, complements and incorporates existing collaboration agreements and frameworks including those shared by the Parties in relation to other organisations.

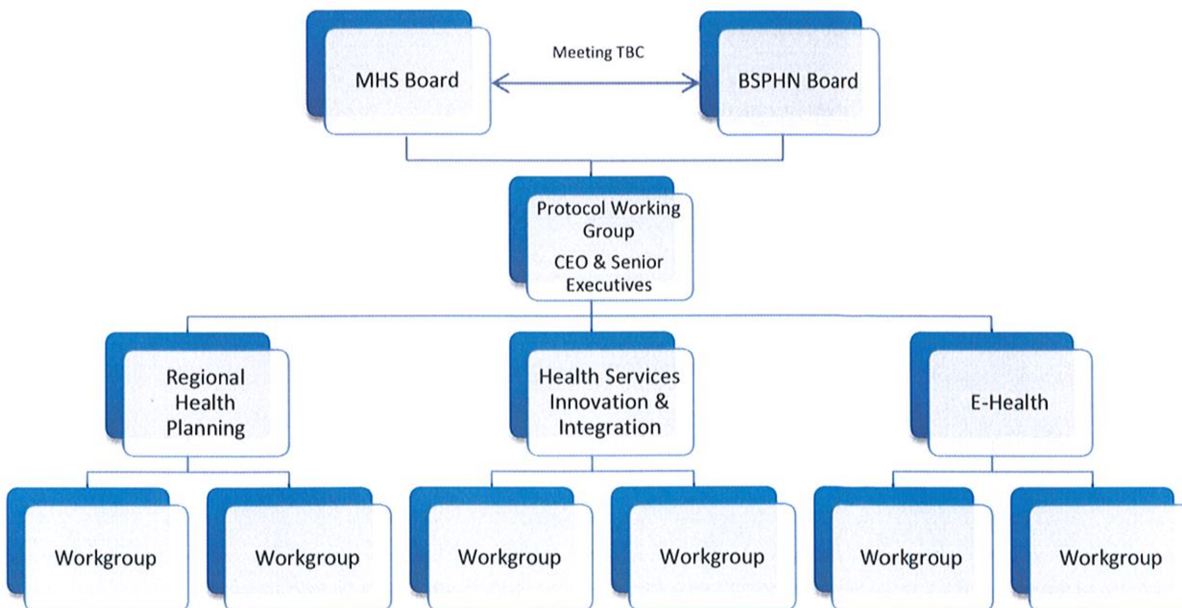


*Figure 1: Proposed governance BSPHN & MHS*

## *Key elements for developing integrated care*

International evidence identifies a set of common elements that are linked to successful primary/secondary health care integration.[1] Activities undertaken by the Parties under this Relationship Agreement 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 South 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 South 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 Partnership 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.

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

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.

## Cooperative initiatives

All initiatives undertaken between the Parties are to take place within the context of this Protocol. As such, the initiatives are to be outlined in the register of initiatives contained in Schedule 1 and updated from time to time with the signed agreement of the Chief Executives.

Various types of initiatives will be addressed under this Protocol. These initiatives range from funded contract arrangements through to cooperative endeavours based on in-kind support and initiatives for each Party' information as follows:

### 1. *Funded contracts [Level 1]*

A Contract will be used where:

a. Funding passes between the Parties;
b. Project activities involve significant risks to one or both of the Parties;
c. There is any proposed use or sharing of identifiable information;
d. On any other grounds determined by either Party.

All funded contracts will be recorded in Schedule 1 as Level 1 Initiatives.

Any new agreement between BSHPN and MHS should be agreed upon by both Parties and executed by an authorised officer of each of the Parties.

Key Performance Indicators are to be included in any new Contract.

A Contract formed under this Protocol shall form a separate legal arrangement between the Parties, and to the extent of any inconsistency with the terms of this Protocol, the terms of the Contract shall prevail.

### 2. *In-kind initiatives [Level 2]*

An in-kind initiative shall involve provisions for sharing information, staff resources and facility access described in relevant initiative implementation plans. These initiatives shall be recorded in Schedule 1 as Level 2 Initiatives.

Neither party shall be legally bound to perform any activity under an in-kind initiative, except in the case where a separate agreement, e.g. MOU, is executed by the parties. Each Party shall generally support the performance of the in-kind initiative.

### 3. *Initiatives for information [Level 3]*

The Parties shall from time to time undertake initiatives that may be of interest to each other but will not require a contractual or in-kind arrangement. These initiatives shall be recorded in Schedule 1 as Level 3 Initiatives.

# Protocol particulars

*Term*

The term of the Protocol shall be three years from the commencement date. This Protocol is an overarching agreement as the governance of the relationship and any agreement as to particular activities shall be made by either Party in writing.

The Parties may extend the term of the term of this Protocol by mutual written agreement.

*Termination*

Either Party may terminate this Protocol by written notice to the other Party.

*Document review*

The Parties shall use best endeavours to complete a joint review of this Protocol every three years, commencing from the date of signing.

*Publication and promotion*

The Protocol will be publicised through the Parties publication and websites. Each party agrees to acknowledge the contribution of the other Party in agreed plications in the form agreed between the Parties.

*Intellectual property*

All Intellectual Property jointly created, developed or conceived during the term of this Protocol by Mater and Brisbane South PHN ("Joint Intellectual Property"), will be the joint property of and the entire right, title and interest is hereby jointly assigned to both parties. Any resources and content developed under a joint initiative should reflect the involvement of both Parties. This would include use of the two corporate logos in the publication of paper-based and electronic documents.

*Privacy and confidentiality*

Information marked as confidential by either Party will be treated accordingly. The Parties will observe, and will ensure all involved employees observe all applicable legislation in relation to any planning processes or initiatives involving the exchange of patient information.

*Conflict of Interest*

Each Party will actively manage any perceived or real conflicts of interest in relation to their staff, contractors and subcontractors participating in activities relating to the Protocol.

*Dispute resolution*

All disputes between the Parties will be dealt with within a collaborative manner in good faith. For funded contracts, under this Protocol, the Dispute Resolution clause stipulated in the relevant contract shall prevail.

*Status of protocol*

For the avoidance of doubt, the Parties are independent entities and are not engaging in a joint venture, agency or partnership agreement.

Execution as an agreement on the respective dates set out below.

SIGNED for and on behalf of Mater
this 31st day of July 2017
by an authorised officer:

Dr Shane Kelly
Group CEO

Signature of authorised officer

In the presence of:

JOHN GILMOUR
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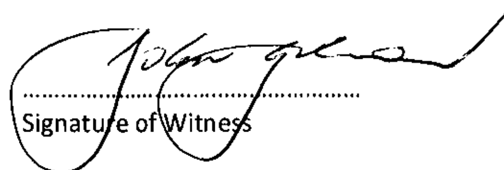


Signature of Witness

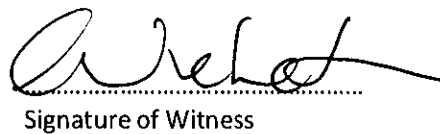
SIGNED for and on behalf of Brisbane
South Primary Health Network
this 31 day of July 2017
by an authorised officer:

Sue Scheinpflug
CEO

Signature of authorised officer

In the presence of:

CAROLINE NICHOLSON
..............................................................



Signature of Witness

## Schedule 1

### 1.1 Register of initiatives in progress/proposed:

| | Name of initiative | Solution - Brief Description | Status | Supporting documentation (e.g. MOU/ Agreement/Protocol) | Level of involvement | BSPHN key contact | MHS key contact | Timeframe | Desired outcome |
|---|---|---|---|---|---|---|---|---|---|
| **Regional Health Planning** | | | | | | | | | |
| 1. | Metro South Brisbane collaboration (BSPHN, Mater, MSHHS, CHQ) | To collaborate on population health needs assessment and planning for services solutions and service development to ensure optimal integration of services. To agreed relevant data sharing. | Proposed | Data sharing agreement | Level 2 | Sue Scheinpflug | Caroline Nicholson | Pending | |
| 2. | Joint clinician and community engagement | PHN and Mater will support opportunities for joint forums on areas of interest from time to time. | Proposed | Protocol for working together | Level 2 | Lou Litchfield, Sharon Sweeney | James Speet | Pending | |
| **Health Services Innovation & Integration** | | | | | | | | | |
| 3. | Maternity Shared Care Alignment | PHN funds the participation of GPs, or other relevant primary care stakeholders, in regular meetings of Mater areas of working together. The aim of the collaboration is to enhance continuity of patient care through improved understanding of services available in primary care and the hospitals, the timely access to these services and improved communication between GP and hospitals | In progress | Protocol for Working Together. | Level 2 | Lucille Chalmers | Caroline Nicholson | Ongoing | |
| 4. | Refugee Health | Capacity building in primary care to support care of people from a refugee background in the community through Refugee Health Connect, Queensland Refugee Health Partnership Advisory Group and its working groups. | In progress | SLA | Level 1 | Lucille Chalmers | Donata Sackey | 30 Jun-18 | |
| 5. | Inclusive Health | Access to afterhours health care for people experiencing homelessness by Mater Nurses subcontracted by Micah<br>Mater nursing staff supporting services at Brisbane Common Ground | In progress | MOU | Level 1 | Lucille Chalmers | Ali Broadbent | Ongoing<br>Dec-18 | |
| 6. | Post natal home visiting program | MMH providing post natal midwifery services for both public and private women | In progress | SLA | Level 1 | Lucille Chalmers | Maree Reynolds | Dec-17 | |
| 7. | Facilitated Access to Endoscopy | Facilitated GP access to specialist care | Proposed | Opportunity to partner | Level 2 | Sharon Sweeney | Dr David Hewitt | Ongoing | |
| 8. | CHAMP clinic support | With transfer of Drug and Alcohol funding from NGOTGP to Brisbane South PHN to review funding | In progress | SLA | Level 1 | Lucille Chalmers | Kay Wilson | Pending | |

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|---|---|---|---|---|---|---|---|
| | mechanism for CHAMP (Continuity of care by Health Professionals attending Alcohol and drug problems and meeting Mother's needs for Positive family outcomes) at MMH. | | | | | | |
| **9.** MYAHC Shared Care | To support a coordinated approach to the provision of health care to young adults by sharing care between providers in secondary and primary care. | In progress | MOU | Level 1 | Sharon Sweeney | Greg McGahan | Mar 17- Mar 18 |
| **10.** Perinatal Mental Health | Mater involvement in PMH review process and referral options for care. | Proposed | N/A | Level 2 | Lucille Chalmers | Greg McGahan | Ongoing |
| **11.** Access to Psychiatrist in the community for refugee population | Develop and implement a model of psychiatric care for complex patients from refugee background in collaboration with MRCCC (Mater Refugee Complex Care Clinic), QPASTT (Qld Program of Assistance to Survivors of Torture and Trauma) and the Mater Emotional Health Unit | In progress | MOU | Level 1 | Lucille Chalmers | Donata Sackey | 6 Mar 17- 13 Oct-17 |
| ***E-health*** | | | | | | | |
| **12.** Mater Health Pathways | Use of pathways across the continuum to improve continuity of care between primary, community and hospital care settings – Spot on Health; Health Pathways; CPCs | In progress | N/A | Level 2 | Sharon Sweeney | Louise O'Reilly | Ongoing |
| **13.** Electronic referrals (e-referral) | Implement an e-referral solution to support patient referrals capable of being sent and received by secure messaging. Evaluate preventable re-admission as part of this improved communication process. | In progress | N/A | Level 2 | Sharon Sweeney | Kim Wilson | Ongoing |
| **14.** ICT planning | To provide access to timely information e.g. access to viewer/ Doctor Portal, patient portal, state-wide discharge summary initiative | In progress | N/A | Level 2 | Sharon Sweeney | Michael Strachan | Ongoing |

## 1.2 Ideas for future potential development:

| | Name of initiative | Solution - Brief Description | BSPHN key contact | MHS key contact | Desired outcome |
|---|---|---|---|---|---|
| 1. | Access to specialist Hepatitis care in general practice | Implement alternate models to provide access to specialist care e.g. beacon - Hepatitis | Sharon Sweeney | Donata Sackey | Reduced FTA SOPD appointment; improve d access to care; improved quality of care |
| 2. | Better @ Home (Care co-ordination) | To provide wrap around services in the community for people with chronic and complex care needs to reduce avoidable hospital presentation and admission by care co-ordination provided in the community. | Sharon Sweeney | Fiona Hinchcliffe | Reduce avoidable hospital presentation |
| 3. | Health Care Home – access to specialists via e-consultation | GP access to online specialist opinion when seeking clinical advice and support to manage patients in the community. | Sharon Sweeney | Caroline Nicholson | Reduce unnecessary OPD appointments, improve doctor to doctor access, enhance quality of patient care, support health system efficiency |
| 4. | Access to specialist medicines information to support pregnant and breastfeeding women | Timely GP access to quality information and advice for medicines use in pregnancy and when breastfeeding. | Ruth Wall/ Jennifer Roberts | Treasure McGuire | Primary care access to quality information for decision making Improved adherence |
| 5. | Managing frail complex patients | Support a model of care for the frail elderly including, risk assessment of frailty in general practice and hospitals, supported management in the community/ at home, capacity building program for primary and community care providers and enhanced patient/carer/family focus. | Lucille Chalmers | Sophie Shrapnel | Improved quality of care, safety, efficiency & experience |
| 6. | Brisbane Mobile X-Ray (BMX) | A mobile x-ray service for ACFs in Brisbane will support X-ray on-site in their 'home' which would otherwise require transportation to an ED, providing urgent access to care supporting autonomy and continuity of primary care and care in the community with support from secondary care specialists. Role of the PHN is to engage with primary care providers and ACFs informing them of the service, liaise with ACFs and practices to ensure needs are being met and work with partners to meet the needs of residents. | Sharon Sweeney / Lucille Chalmers | Sophie Shrapnel | Reduce unnecessary ED presentation for x ray; Maximise patient safety outcomes and patient experience of residents in ACFs; increase health system efficiency; and, increase quality care |
| 7. | Shared cancer care | Shared follow-up care gives women the option of having their follow-up care shared between their GP and specialist after treatment with, for example, early breast cancer or ductal carcinoma in situ (DCIS). Shared care is a feasible model of follow-up care for early breast cancer. The goal would be to evaluate the delivery of shared follow-up care for women with early breast cancer in line with best practice recommendations. | Sharon Sweeney | Carlie Nielsen (TBC) | Promote and support continuity of care; potential to meet increasing health service demand; provide a team-based approach to follow-up care; improve links between specialist teams and GPs. |