

Flinders and Upper North LHN

FUNLHN Service Plan
Stage One

Whyalla Hospital and Health Services and Port Augusta Health Services

2020



Government
of South Australia

Health
Flinders and Upper North
Local Health Network

Foreword

On Behalf of the Governing Board of the Flinders and Upper North Local Health Network (FUNLHN)
I am pleased to present the first of a series of Service Plans for FUNLHN.

This first plan covers Port Augusta and Whyalla Health Services with future plans covering other locations within our LHN and linkages between them.

I would very much like to thank the Steering Group for the enormous amount of energy and time in overseeing this project and to the many Clinicians and Community members for their valued input.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Bevan Francis', with a small flourish at the end.

Bevan Francis

Chair Flinders and Upper North Governing Board

Table of Contents

Table of Contents	3
1. Executive Summary	4
2. Project Background and Context	8
2.1 Strategic Enablers	8
2.2 Model of Care	10
2.3 Catchment Profiles	11
2.3.1 Core Catchment.....	11
2.3.2 Population	14
2.3.3 Population Growth & Projections	14
2.4 Service Planning Process	15
2.4.1 Overview	15
2.4.2 Health and Socioeconomic Status.....	15
2.4.3 Port Augusta and Whyalla Service Utilisation Data.....	15
2.4.4 Clinical Stakeholder Engagement	20
2.5 Community and Consumer Stakeholder Engagement	23
3. Service Plan	25
3.1 Service Capacity.....	25
3.2 Clinical Services Capability Framework	25
3.3 Service Priorities.....	25
3.4 Other factors for consideration.....	56
3.4.1 Capital and Equipment	56
3.4.2 Workforce.....	57
3.4.3 Transport.....	60
3.4.4 Governance	61
Appendix A: Service Plan Steering Group TOR	64
Appendix B: Focus Group attendance	69
Appendix C: Survey questions	72
Appendix D: Glossary	73

Disclaimer:

Document prepared by Rural Support Service Planning and Population Health Team to assist the Port Augusta and Whyalla Service Planning Steering Group with future planning for Port Augusta and Whyalla services.

This document has been developed to support planning within FUNLHN. The data may not be published, or released to any other party, without appropriate authority from the Department for Health and Wellbeing.

While care has been taken to ensure that the material contained in this document is up-to-date and accurate, the Rural Support Service accepts no responsibility for the accuracy or completeness of the material, or for outcomes related to use of the material.

1. Executive Summary

The Port Augusta Hospital and Regional Health Service (Port Augusta Hospital) and the Whyalla Hospital and Health Service (Whyalla Hospital) are both part of the Flinders and Upper North Local Health Network (FUNLHN). FUNLHN consists of five hospitals located in Port Augusta, Whyalla, Quorn, Hawker and Roxby Downs and a health service/clinic in Leigh Creek. Country Health Connect services are available throughout the Local Health Network (LHN). FUNLHN provides health services across the Flinders and Upper North Region of South Australia, supporting the population of approximately 44,000. FUNLHN also at times provides services to residents of the neighbouring Eyre and Far North, and Yorke and Northern LHNs. The Port Augusta and Whyalla Hospitals are large sized casemix funded sites within this LHN, which support the LHN by providing emergency, acute medical, surgical, maternal and neonatal, paediatric and Integrated Mental Health Inpatient services.

The Whyalla Hospital is a modern, comprehensive, General Hospital incorporating a purpose built Regional Cancer Centre (six chairs) in addition to a six bed Integrated Mental Health Inpatient Unit, Rehabilitation Unit and four renal chairs. It comprises of emergency department, 75 overnight stay inpatient beds and a High Dependency Unit.

The Port Augusta Hospital is a large country hospital, providing a wide range of inpatient, outpatient and outreach services. The Hospital has an emergency department, 55 overnight stay inpatient beds, including five monitored beds. It also includes six Chemotherapy chairs and 12 Renal Dialysis chairs.

The catchment area has a large Aboriginal population with 18% of the Port Augusta total population and 4% of the total Whyalla population identifying as Aboriginal respectively.

This Service Plan reflects the overarching future plan for health service provision in the area. The plan provides a range of information and data from a variety of sources, which highlight recent patterns of service delivery. Analysis will continue to inform a collaborative approach with other key service providers to plan and develop services to meet the changing needs of the catchment population in the medium term.

This Service Plan identifies a range of service initiatives which will support the provision of safe, quality services closer to home and is underpinned by a number of key strategic drivers, including: [Country Health SA Local Health Network Strategic Plan 2015 - 2020](#), [Clinical Services Capability Framework](#), [SA Health and Wellbeing Strategy 2020-2025](#), [Country Health SA Community and Consumer Engagement Strategy](#), [A Partnership Framework for Health Advisory Councils and Country Health SA](#) and the [SA Health Aboriginal Cultural Learning Framework](#).

The planning process was led by the Port Augusta and Whyalla Health Service Planning Steering Group (the Steering Group), supported by FUNLHN, the Rural Support Service Planning and Population Health Team and a wide range of clinicians who were engaged through workshops and focus groups in 2019. Broader and ongoing involvement of clinicians will be essential to progress service initiatives.

The specific service priority areas identified for Port Augusta and Whyalla include emergency services, medical inpatient services, obstetric, paediatric and neonatal services, surgery and anaesthetics, mental health services, cancer services, renal services, Aboriginal health and community health services. The details of the improvement opportunities for these services are outlined from page 25.

In addition to this Service Planning, FUNLHN participated in the South Australian Rural Medical Workforce Plan consultation as part of SA Rural Health Workforce Strategy. The ability to maintain services within the Clinical Services Capability Framework level for Whyalla and Port Augusta

Hospitals is determined largely by our capacity to recruit and retain general practitioners (GPs) and specialists and train sufficient rural generalists to be self-sufficient in the long term.

In addition to these service priority areas, opportunities to strengthen workforce and infrastructure will be key enablers for this plan. The particular areas considered a priority are on page 56.

The FUNLHN Board will have governing oversight of the plan, while the Port Augusta, Whyalla and extended regional leadership teams will manage the operational implementation and monitoring.

The following service priority areas emerged throughout the Port Augusta and Whyalla service planning process with a range of specific service improvements:

Emergency Services

Maintain level 3 emergency services at both Whyalla and Port Augusta Hospitals and enhance patient care by seeking improvements in the following areas:

- Sustainable workforce.
- Emergency services provision.
- Staff education and training.
- Maintain strong GP engagement.
- Increase collaboration with external partners.
- Partner with SA Ambulance Service to improve patient flows between Whyalla and Port Augusta.

Medical Inpatient Services

Maintain level 4 (Whyalla) and level 3 (Port Augusta) medical inpatient services and enhance patient care by seeking improvements in the following areas:

- Sustainable and effective workforce.
- Grow relationships with metropolitan hospitals.
- Extend the use of Telehealth.
- Positively influencing the patient journey.

Surgical and Anaesthetic services

Maintain and enhance level 3 surgical services at both Whyalla and Port Augusta Hospitals by considering the following:

- Ensure the availability of services and specialties to meet community need.
- Maintain levels and standards of equipment and facilities.
- Develop workforce models to enhance services.
- Improve efficiency and patient outcomes.

Maternal and Neonatal services

Maintain level 3 (Whyalla) and level 4 (Port Augusta) maternal and neonatal services and enhance patient care by seeking improvements in the following areas:

- Improve continuity and stability of Obstetrician services in Whyalla.
- Develop Port Augusta as a centre of excellence.
- Sustainable services.
- Skills and support for staff to respond to neonate emergencies.
- Models of care to support services growth.

Paediatric Services

Maintain level 3 (Whyalla) and level 4 (Port Augusta) paediatric services and enhance patient care by seeking improvements in the following areas:

- Services model for whole Local Health Network.
- Develop Port Augusta as a centre of excellence.
- Provide leadership to support Whyalla.
- Increase Specialist services for Whyalla.

Mental Health services

Maintain and enhance the level 5 (Whyalla) and level 2 (Port Augusta) mental health inpatient care at both hospitals, and the level 4 ambulatory care provided by the Flinders and Upper North Community Mental Health Teams, by seeking improvements in the following areas:

- Develop efficient and effective workforce practises.
- Coordinate a staff education plan.
- Examine improved models of care.
- Sustainable staff recruitment and retention strategies.
- Review resources and funding.
- Increased awareness of external factors and groups.

Aboriginal Health

Maintain and enhance Aboriginal Health services with a focus on the following areas:

- Provide training to support cultural competency as a requirement of all staff.
- Grow partnerships to support reconciliation.
- Embed actions to improve health outcomes and 'close the gap'.
- Increase Aboriginal and Torres Strait Islander workforce roles and capacities.
- Strengthen and support the Aboriginal Family Birthing Program.
- Collaborate with Aboriginal Community Controlled Health Organisations.
- Ensure Aboriginal and Torres Strait Islander advocacy and representation at all levels of health services.
- Promote Experts by Experience register.
- Respectfully meet cultural needs of Aboriginal and Torres Strait Islander staff and consumers.

Allied Health and Community services

Maintain and enhance allied and community health services with a focus on the following areas:

- Strengthen, grow and sustain workforce.
- Develop a sustainable and effective service model to provide quality access and equity to our community.
- Build networks and support to improve community health and wellbeing.
- Develop plans and utilise resources to improve marketing and effectiveness of services.

Cancer services

Maintain level 4 (Whyalla) and level 3 (Port Augusta) cancer services and enhance patient care by seeking improvements in the following areas:

- Review level of service and options for service provision flexibility to ensure efficiency.
- Develop staff management, education and recruitment strategies to enhance service provision.
- Review effectiveness of equipment and processes.

Renal services

Maintain the level 3 satellite renal services in Port Augusta and Whyalla, enhance care and progress the expansion in Whyalla to six chairs already underway and plan for timely expansion to nine chairs.

- Develop staff retention and education strategies to maintain appropriate and ongoing levels of service.
- Continue and grow specialist services offered locally.
- Develop and grow the allied health and other support services needed to support long term dialysis patients (including support services for Aboriginal patients)
- Support opportunities to further grow client centred service provision.
- Work collaboratively in country South Australia, in the provision of best practice clinical services.

Clinical Support Services

Increase collaboration between pharmacy and hospital staff for therapeutic decision making:

- Increase and sustain expert clinical pharmacist input in all specialised service areas particularly paediatrics, renal and cancer-care practice.
- Explore expansion of diagnostic medical imaging services provided including increased renal, breast, cardiac and bone density capabilities.
- Progress to compatible electronic pathology ordering systems at both sites.
- Review potential to expand Point of Care Testing to include additional pathology testing services.

2. Project Background and Context

2.1 Strategic Enablers

The FUNLHN are in the process of creating their strategic plan and while they do, have adopted the previous *Country Health SA Local Health Network (CHSALHN) Strategic Plan 2015-2020*. In line with this plan the LHN will continue to increase access to services for country residents by investing in infrastructure and providing services as close to home as safely as possible to reduce the need for people to travel to Adelaide. The former CHSALHN Strategic Plan set the vision and direction for the health care system in rural South Australia to provide safe, high quality, accessible health care, tailored to the needs of country residents.

The [SA Health and Wellbeing Strategy 2020-2025](#) has a vision for South Australians to experience the best health in Australia. It envisages a future where South Australia's health system is trusted and highly valued, recognised and respected for excellence, a preferred work destination, and a source of learning and inspiration. It aims to improve the health and wellbeing of all South Australians through the following 4 goals (summarised from the Strategy):

- Goal 1:** Improve community trust and experience of our health system.
- Goal 2:** Reduce the incidence of preventable illnesses.
Improved management of conditions and care.
- Goal 3:** Improve the capability for people to manage their health and wellbeing.
Improve health workforce capability to embrace participatory approach to health care.
- Goal 4:** Improve patient experience through adopting emerging technology and contemporary practice. Equity of outcomes through efficiency and commissioning for need.

The 5 overarching strategic themes from the *SA Health and Wellbeing Strategy 2020 - 2025* will form a guide for the implementation of strategic actions by considering the following:

TOGETHER

We will work in partnership with all our stakeholders to develop patient centred solutions and service improvements to the meet the needs of our community. We will work with our clinicians and community to continually seek their views and input that will inform how we work



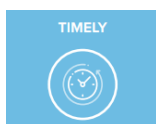
We will work to build and maintain the trust of our community.
We are committed to providing safe, reliable and high quality treatment and care



We will provide services targeted to meet the priority health needs in our community. These service interventions will be based on the right evidence and our efforts will be motivated to address the disparities on our communities.



We will work with our consumers to tailor our services to meet their unique individual needs.
We will balance safe clinical management with personal needs and preferences.



We will enable flexible systems to deliver timely and appropriate health care that is accessible in the right place at the right time.

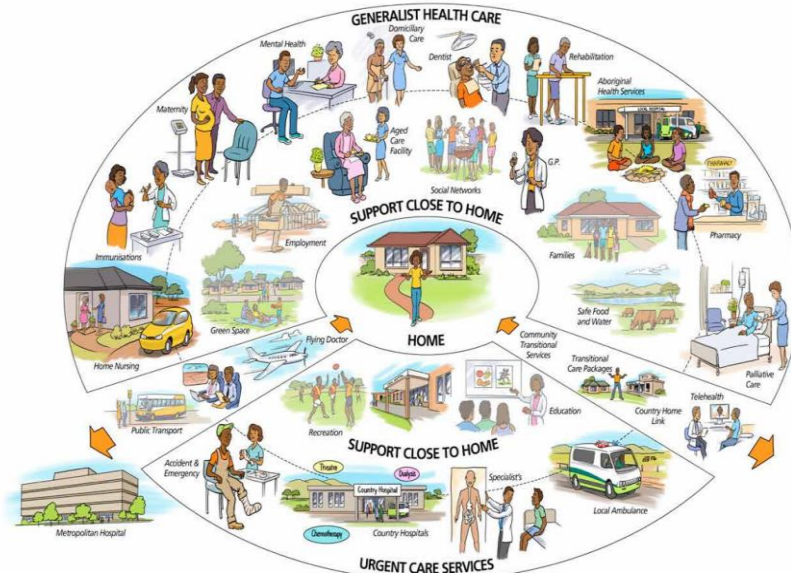
Primary Drivers

The primary drivers to achieve an effective Health Service Plan include:

- Reviewing current service models in line with the key principles and priorities identified in the *CHSALHN Strategic Plan 2015-2020*, *SA Health and Well Being plan* and the new emerging *FUN LHN strategic plan* along with the soon to be developed clinician engagement the *SA Health Aboriginal Cultural Learning Framework*.
- Partnerships with the Royal Adelaide Hospital (RAH), Flinders Medical Centre (FMC), Women's and Children's Hospital (WCH) – for step down care and reducing emergency presentations and admissions to metropolitan services.
- Ensure the development and implementation of safe, high quality, equitable, accessible and efficient services delivered close to home.
- Improve patient access and flow across the system of care.
- Improve the consistency and quality of care.
- Implement evidence based, state-wide models of care.
- Reduce episodes of unplanned hospitalisations for all population groups.
- Improve collaborative working relationships with other service providers.
- Culturally appropriate and respectful physical facilities and services for Aboriginal people.
- Increase the ability to recruit and retain the required workforce.
- The workload and transport pathways of SA Ambulance Service (SAAS).
- Service models which will have the flexibility and capacity to respond to and meet the changing health and wellbeing needs of the population over the next 10+ years.
- Increase the ability to train rural generalists in South Australia as part of creating a sustainable rural medical workforce

2.2 Model of Care

Prior to the formation of regional LHNs there was a Country Health SA Model of Care which built on the metropolitan Model of Care concepts and describes the way health care is provided across the country region, as well as the integration with the broader state-wide health system. Care pathways within local networks are important, as are structured links with metropolitan tertiary services.



The health services in Port Augusta and Whyalla, in partnership with GPs, will manage the patient journey from primary care in the community, through acute care and back to primary care, supported by efficient processes, clinical protocols, information sharing and a team approach to achieving safe, high quality care.

2.3 Catchment Profiles

The core catchment outlined in the following pages relates to the geographical catchment area of the Port Augusta Hospital, and the geographical catchment area of the Whyalla Hospital respectively.

The extended catchment has been agreed by the Steering Group for the purposes of planning and relates to the geographical area of FUNLHN, including the Coober Pedy, Roxby Downs, Quorn, Hawker and Leigh Creek catchments, and extends to the Eyre Peninsula.

2.3.1 Core Catchment

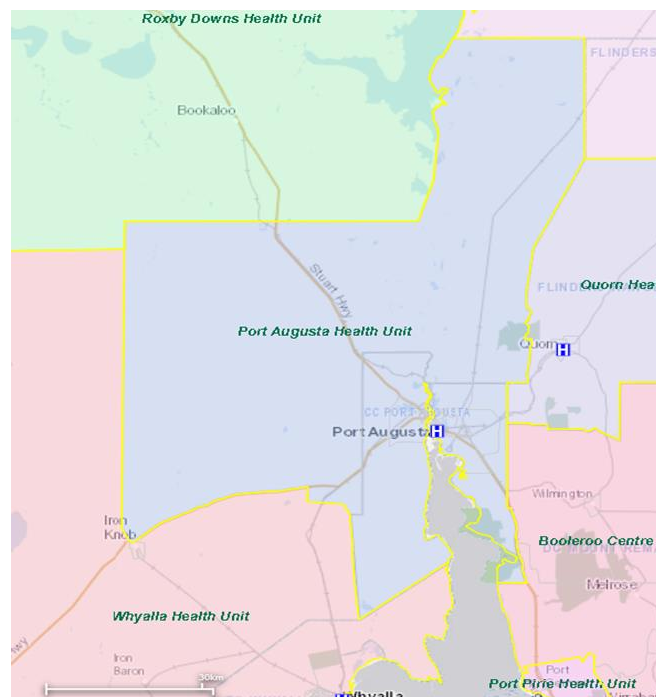
Port Augusta

The Port Augusta Hospital is located within the Port Augusta Statistical Area 2 (SA2) and extends into the Quorn-Lake Gilles SA2. The Quorn-Lake Gilles SA2 is also shared with the Hawker, Quorn and Whyalla catchments.

This core catchment area for the Port Augusta Hospital includes the following communities:

Blanche Harbor	Miranda	Stirling North
Carriewerloo	Mount Arden	Wallerberdina
Commissariat Point	Mundallio	Wami Kata
Davenport	Pandurra	Wilkatana Station
Emeroo	Port Augusta	Yadlamalka
Illeroo	Port Augusta West	
Lincoln Gap	Port Paterson	

Map 1 Port Augusta Catchment Area



Whyalla

The Whyalla Hospital catchment is located within the Whyalla SA2, and the Whyalla-North SA2, and also extends into the Quorn-Lake Gilles SA2 and the Kimba-Cleve-Franklin Harbour SA2. The Quorn-Lake Gilles SA2 is also shared with the Hawker, Port Augusta and Quorn catchments. The Kimba-Cleve-Franklin Harbour is also shared with the Cleve, Cowell and Kimba catchments.

For the purposes of defining the geographic core catchment area, ABS defined Statistical Area 1 (SA1s) have been used for the Quorn-Lake Gilles SA2 and the Kimba-Cleve-Franklin Harbour SA2. These SA1s are:

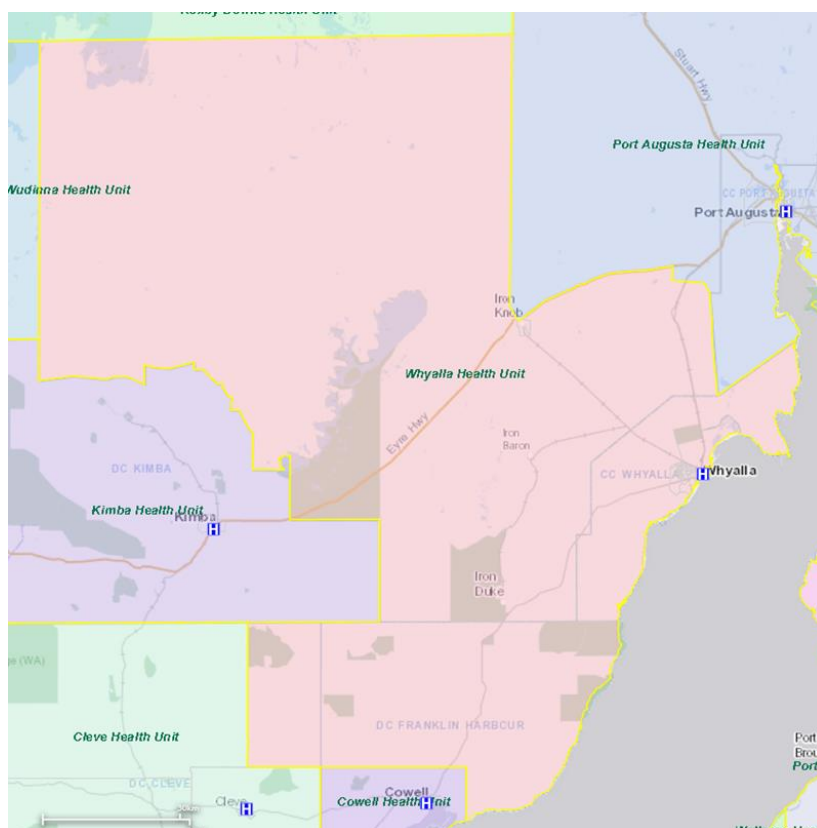
Quorn – Lake Gilles SA2	Kimba-Cleve-Franklin Harbour SA2
4114009 4114010*	4113112

**(71% of the SA1 population in the Whyalla catchment, remaining 29% in the Port Augusta catchment)*

This core catchment area for the Whyalla Hospital includes the following communities:

Backy Point	Iron Baron	Mitchellville	Uno
Bungeroo	Iron Knob	Mount Ive	Wartaka
Cooyerdoo	Katunga Station	Mullaquana	Whyalla
Corunna Station	Kolendo	Murninnie Beach	Whyalla Barson
Cowleds Landing	Lake Gilles	Myola Station	Whyalla Jenkins
Cultana	Lucky Bay	Nonning	Whyalla Norrie
Douglas Point	Mangalo	Point Lowly	Whyalla Playford
Douglas Point South	Middleback Range	Point Lowly North	Whyalla Stuart
False Bay	Midgee	Port Bonython	Yeltana
Fitzgerald Bay	Miltalie	Secret Rocks	
Gilles Downs	Minbrie	Siam	

Map 2: Whyalla Catchment Area



Extended Catchment

For the purposes of service planning, the extended catchment areas for Port Augusta and Whyalla include the following SA2s:

- Roxby Downs SA2.
- Coober Pedy SA2.
- Quorn-Lake Gilles SA2.
- West Coast SA2.
- Kimba – Cleve – Franklin Harbour SA2 (93.1% of this SA2 in the extended catchment, remainder is in the Whyalla catchment).
- Outback SA2 (90.0% of this SA2 only).
- Eyre Peninsula SA2.
- Western SA2.
- Ceduna SA2.
- Le Hunte-Elliston SA2.
- Port Lincoln SA2.
- Peterborough-Mount Remarkable SA2 (58.3% of this SA2 only).

For the purposes of service planning, for the Peterborough-Mount Remarkable SA2 and the Outback SA2, the following Statistical Area 1 (SA1s) have been used in the extended catchment areas for Port Augusta and Whyalla:

Outback SA2	Peterborough – Mount Remarkable SA2
4114101	4112101
4114102	4112106
4114103	4112107
4114104	4112108
4114105	4112111
4114107	4112112
4114109	4112113
4114110*	4112114
4114111	4112115
	4112116

**(41% of the SA1 population in the Hawker catchment, remaining 59% in the Peterborough catchment)*

2.3.2 Population

Port Augusta

The population of the Port Augusta catchment is 14,280, with 20% aged under 14 years, and 16.1% aged over 65 years. The Port Augusta catchment has a higher proportion of persons aged under 14 years and a lower proportion of person aged over 65 years compared to the SA population. In addition, the proportion of persons over 75 years is 8.2%, similar to the SA total with 8.2%.

In total 18.4% of residents in the Port Augusta catchment identify as Aboriginal and 4.8% speak a language other than English at home. The Port Augusta catchment has a much higher proportion of Aboriginal persons compared to the SA population.

Whyalla

The population of the Whyalla catchment is 22,461, with 19.4% aged under 14 years, and 17.1% aged over 65 years. The Whyalla catchment has a higher proportion of persons aged under 14 years and a lower proportion of persons over the age of 65 compared to the SA population. In addition, the proportion of persons over 75 years is 6.8% which is lower than the SA total with 8.2%.

In total, 4.7% of residents in the Whyalla catchment identify as Aboriginal and 6.3% speak a language other than English at home. The Whyalla catchment has a lower proportion of persons from a CALD background compared to the SA population.

2.3.3 Population Growth & Projections

Port Augusta and Whyalla

The resident population of Port Augusta and Whyalla catchments are both expected to grow by 2031.

Table 1: Medium Stable Population Projections, 2016-2031

Health Unit Catchment	Area	2016	2021	2026	2031
Port Augusta	Port Augusta (C)	1.7%	1.6%	1.5%	1.5%
	Unincorporated Flinders Ranges *	-8.3%	-16.7%	-0.2%	-0.8%
Whyalla Catchment	Whyalla (C)	1.7%	2.1%	1.2%	0.5%
	Unincorporated Whyalla	-17.4%	-2.8%	-1.8%	6.0%

**4% of this SLA in the Port Augusta catchment, 96% in the Flinders Ranges catchment
Source: <http://www.dpti.sa.gov.au/planning/population>, accessed 9/03/2018*

A recent Whyalla Mega Steel Plan has projected extensive population growth; however, this plan has based the population growth on the government approved population projections as outlined in Table 1.

2.4 Service Planning Process

2.4.1 Overview

The service planning process was led by the Port Augusta and Whyalla Health Service Planning Steering Group, with representation from Port Augusta and Whyalla private GPs, FUNLHN regional leadership, clinical, Aboriginal Health and mental health staff, Port Augusta and Whyalla Health Advisory Councils, Adelaide Rural Clinical School and the Rural Support Service Planning and Population Health Team. Further details of the memberships are provided in the Terms of Reference at Appendix A.

The role of the Steering Group was to:

- Supporting a positive culture of collaboration.
- Deliver health improvement priorities including emergency services, medical models and midwifery models of care.
- Provide advice to FUNLHN Executive on future scope of services and capacity required based on the data, local knowledge and best practice clinical standards.
- Review existing and projected health utilisation data to quantify future service profiles.
- Consider existing plans for the Port Augusta and Whyalla catchment to determine the future implications for the health services.
- Provide advice on future self-sufficiency of the Port Augusta Hospital and Whyalla Hospital.
- Provide feedback on recommendations and priorities as they are developed.
- Identify and engage other stakeholders as required to contribute to the service planning process.
- Receive ideas, advice and recommendations from any consultation processes and ensure its consideration in the development of the Service Plan.

2.4.2 Health and Socioeconomic Status

Self-reported health status of residents in FUNLHN for 2017 was 82.4% excellent, very good or good and 17.6% fair or poor.

The top five chronic conditions reported by residents in FUNLHN in 2017 were Diabetes (23.7%), Arthritis (21.6%), Asthma (9.5%), Cardiovascular Disease (7.3%) and Osteoporosis (7.0%).

In 2017, 44.4% of persons in FUNLHN reported having at least one chronic condition, 20.6% a current or reported mental health condition and 82.6% at least one (health) risk factor in 2017 – all being higher than for the same in regional South Australia.

Port Augusta and Whyalla experience relatively high levels of socioeconomic disadvantage, with both being ranked in the second-highest scoring 10% of areas, in terms of social disadvantage.

2.4.3 Port Augusta and Whyalla Service Utilisation Data

The Steering Group endorsed a service profile that was the foundation of the data provided for a range of local focus groups. A range of health utilisation data, identifying trends and key influencing factors was analysed. Insights from this analysis are outlined in the following summaries.

Port Augusta Summary

The Port Augusta Hospital has 55 multiday beds available, with an average of 32.6 occupied each night in 2017-18.

In 2017-18, the top five same-day separation types for residents of the Port Augusta catchment in local hospitals by total number of separations were Dialysis, Adult Surgical, Adult Medical, Paediatric Medical and Paediatric Surgical. For the same time period, the top five same-day separation types accessed outside of the catchment for Port Augusta residents were Adult Surgical, Dialysis, Adult Medical, Paediatric Medical, and Paediatric Surgical.

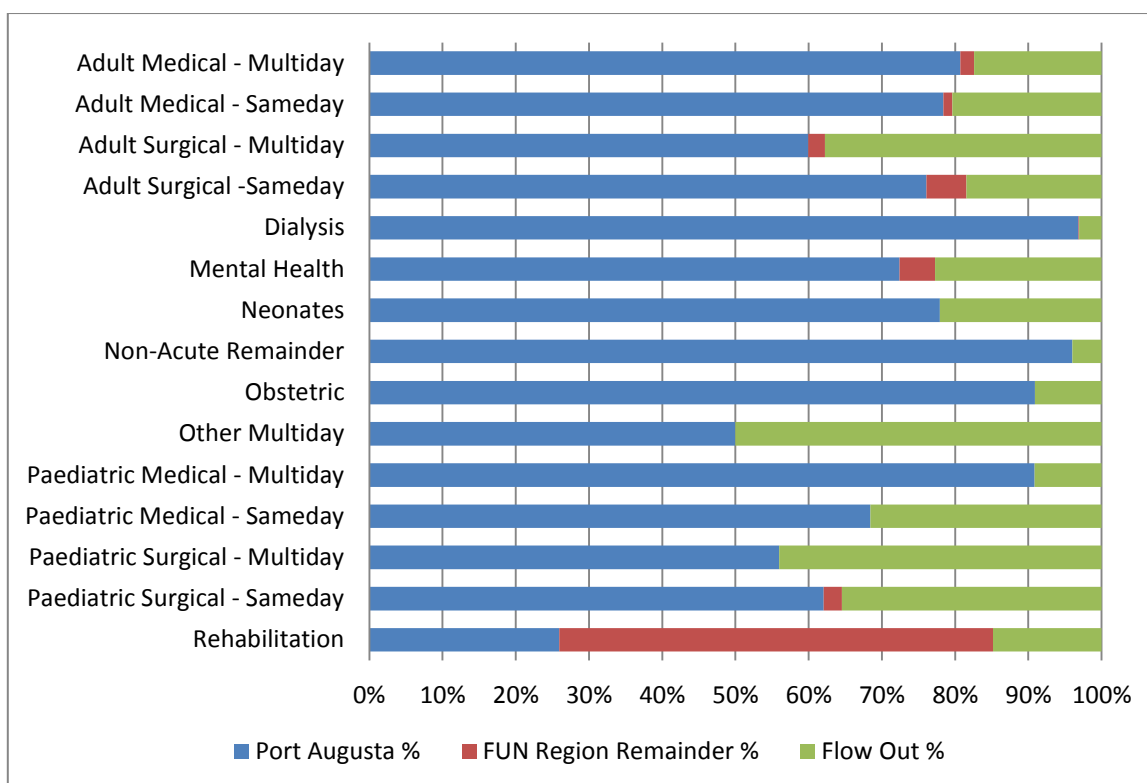
In 2017-18, the top five multi-day separation types for residents of the Port Augusta catchment at local hospitals by total number of separations were Adult Medical, Adult Surgical, Obstetric, Paediatric Medical and Mental Health. For the same time period, the top five multi-day separation types accessed outside of the catchment were Adult Surgical, Adult Medical, Mental Health, Paediatric Surgical and Obstetric.

There were 13,417 emergency presentations at the Port Augusta Hospital in 2017-18. This is broken down by 1,244 triage 1 or 2, 4,441 triage 3, and 7,732 triage 4 or 5 presentations.

In 2017-18, there were 261 births for women from the catchment. Of this number, 33% were at public hospitals outside of FUNLHN.

In 2017-18, the same-day and multi-day self-sufficiency rates for residents of the Port Augusta catchment consisted of:

Graph 1: Port Augusta self-sufficiency rates, 2017-18



Source: Data extracted from HIP, Admitted Activity Universe 2, 17/05/2019, standard Public Hospital Subsetting rules applied

Port Augusta Emergency Presentations

Table 2: Port Augusta Hospital Accident and Emergency presentations by patient SLA and Triage Category, 2017-18

Patient SLA	Triage Category					Total
	1	2	3	4	5	
PORT AUGUSTA (C)	36	963	3,448	3,288	2,707	10,442
FLINDERS RANGES (DC)	2	19	72	79	56	228
WHYALLA (C)	0	15	77	89	47	228
MOUNT REMARKABLE (DC)	1	18	58	46	88	211
COOBER PEDY (DC)	0	16	50	56	27	149
PORT PIRIE C	1	13	35	38	34	121
ROXBY DOWNS (M)	0	3	50	33	26	112
UNINCORP. FAR NORTH	3	8	32	35	27	105
Other Country SLAs	2	47	188	172	107	516
Metropolitan SLAs	4	32	131	126	79	372
UNKNOWN/NO MATCH	1	60	300	355	217	933
<i>Total</i>	50	1,194	4,441	4,317	3,415	13,417
	0.4%	8.9%	33.1%	32.2%	25.5%	100%

Source: Data extracted from HIP, Emergency Department Universe, 18/10/2018, standard Sub-setting Business Rules applied

Table 3: Port Augusta residents presenting to Emergency Departments in Metropolitan Public Health Services, 2016-17 and 2017-18

Hospital	No. of presentations 2016-17	No. of presentations 2017-18
RAH	366	325
WCH-Paediatric ED	83	80
FMC	45	59
LMH	37	50
Other Metro Hospitals	50	70
<i>Total</i>	581	584

Source: Data extracted from HIP, Emergency Department Universe, 06/11/2018 and 05/02/2019, standard Sub-setting Business Rules applied

Whyalla Summary

The Whyalla Hospital has 75 multiday beds available, with an average of 52.9 occupied each night in 2017-18.

In 2017-18, the top five same-day separation types for residents of the Whyalla catchment at the Whyalla Hospital by number of separations were Dialysis, Adult Surgical, Adult Medical, Mental Health and Obstetrics. For the same time period, the top 5 same-day separation types accessed outside of the Whyalla catchment by number of separations were Adult Surgical, Adult Medical, Dialysis, Paediatric Medical and Paediatric Surgical.

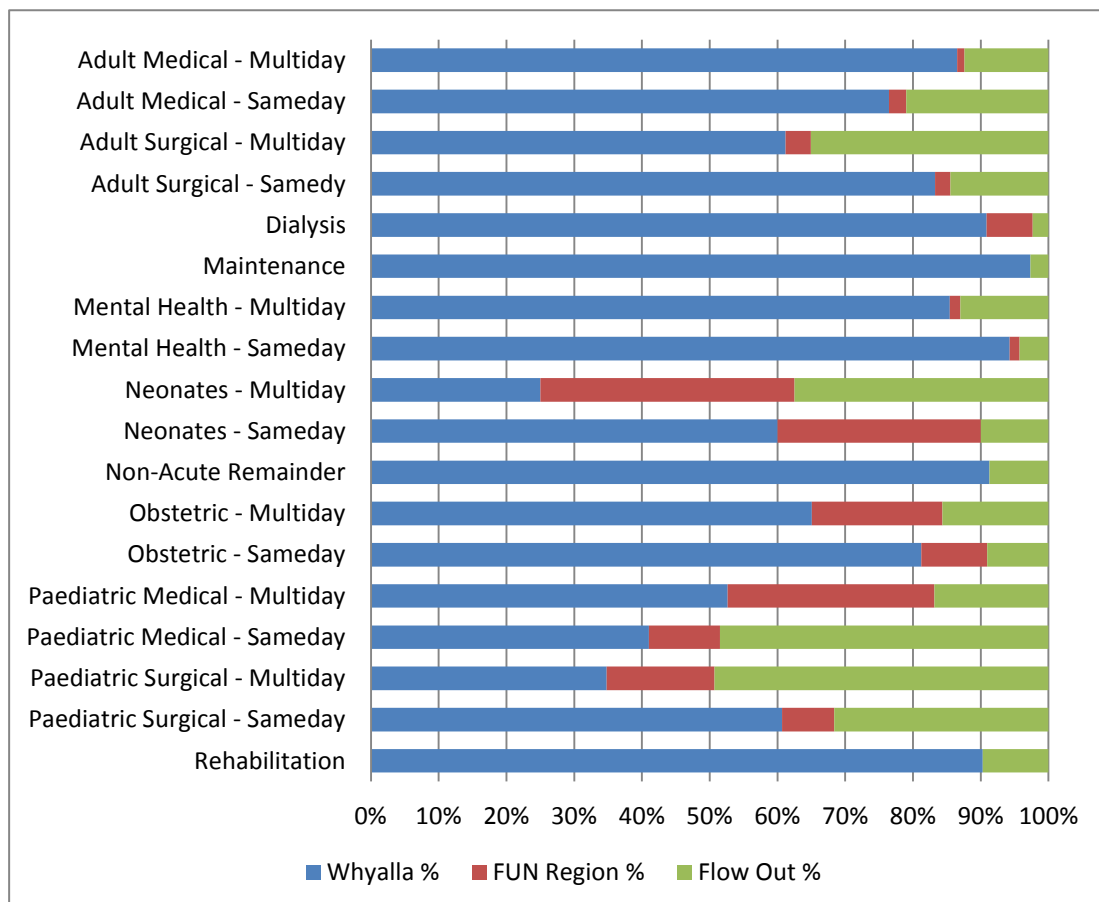
In 2017-18, the top five multi-day separation types by number of separations for Whyalla residents at the Whyalla Hospital were Adult Medical, Adult Surgical, Obstetric, Mental Health and Paediatric Medical. For the same time period, the top five multi-day separation types accessed outside of the Whyalla catchment by number of separations were Adult Surgical, Adult Medical, Obstetric, Paediatric Medical and Neonates.

There were 14,625 emergency presentations at the Whyalla Hospital in 2017-18. This is broken down by 1,156 triage 1 or 2, 3,380 triage 3, and 10,089 triage 4 or 5 presentations.

In 2017-18, there were 260 births for women from the catchment. Of this number, 14% were at public hospitals outside of FUNLHN.

In 2017-18, the same-day and multi-day self-sufficiency rates for residents of the Whyalla catchment consisted of:

Graph 2: Whyalla self-sufficiency rates, 2017-18



Source: Data extracted from HIP, Admitted Activity Universe 2, 14/01/2019, standard Public Hospital Subsetting rules applied

Whyalla Emergency Presentations

Table 4: Whyalla Hospital emergency presentations by patient SLA and Triage Category, 2017-18

Patient SLA	Triage Category					Total
	1	2	3	4	5	
Whyalla	39	1,046	3,160	6,600	2,836	13,681
Port Augusta	1	8	17	44	9	79
Other Country SLAs	1	30	119	205	83	438
Metropolitan SLAs	0	11	48	106	44	209
Unknown	1	19	36	128	34	218
<i>Total</i>	42	1,114	3,380	7,083	3,006	14,625
	0.3%	7.6%	23.1%	48.4%	20.6%	100%

Source: Data extracted from HIP, Emergency Department Universe, 18/10/2018, standard Sub-setting Business Rules applied

Table 5: Whyalla residents presenting to Emergency Departments in Metropolitan Health Services, 2016-17 and 2017-18

Hospital	No. of presentations 2016-17	No. of presentations 2017-18
RAH	293	271
WCH-Paed ED	106	106
FMC	66	119
LMH	52	48
Other Metro hospitals	74	73
<i>Total</i>	591	617

Source: Data extracted from HIP, Emergency Department Universe, 06/11/2018 & 05/02/2019, standard Sub-setting Business Rules applied

2.4.4 Clinical Stakeholder Engagement

The Steering Group endorsed an extensive clinician engagement plan which included a range of methods to gain stakeholder input. Focus groups sessions, surveys and interviews with key clinicians were conducted. The information from these engagement methods were collated and distributed to participants and the steering group for consideration.

Focus Groups

A total of seven focus groups on the following priority areas were held.

1. Whyalla GPs.
2. Surgical Services.
3. Paediatrics/Obstetrics.
4. Acute Medical and Emergency Department Services.
5. Allied and Community Health.
6. Aboriginal Health.
7. Mental Health.

These focus groups were held during April, May and June 2019. Clinicians, staff, other key stakeholder groups were invited to attend with a total of 116 participants engaged. A list of those who attended the focus groups is in Appendix B. Overall the focus groups were positive and a summary of the key themes for each focus group outlined below:

Whyalla GP focus group

- Recruitment, retention and support of GPs.
- Additional weekend Emergency Department support for staff (mental health, surgical and dental).
- Nurse Practitioner roles.
- Length of stay considerations.

Surgical Services Focus Group

- Continue to improve the range and capacities of specialist surgical services (e.g. plastic, vascular, breast and orthopaedics).
- Strengthen surgical and anaesthetic workforce (linkages between Whyalla and Port Augusta and education/training).
- Improved physician services in Port Augusta.
- Improvements in general surgical cover in Whyalla.
- Use of technological supports.

Maternal, Neonatal and Paediatrics Focus Group

Port Augusta

- Develop Port Augusta as a centre of excellence.
- Maintain Aboriginal Family Birthing program.

Whyalla

- Grow services, upgrade obstetric facilities.
- Support nursery and theatre emergencies (including neonatal resuscitation and Emergency Nurse Practitioner).
- Strengthen the shared care model.

Both sites

- Midwifery models of care.

Acute Medical and Emergency Services focus group

- Medical service sustainability (recruitment, retention and support).
- Community paramedic service consideration particularly in Port Augusta for mental health related condition.
- Improved chronic disease management pathways.
- Increased mental health supports onsite after hours.
- Surgical emergency support in Whyalla on weekends.
- Echocardiogram service in Whyalla.
- Access to clinical support and advice for the management of complex and deteriorating patients.

Allied Health and Community Services focus group

- Explore seven day service.
- Access to cars and travel requirements for outreach services.
- Optimise use of technology.
- Staff recruitment, retention and support (Aboriginal and Torres Strait Islander employees and new graduates).
- Expand Allied Health Assistant role.
- Grow partnerships with communities and agencies.
- Preventative health education (especially for remote communities).

Aboriginal Health focus group

- Grow capacity of Aboriginal focussed positions, programs and services.
- Increase number of Aboriginal and Torres Strait Islander staff.
- Embed Aboriginal Cultural Awareness training program.
- Grow partnerships with Aboriginal Community Controlled Health Organisations.
- Aboriginal representation on key committee.
- Experts by Experience register.

Mental Health Services focus group

- Consider seven day community service.
- Peer Support and Aboriginal Health Practitioner roles.
- Increased Port Augusta Mental Health Nursing workforce.
- Continued collaboration across sites.
- Consider security issues.
- Grow community awareness of mental health supports.
- Mental health staff education.
- Continue Whyalla Community Mental Health Rehabilitation program.
- Non-Government Organisation (NGO) delivery of psychosocial supports.

Surveys and Interviews

In addition to the focus groups a number of surveys and interviews were conducted. The following stakeholders were the target of the survey engagement methods:

1. Port Augusta GPs.
2. Outlying areas GPs.
3. Visiting Specialists/Locums.
4. Broader Stakeholders - Service Providers.
5. Broader Stakeholders - Health Services.

A visiting specialist/locum survey and a broader stakeholder survey were disseminated; the questions in this survey are outlined in Appendix C. A total of 16 responses were received and the following provides a summary of the feedback received:

Workforce

- More local GPs needed.
- Stable physician services needed.
- Funding and strategies to address the unique workforce challenges of rural areas.
- Targeted recruitment and retention of specialists including incentives.
- Training and education.
- Increased staff stability (emergency roster, metro physician rosters).
- Nurse Led Clinics and Nurse Practitioners.
- Emergency Medical leadership role (including improved collaboration with GPs and support for GP trainees).
- Actively support and promote the Rural Generalist pathway.
- Permanent resident obstetrician in Whyalla.
- Student led clinics.

Service Improvements

- Reduce waiting times for Allied health, Orthopaedics, GPs.
- Paediatric services are excellent (can we strengthen).
- Strengthen the range and access to specialists' services (endocrinology, dermatology/plastic surgery, urology, allied health, rheumatology, gastroenterology, neurology, anaesthetics, internal medicine, stroke management, geriatrician, ENT).
- Improved communication between disciplines.
- Investment and maintenance of surgical equipment.
- Allied health workforce (dietitians, speech pathologists and occupational therapists).
- Mental health workforce (psychiatrist, psychologists, mental health nurses, GPs, social workers).
- Review PATS services (include Port Augusta and overnight stays).
- Accident and emergency demand – more support services to reduce unnecessary presentations.
- IT systems to support sharing of patient information across sites.
- Improve radiology services (ultrasound, MRI, after hours service).
- Additional supports to address the populations needs (socio-economic).
- Additional support for drug and alcohol related care.
- Coordinated services between primary and secondary services, metro to country.
- Improve theatre start times.
- Improved linkages between primary and secondary services.

- Pain clinic supports.
- Expand home care services.
- After hours GP service co-located in the Emergency Department.
- Extend cancer care.
- Improve public dental services.
- Improve customer service.

All data from the focus groups, surveys and interviews has been shared with the participants and the Steering Group. This data along with the population, service utilisation information and community and consumer engagement findings have provided the foundation for the proposed strategies in the service tables commencing on page 24. Ongoing consultation with a range of key clinical leads occurred in the development of the tables.

2.5 Community and Consumer Stakeholder Engagement

The Steering Group endorsed a community engagement plan which was developed in partnership with all five Health Advisory Councils of FUNLHN. This engagement plan was endorsed by the FUNLHN Partnering with Consumers committee, a sub-committee of the FUNLHN Executive Leadership Council formed in line with the National Safety and Quality in Health Services Standard for Partnering with Consumers.

The Steering Group's commitment to community engagement centred around the following statement from the Health Advisory Council:

'The concept of "Partnering with Consumers" and "Community Engagement" is all about listening to consumers telling us about their health needs and issues that impact on their health care and their experiences, both positive and negative, within the Health Services at a local, regional and state level. It is about listening to their suggestions and ideas. It is also about doing something about these and providing feedback. It is also about explaining to them the limitations imposed by factors beyond the control of the health services and the strategies that are in place to accommodate these. It is about them feeling valued as partners in the management and care of their own health needs and expectations and those of their families and other members of the community. It is also about meeting the National Standards'

Ann Screen, Presiding Member, Port Augusta, Roxby Downs and Woomera Health Advisory Council

The community engagement plan incorporated various strategies, the most predominant being use of feedback cards. The six communities identified as priorities to engage with were Port Augusta, Roxby Downs, Whyalla, Leigh Creek, Hawker and Quorn.

The promotion of methods to receive feedback included:

- Social and print media
- Distribution/collection of feedback cards by health service staff, volunteers and external stakeholders
- Community/consumer representative support at community events/groups
- Static displays with collection boxes in the community and health services
- Part of client interactions.

A total of 144 community engagement feedback cards were received with the following key themes identified (note some feedback cards discussed multiple issues):

Specialist services availability in the local area

A total of 43 responses indicated a desire for Port Augusta and Whyalla Health Services to provide a larger range of Specialists to service the catchments and for more frequent visits to be available.

Access to Health Services

A total of 41 responses were regarding challenges experienced in accessing health services. Of these, 32 responses were related to factors such as waiting times, promotion, availability and awareness of services, communication, costs and included some positive remarks. An additional 14 responses were specifically related to geographical factors describing difficulties in travelling to required health services and offered some suggestions for service options closer to home.

Facilities

A total of 36 responses were related to the health services facilities available in the local area. 18 of these responses discussed a desire for additional or improved health facilities including an MRI machine in Port Augusta, cancer care and hydrotherapy facilities. A further 18 responses detailed concerns about infrastructure matters with parking being the most frequent comment.

General Practitioner shortage

A total of 35 responses were concerned about the lack of GPs available for community members, citing difficulties obtaining an appointment in a timely manner.

Workforce issues

A total of 30 responses discussed issues related to working conditions, staff performance and service delivery.

Positive Feedback

A total of 21 responses provided positive feedback related to staff, service and facilities.

Transport

A total of 15 responses made comment on the need for additional transport options, including a community bus, to support those required to attend appointments.

Aboriginal Cultural Support (workforce)

A total of 15 responses described a desire to expand existing staff's capacity in their Aboriginal cultural support roles and creation of additional Aboriginal Health Workers/Aboriginal Liaison Officer roles.

Patient Assistance Transport Scheme (PATS)

A total of 12 responses raised the issue of PATS and described difficulties experienced in accessing support from, or understanding, the scheme.

Mental Health

A total of 12 responses detailed challenges experienced in accessing mental health services and specialists in a timely manner.

All community and consumer engagement findings have been shared with Health Advisory Council Presiding Members, the Partnering with Consumer Committee and the Steering Group and has been combined with the clinician engagement findings to provide the foundation for the proposed strategies in this Service Plan.

3. Service Plan

3.1 Service Capacity

FUNLHN has two large casemix funded hospitals; Whyalla Hospital with 75 beds and Port Augusta Hospital with 55 beds.

Whyalla Hospital provides 24 hours a day, seven days a week (24/7) accident and emergency services, acute inpatient care, maternal and neonatal services, elective surgery, renal dialysis, acute stroke, palliative, rehabilitation and orthotics/prosthetics service. There is a Regional Cancer Centre providing chemotherapy and an Integrated Mental Health Inpatient Unit on site with specialist oncologist and resident psychiatrist. Additional services located onsite are radiology (including MRI), SA Pathology, clinical pharmacy and Allied Health Services. Hospital services are co-located with community health services. Whyalla Hospital is a teaching hospital with Trainee Medical Officers (adult medicine, general surgery and interns) and Adelaide University Rural medical students spending their full fifth year in Whyalla. The FUNLHN receives Integrated Rural Medical Pipeline (IRTP) funding for a trainee medical officer in medical administration (commenced in 2018) and a trainee medical officer in psychiatry (commencing in 2019), both positions are based in Whyalla.

Port Augusta Hospital provides 24 hours a day, seven days a week (24/7) accident and emergency service, acute inpatient care, maternal and neonatal services, elective surgery, palliative, low risk chemotherapy, renal dialysis and stepdown facilities for Aboriginal and out of town patients. Additional services located onsite are radiology, SA Pathology, clinical pharmacists and Allied Health Services. Hospital services are co-located with community health services. It is a teaching hospital with Trainee Medical Officers (paediatric medicine, general surgery, obstetrics, and surgical intern) and Adelaide University Rural medical students spending their full fifth year based in Port Augusta.

3.2 Clinical Services Capability Framework

It is essential that all service planning and development considers the key strategic enablers as described in 2.1 and be undertaken in consultation with local Health Advisory Councils, staff and other key stakeholders. The SA Health Clinical Services Capability Framework (CSCF) 2019 is a set of an initial 30 service modules for clinical service areas. The modules detail the minimum service and workforce requirements, risk considerations and support services to provide safe and quality care at South Australian hospitals. It is an important tool for state-wide strategic planning by defining the criteria and capabilities required for health services to achieve safe and supported clinical service delivery. It also provides planners and clinicians with a consistent approach to the way clinical services are described and identifies interdependencies that exist between clinical areas.

3.3 Service Priorities

An overview of the proposed service priority areas for Port Augusta and Whyalla are:

Emergency Services

Current	Proposed
<p>Service Description Summary:</p> <p>Port Augusta and Whyalla provide Level 3 Emergency services:</p> <ul style="list-style-type: none"> • Provides on-site, 24-hour access to designated emergency nursing staff and triage of all presentations. • Capable of providing initial treatment and care for all presentations, advanced resuscitation and stabilisation, including short-term assisted ventilation prior to transfer to higher level service. • Ability to assist in care of minor trauma and provide interim care to enable rapid transfer of major trauma. Transfer will require early liaison with SAAS. <p>Current Capacity</p> <p>24/7 Service at both sites. Emergency services provided by:</p> <ul style="list-style-type: none"> • Port Augusta Hospital has an onsite service staffed predominantly by locums providing both cover for Emergency Department and general medical inpatients. • Whyalla has a GP led on-call service with occasional locum support. 	<p>Service Description Summary:</p> <p>Maintain level 3 emergency services and enhance patient care at both Whyalla and Port Augusta Hospitals.</p> <p>Service Improvement Summary:</p> <p>ED1. Develop a plan for a sustainable Emergency Department workforce:</p> <ul style="list-style-type: none"> • Investigate capacity to introduce a salaried medical model in Whyalla and Port Augusta. • Consider developing an emergency medical leadership role to improve collaboration with GPs and support for GP trainees, with both sites to support with an accredited training position, supervisory role, registrars and telehealth. • Consider information from the SA Rural Health Workforce Strategy in the implementation of suitable recommendations for emergency workforce including medical, nursing, allied health and paramedics. • Improve recruitment and retention strategies. • Explore the introduction of a FACEM (Fellow of the Australian College of Emergency Physicians) position at full or part time capacity, staffed by either one clinician or on rotation from a metropolitan hospital. This would support local provision of training, skill development and formal supervision for Rural Generalists undertaking a Diploma of emergency medicine. • Consider Whyalla based Physicians providing visiting services to Port Augusta, in a model similar to that of the Port Augusta Paediatric visiting service to Whyalla.

Current	Proposed
	<p>ED2. Improve the provision of emergency services:</p> <ul style="list-style-type: none"> • Extend out of hours Radiology services (ultrasound, MRI). • Develop strategies to improve communication between services and disciplines. • Implement Partnered Pharmacist Medication Charting Services at both Port Augusta and Whyalla. • Reduce unnecessary ED presentations (consider after-hours GP services co-located in ED). • Review and support improvements in IT systems for sharing of patient information across sites. • Progress the redevelopment of the Emergency Department, and relocation of the High Dependency Unit in Whyalla (in 2021-22). • Increase use of the SAVES technology to provide clinical support and advice between Port Augusta and Whyalla with suitable training and nursing support. <p>ED3. Extend the skills of the staff who provide emergency services:</p> <ul style="list-style-type: none"> • Develop emergency Nurse Practitioner roles. • Explore increased Advanced Life Support education/certification for nursing staff. • Training and education to improve management of mental health presentation. <p>ED4. Collaborate and support mechanisms to maintain strong GP engagement:</p> <ul style="list-style-type: none"> • Partner with medical practices including Royal Flying Doctor Service (RFDS) to support GP recruitment and retention incentives. • Support training and education for GPs in emergency care. • Continue to support GPs contribution to emergency rosters.

Current	Proposed
	<p>ED5. Increase collaboration with external partners:</p> <ul style="list-style-type: none"> • Improve community chronic disease management to reduce emergency presentations (including Aboriginal primary health care services and better care in the community). • Interagency opportunities to address population health issues: <ul style="list-style-type: none"> ○ Lack of accommodation. ○ Self-discharges for Aboriginal patients. ○ Motor vehicle accidents. ○ Substance abuse. ○ Mental health. ○ Transport. • Strengthen reduction in wait times through use of Striker stretchers at RFDS at Port Augusta. <p>ED6. Partner with SAAS to improve patient flows between Whyalla and Port Augusta:</p> <ul style="list-style-type: none"> • Collaborate to reduce transfer delay and ensure best clinical practice for mental health transfers. • Consider replication of the successful Ceduna community paramedic program. • Support community education regarding appropriate Ambulance use. • Review risk management strategies for Paediatrics transfer between Whyalla and Port Augusta. • Utilise training and education that support best clinical protocols for managing drug and alcohol and mental health related presentations (advanced care paramedic services, home nursing services).

Maternal and Neonatal Services

Current	Proposed
<p>Service Description Summary:</p> <p>Whyalla provides level 3 Maternal and Neonatal services:</p> <ul style="list-style-type: none"> • Low risk births up to 37 weeks gestation BMI <40. • Safe care for singleton neonate ≥2.5kg at birth, convalescent care for neonate ≥36 weeks (corrected gestation) who weighs ≥2kg, when supported by Neonatologist/Paediatrician consultant advice from Level 4-6 service. • Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available. • Capacity to provide emergency care to support the sick neonate until the retrieval service arrives. • Capacity to manage the care of the 'low risk' pregnant woman during the antenatal and postnatal periods. <p>Port Augusta provides Level 4 Maternal and Neonatal Services:</p> <ul style="list-style-type: none"> • Maternal Capacity to provide safe care for singleton pregnancy or a twin pregnancy with 'low risk' factors and/or minor complications ≥34 weeks gestation. • Access to community midwifery services. 	<p>Service Description Summary:</p> <p>Maintain level 3 Maternity and Neonatal services at Whyalla and level 4 Maternity and Neonatal Services as a service of excellence for the region at Port Augusta, and enhance patient care.</p> <p>Service Improvement Summary:</p> <p>MN1: Improve the continuity and stability of Obstetrician service in Whyalla:</p> <ul style="list-style-type: none"> • Investigate the possibility of recruiting a permanent Obstetrician. • Increase Gynaecological services (through consistent Obstetrician/Gynaecologist locum capacity). • Increase community confidence. • Investigate ability to reintroduce the GP Obstetrician model, strengthening the shared care model and ante natal protocols. • Reduce patient flow out to metropolitan hospitals. • Investigate ways to increase Paediatrician access for baby checks and increased capacity for planned Caesarean sections for multiple pregnancy and BMI >40. • Continue to strengthen the Perinatal Maternal Physician visiting service. • Promotion of gynaecologist services to local GPs to increase referrals in Whyalla. <p>MN2: Develop Port Augusta as a centre of excellence for Maternal and Neonatal care:</p> <ul style="list-style-type: none"> • Sustain the current resident Obstetric and Paediatric specialist workforce. • Strengthen services in Port Augusta to reduce flow out to metropolitan. • Develop leadership systems to actively support staff in all FUNLHN sites. • Maintain and grow contemporary birthing facilities in Port Augusta. • Continue to strengthen the Physician in Maternal Health visiting service.

Current	Proposed
<ul style="list-style-type: none"> • Neonatal Special Care Nursery onsite. • Capacity to provide safe care for neonate $\geq 2000\text{g}$ at birth and neonate requiring convalescent care ≥ 34 weeks gestation, $>1700\text{g}$ when supported by Neonatologist/ Paediatrician consultant advice from Level 5 or 6 neonate service. • Capacity to provide safe care for neonates managed in bassinet/cot, and/or require incubator care short term transitional problems or convalescing after acute illness which are reasonably expected to resolve. • Minor additional care requirements, e.g. IV access antibiotics. • Local registered medical officer available for management healthy newborn with no identified risk factors. • In some instances, healthy newborn may be supported by community midwifery service. <p>Current Capacity:</p> <p>Whyalla</p> <ul style="list-style-type: none"> • Approximately 170 births per year. • Facilities and workforce for elective caesarean section (CS) and Category 1CS • Rotating specialist obstetrician locum model with and a midwifery team of 7.84 FTE. • Works closely with the Aboriginal Birthing Program to deliver culturally appropriate antenatal and postnatal care. 	<p>MN3: Ensure sustainable maternal and neonatal services:</p> <ul style="list-style-type: none"> • Upgrade maternity facilities in Whyalla considering contemporary practices. • Develop an ongoing facilities upgrade and maintenance plan for both Whyalla and Port Augusta. • Monitor population growth projections to consider potential capacity for increased clinical services capability level in Whyalla. • Develop and support early career midwives to manage diverse and complex care needs. • Increase allied health supports. • Continue to support GPs and specialist obstetricians through: <ul style="list-style-type: none"> ○ Ensuring a diverse range of practice to promote professional satisfaction. ○ Supporting recruitment and retention (including overseas trained GP/Obstetrician) particularly in Whyalla. ○ Consideration of the Rural Health Workforce Strategy findings and recommendations. ○ Support training provided by Port Augusta resident paediatrician. ○ Development of an accredited traineeship for a Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) registrar in addition to maintaining the Diploma in Obstetrics trainee position. <p>MN4: Develop skills and support for staff to respond to neonate emergencies:</p> <ul style="list-style-type: none"> • Provide Neonate resuscitation training and ongoing support for Midwives, Medical and Emergency Services staff. • Consider an Emergency Nurse Practitioner with a specialty in neonate resuscitation. • Utilise SAVES technology for support and training related to, Whyalla Nursery and surgical emergencies.

Current	Proposed
<p>Port Augusta</p> <ul style="list-style-type: none"> • Approximately 297 births per year. • Facilities and workforce for elective CS and Category 1 CS. • The Anangu Bibi Birthing Program team of midwives and Aboriginal Maternal Infant Care workers provides perinatal care to approximately 80 Aboriginal women and their babies each year. The majority of the women are considered to have high risk pregnancies. • Perinatal services in Port Augusta are supported by two resident specialist obstetricians, an on-call paediatric service and a team of midwives. 	<p>MN5: Develop Models of Care to support growth in services:</p> <ul style="list-style-type: none"> • Ensure models of care provide opportunities for qualified GP obstetricians to be retained to contribute to service provision in Port Augusta and Whyalla. • Explore sustainable midwifery workforce models of care, including team Midwifery Models (and learnings from Yorke and Northern LHN midwifery caseload model). • Improve the shared care model between GP, GP/obstetrician, midwife and obstetricians (consider Port Augusta’s proposed ‘Electronic Orange Book’ project). • Support continuation of the Aboriginal Family Birthing program (including linkages Nunyara, Pika Wiya and funding sources). • Investigate and promote midwives to expand their scope of practice. • Continue and strengthen collaboration (including telemed support) between Port Augusta and Whyalla to support management of complex cases (e.g. BMI) and low risk transfers. • Reduce strain on gynaecology clinic services by increasing low complexity procedures provided by GPs (e.g. cervical screening). • Support best practice continuity of care and for ante natal and inter partum care. • Meet the colposcopy screening requirement as part of National Cervical Screening Program. • Enhance use of the Whyalla consultant anaesthetist or telehealth technology to peri-operatively assess high risk/BMI cases to enable delivery in Port Augusta in accordance with the guidelines.

Paediatric Services

Current	Proposed
<p>Service Description Summary:</p> <p>Whyalla provides Level 3 Paediatric services:</p> <ul style="list-style-type: none"> • Planned/unplanned ambulatory and/or inpatient care for children, may provide subspecialty ambulatory referral system. • GP ambulatory services. • Inpatient services usually single-system disorders, children low-acuity medical conditions. • Allocated bed area/bay beds. • Advanced life support/ stabilising children requiring transfer to higher level. • Medical/surgical services accessible on a daily basis. <p>Port Augusta provides Level 4 Paediatric services:</p> <ul style="list-style-type: none"> • Ambulatory and/or inpatient care. • Ambulatory care within community and/or service facility, multidisciplinary team range conditions (e.g. developmental assessment teams). • Inpatient service designated children's ward, all children up to 14 years (flexibility with adolescents) some exceptions to ages dependent local policies/circumstances. • All admitted infants under three months of corrected age, involved with paediatric medical services on admission. • Complex social issues/significant comorbidities have combined care with paediatric medical. • Registered medical specialist, paediatric credentials 24 hour inpatient support. 	<p>Service Description Summary:</p> <p>Maintain level 3 Paediatric services at Whyalla and Level 4 Paediatric services at Port Augusta and enhance patient care.</p> <p>Service Improvement Summary:</p> <p>PS1: Consider paediatrics service model for whole Local Health Network including:</p> <ul style="list-style-type: none"> • Develop Port Augusta as a Paediatric Centre of Excellence whilst, at a minimum, retaining current staffing levels. • Explore travel support options for outreach specialist services, managing risk and fatigue. • Sustain the current resident obstetric and paediatric specialist workforce. • Consider development of junior medical trainee/registrar paediatrician opportunities. • Develop leadership systems to actively support staff in Whyalla. • Consider viability of a paediatrician at Whyalla. • Link with SA Rural Health Workforce strategy for opportunities for further service enhancements. • Explore opportunities for the Paediatrician to up skill emergency and midwifery staff and GPs. • Investigate opportunities for a nurse practitioner role, to work collaboratively with midwives, neonatal nursing staff and Paediatricians. • Work in partnership with SAAS to explore ways to improve ambulance response times.

Current	Proposed
<p>Current Capacity:</p> <p>Whyalla</p> <ul style="list-style-type: none"> • Visiting team of three Port Augusta based Paediatricians provides service of between one and three scheduled days every week, depending on other outreach commitments. • Emergency services provided by GPs. • Low complexity paediatric admissions managed by GPs with support from Port Augusta paediatric team. <p>Port Augusta</p> <ul style="list-style-type: none"> • Regional referral hospital for paediatric medicine. • Team of four Paediatricians and two specialist Paediatric Nurses support the perinatal service, provide inpatient, outpatient and emergency paediatric services. • Paediatric Unit provides visiting services to many regional and remote locations across country South Australia including Whyalla. 	<ul style="list-style-type: none"> • Build capacity to transfer non-urgent paediatric and neonate patients in a safe manner via transport cot. • Explore options to support families who experience transport challenges in accessing appointments and treatment. <p>PS2: Explore opportunities for increased Paediatric Specialist Services for Whyalla:</p> <ul style="list-style-type: none"> • Investigate potential to increase paediatrician access in Whyalla (including baby checks and increased planned caesareans). • Monitor current paediatric services in Whyalla and investigate possible expansion, including five day service, as population changes dictate. • Identify opportunities for promotion of paediatric services to the community and to build up local confidence. • Consider upgrade of paediatric facilities to be aligned with any maternity facilities plans (potential refurbishment of Whyalla).

Medical Inpatient Services

Current	Proposed
<p>Service Description Summary:</p> <p>Whyalla provides Level 4 medical services:</p> <ul style="list-style-type: none"> • Provides definitive care for most medical patients, usually under care of registered medical specialist (consultant physician), except for patients with low-acuity, single-system medical conditions or pre-existing significant but stable comorbidities, who may be under care of medical practitioner (GP) - scope of practice of credentialed medical practitioner (GP) is limited to care of patients with low-acuity, single-system medical conditions or pre-existing significant but stable comorbidities. • If patient under care of medical practitioner (GP) becomes unstable, patient must be immediately referred to registered medical specialist (consultant physician). • High-risk medical patients should be treated by higher level medical service with on-site intensive care service support. • Some medical subspecialties may be available. • May host and/or provide outreach service to lower level services. <p>Port Augusta provides Level 3 medical services:</p> <ul style="list-style-type: none"> • Provides ambulatory and inpatient care that may require subspecialty referral. • Patients do not require complex diagnostic investigation. • Patients under care of medical practitioner or visiting medical officer who may be registered medical specialist (consultant physician). • Inpatient services usually provided for medium-acuity, single-system medical conditions with significant but stable 	<p>Service Description Summary:</p> <p>Maintain Level 4 (Whyalla) and Level 3 (Port Augusta) medical services and enhance patient care. Review the number of resident physicians based in Whyalla, creating capacity to provide services to Port Augusta. Sustain visiting specialist services to meet community needs.</p> <p>Service Improvement Summary</p> <p>MI1: Develop a sustainable and effective workforce:</p> <ul style="list-style-type: none"> • Grow a sustainable physician and GP workforce. • Maintain the good level of inpatient and ambulatory specialist rehabilitation services in Whyalla by providing the required effective and ongoing support to hospital nursing staff and GPs. • Increase the level of resident physicians cover, ensuring effective sustainable workload management in Whyalla and the provision of full-time onsite support to Port Augusta GPs. • Review recruitment, retention and service level agreements of consistent specialty services, including the sharing of these services, across both sites. Specialties may include: <ul style="list-style-type: none"> ○ Endocrinology services. ○ Neurology services. ○ Gastroenterology. ○ Dermatology. ○ Nephrology. ○ Cardiology services with increased coordination. • Develop the onsite echocardiogram and holter monitor services at Whyalla to provide a regional service, increasing hospital revenue and creating employment and training opportunities.

Current	Proposed
<p>comorbidities.</p> <ul style="list-style-type: none"> In case of unstable patients, liaison with registered medical specialist (consultant physician) may be necessary to provide guidance on care management and whether patients should be transferred to higher level service. May have access to close observation care area/beds for unstable patients. May host outreach services. <p>Current Capacity:</p> <p>Whyalla</p> <ul style="list-style-type: none"> Provides Level 4 specialist medical services with eight high dependency bed unit provided by two staff specialist physicians assisted by locums and GP led level 3 medical services. Renal dialysis, complex chemotherapy, acute stroke, and rehabilitation. Visiting specialists include cardiology, geriatrics, nephrology and rheumatology. On site Regional Cancer Centre and Integrated Mental Health Inpatient Unit with specialist oncologist and resident psychiatrist. Onsite radiology (including MRI), SA Pathology, clinical pharmacy and allied health services. Co-located with community health services. <p>Port Augusta</p> <ul style="list-style-type: none"> Provides Level 3 medical services provided by locums and local GPs. Visiting specialists include cardiology, geriatrics and nephrology. Low complex chemotherapy. Satellite dialysis unit. 	<ul style="list-style-type: none"> Consider findings of the SA Rural Health Workforce Strategy. Explore opportunities for the development of additional nursing staff and trainee medical officers to be ALS trained or have post graduate qualifications in critical care to support the High Dependency Unit at Whyalla. <p>MI2: Explore opportunities to further develop relationships with metropolitan Hospitals considering:</p> <ul style="list-style-type: none"> Joint recruitment of specialists. Increase rotations of physician trainees. Review schedules of visiting medical services. Upskilling GPs. <p>MI3: Extend use of Telehealth considering:</p> <ul style="list-style-type: none"> Review local infrastructure, coordination and education necessary for effective use. Establish a process to provide clinical support from offsite Physicians, enabling complex cases to remain local. Continue to improve utilisation of telehealth for renal services. <p>MI4: Consider opportunities to positively influence patient journey:</p> <ul style="list-style-type: none"> Analyse the comparative length of stay, per DRG/complexity across sites to identify areas of focus and ensure best practice and appropriate documentation of complexity. Review effective management of clinical pathways considering: <ul style="list-style-type: none"> Utilisation of out of hospital strategy programs. Monitor for reductions of potentially preventable admissions. Appropriate discharge of COPD cases with adequate home care.

Current	Proposed
<ul style="list-style-type: none"> • Step-down unit. • Co-located with community health services. • Teaching hospital with trainee medical officers and Adelaide University rural medical students full fifth year. 	<ul style="list-style-type: none"> ○ Coordination of services from primary to secondary care. • Develop partnerships with residential aged care facilities to effectively manage high level dementia care. • Explore opportunities inpatients to be up transferred from Port Augusta to Whyalla, instead of metropolitan hospitals, as clinically appropriate. • Improve management of patients awaiting residential aged care placement in Whyalla.

Surgical and Anaesthetic Services

Current	Proposed
<p>Service Description Summary:</p> <p>Port Augusta and Whyalla both provide level 3 surgical services:</p> <ul style="list-style-type: none"> • Provided mainly in hospital setting with designated but limited surgical, anaesthetic and sterilising services. • Manages: <ul style="list-style-type: none"> ○ Surgical complexity I procedures with low to high anaesthetic risk. ○ Surgical complexity II procedures with low to high anaesthetic risk. ○ Surgical complexity III procedures with low to medium anaesthetic risk. ○ Surgical complexity IV procedures with low to medium anaesthetic risk. • May be offered 24 hours a day and may include day surgery. • May also provide emergency surgical services. <p>Current Capacity:</p> <p>Whyalla</p> <ul style="list-style-type: none"> • General surgery, level 3 – Monday to Friday, resident from Port Augusta. • Orthopaedic surgery, Monday to Friday. • Urology - visiting service. • Dental/oral services (including paediatric). • Gynaecology services – resident/locum. • Ophthalmology – weekly visiting service. 	<p>Service Description Summary:</p> <p>Maintain level 3 surgical services and enhance patient care.</p> <p>Service Improvements summary:</p> <p>SS1: Ensure the availability of surgical services and specialties to meet community needs:</p> <ul style="list-style-type: none"> • Maintain all current specialties and explore re-establishment and retention of plastic surgery and vascular services. • Review the 2016 proposal for breast surgery to be performed in Whyalla and the ability to increase general surgery case numbers which can be safely performed in the region. • Consider a surgical registrar option to provide on call emergency cover, clinical support and post-operative management (explore Whyalla weekend cover and appropriate transfer). • Retain elective and orthopaedic surgery (including post-operative care) in Port Augusta, supporting staff skill development and reducing patient transfers. • Review the supportive infrastructure necessary for doctors providing complex post-operative care, such as BMI over 40, reducing need for metro transfer. • Utilise the emergency department's telemedicine equipment to support appropriate emergency surgical assessment (including training and regular practice for both medical and nursing staff). <p>SS2: Maintain necessary levels and standards of surgical equipment and facilities:</p> <ul style="list-style-type: none"> • Develop a plan for timely equipment purchases and upgrades to improve theatre efficiency (especially in Whyalla) and reduce the number of metropolitan referrals.

Current	Proposed
<ul style="list-style-type: none"> • Vascular – outpatient department. <p>Anaesthetics:</p> <ul style="list-style-type: none"> • Seven day service, two anaesthetists including one resident specialist. <p>Port Augusta</p> <ul style="list-style-type: none"> • General surgery – seven day service. • Orthopaedic surgery – Tuesdays from Whyalla. • Urology – visiting service. • ENT – visiting service (including paediatric). • Dental/oral service (including paediatric). • Gynaecology services – resident. • Ophthalmology – two monthly. • Vascular – telehealth. <p>Anaesthetics:</p> <ul style="list-style-type: none"> • Seven day service, one Anaesthetist at any given time (specialist or GP). 	<p>SS3: Explore potential workforce models to enhance service provision:</p> <ul style="list-style-type: none"> • Be a key site for the rural generalists program: <ul style="list-style-type: none"> ○ Providing surgical and anaesthetics training in the region for GP registrars. ○ Recruiting rural generalist with anaesthetics and emergency skills, enabling capacity for anaesthetics back up particularly in Port Augusta. • Develop retention strategies for current experienced nursing and allied health staff. • Work towards establishment of Sunrise at Whyalla Hospital and implement Operating Room Management Information System at both sites. • Improve access and scheduling of flights for Port Augusta visiting specialists. • Explore capacity to provide surgical cover on a 24/7 basis across both sites. <p>SS4: Improve systems and processes to enhance efficiency and patient outcomes</p> <ul style="list-style-type: none"> • Continue to reduce orthopaedics and elective surgery wait times. • Streamline pre-anaesthetic services including improved triaging by nursing staff, to minimise the number of patients needing to be seen by an anaesthetist. • Explore and promote transport options available to community members attending day surgery and appointments considering: <ul style="list-style-type: none"> ○ Suitable community education and information of transport services available. ○ Collaboration with external agencies and the community to advocate for extended public or subsidised transport supports.

Allied Health and Community Services

Current	Proposed
<p>Service Description Summary:</p> <p>Services comprised of multi-disciplinary teams providing a comprehensive range of community and hospital-based health services via individual assessment, one-to-one therapy, group work, community education, and in-home care. Community health employs the following allied health professions:</p> <ul style="list-style-type: none"> • Social work. • Podiatry. • Speech pathology. • Dietetics. • Occupational therapy. • Physiotherapy. <p>Referrals are prioritised according to clinical and service priority.</p> <p>Current Capacity:</p> <p>In addition to the above services, which are all available throughout our region, other services include:</p> <ul style="list-style-type: none"> • Commonwealth Home Support Programme (CHSP). • Home Care Packages (HCP). • Home and Community Care (HACC). • National Disability Insurance Scheme Services, (NDIS) child 0-8 years old, and adult program. 	<p>Service Description Summary:</p> <p>Maintain and enhance allied and community health services.</p> <p>Summary of Service Improvements:</p> <p>CH1. Strengthen, grow and sustain the allied and community health services workforce considering:</p> <ul style="list-style-type: none"> • Increasing the number of Aboriginal and Torres Strait Islander staff and practitioners in the allied and community health workforce. • Refining the work of allied health assistants and increasing their confidence and capacity to independently perform tasks including in orthotics and prosthetics. • Staff retention factors such as supportive work environments, mentoring, interesting caseloads, longer contracts/permanent employment and advancement opportunities. • Support allied health practitioners to develop their clinical scope of practice. • Improve vacancy management through an LHN strategic approach: <ul style="list-style-type: none"> ○ Streamlining recruitment processes to reduce delays. ○ Pool program resources to enable flexibility in permanent position allocation. ○ Commit to a base line permanent allied health workforce to ensure program delivery and mitigate staff fatigue/burden. • Opportunities to increase the promotion of the rural generalist pathway to potential staff, including development of partnerships with universities. • Opportunities for partnerships with local secondary schools, to grow a local workforce • Development of nurse practitioner roles in the community health setting. • Opportunities for volunteers to be involved in support roles in community health services. <p>CH2. Support a team work approach across Port Augusta and Whyalla sites by:</p> <ul style="list-style-type: none"> • Reviewing staff travel expectations to ensure services are provided as close to home and as

Current	Proposed
<ul style="list-style-type: none"> • Better Care in the Community (BCIC). • Palliative care, End of Life Programme (EOLP). • Aged Care Assessment Team (ACAT). • Orthotics and Prosthetics (O&P). • Rehabilitation services. • Transitional Care Packages (TCP), residential and community based programs. • Rapid Intensive Brokerage Scheme (RIBS). • Early Youth and Child Programme (EYPC). • Community nursing service. • Diabetic education service. 	<p>efficiently as possible.</p> <ul style="list-style-type: none"> • Promoting good collaboration, teamwork and sharing of skills/processes across the two sites. • Reviewing and monitoring of staffing allocations to ensure levels align with demand and complexity as much as is possible. • Continued strengthening of the leadership across both sites, including links with advanced clinical leads (ACL), to support staff and improve practices. <p>CH3. Develop a sustainable and effective service model to provide quality access and equity to our community considering:</p> <ul style="list-style-type: none"> • Creating a client centred approach by improving intake and referral systems for all entry pathways, including feedback to clients/ referrers. • Increased use of telehealth, balanced with face to face contact, for improved service provision especially for more remote sites. • Enabling palliative care patients to access mobile telehealth in their homes, with the provision and use of a laptop with Cisco jabber installed (similar to services rolled out in metropolitan sites). • An improved business approach to managing the different program parameters to meet client needs. • Providing education to acute hospital staff of programs/services to reduce potentially preventable admissions. • A seven day service, allowing for increased flexibility on weekends and after hours. • Provision of resourcing necessary to enable Port Augusta palliative care nursing staff to provide outreach support and education to smaller health sites and communities approximately twice per year. • Provision of an on call after hours palliative care telephone advice service, to be coordinated between Whyalla and Port Augusta. <p>CH4. Partner with others to improve the health and wellbeing in our communities by:</p> <ul style="list-style-type: none"> • Collaboration with the Primary Health Network to implement targeted preventative population health education initiatives.

Current	Proposed
	<ul style="list-style-type: none"> • Marketing and promotion of our services to priority population groups. • Development of local community champions to support community wellness activities, particularly in remote communities. • Access to local rehabilitation facilities, including hydrotherapy in our communities. • Investigating options for transport services to provide quality linked up services across the care continuum. <p>CH5. Support improved marketing and effectiveness of our services including:</p> <ul style="list-style-type: none"> • Using mobile technology (and applications) to support efficient and accessible service provision. • Sourcing and utilising quality data for the purpose of ongoing client centred service planning and quality improvement activities. • Coordinating ongoing funding applications to support service provision. • Reviewing availability and parking locations to ensure ease of community access to health services.

Mental Health

Current	Proposed
<p>Service Description Summary:</p> <p>Port Augusta and Whyalla provide: Level 4 mental health – adult and youth, ambulatory services:</p> <ul style="list-style-type: none"> • Short to long term or intermittent non-admitted mental health care to low and moderate risk/complexity voluntary and involuntary adult mental health consumers. • Youth 15+ and older persons 65+ multidisciplinary team, hospital based outpatient clinic or day program, community mental health clinic or home-based care multidisciplinary assessment, targeted interventions; care coordination case management; consumer/carer education, information; weekly case review; group programs; primary, secondary prevention programs; consultation-liaison with mental health services; and referral. <p>Port Augusta provides: Level 2 mental health - adult and youth, acute inpatient services:</p> <ul style="list-style-type: none"> • Short-term or intermittent inpatient mental health care, low-risk/complexity voluntary adult mental health consumers. • General healthcare, limited mental health care 24 hours. • General health clinicians within facility. • Medical services on-site or close proximity, rapid 	<p>Service Description Summary:</p> <p>Maintain and enhance current service levels at both Port Augusta and Whyalla Hospitals.</p> <p>Service Improvement Summary:</p> <p>MH1. Develop efficient and effective mental health workforce practices considering:</p> <ul style="list-style-type: none"> • Effective management of both inpatient and community workloads. • Minimising delays experienced by staff and GPs when requesting telehealth psychiatry. • More appropriate management of mental health referrals where substance misuse psychosocial, situational and homelessness are the predominant issues. • Increasing the capacity of ED staff to manage mental health presentations including ‘care and control’ and other involuntary consumers. • Reducing transfer delays due to RFDS waiting on SAAS escorts for violent/aggressive patients. • Increased need for weekend and after hours cover that may be required to reduce delays experienced by patients seeking mental health interventions. • Broadening the occasions where ED and general hospital staff contact the ETLs on behalf of clients wherever appropriate. • Options for management of the safety of staff and all patients in high risk situations. • Safe and secure facilities are provided with options to include security staff and ‘Managing Actual and Potential Aggression’ (MAPA) training for all staff. • Effective management of the Inpatient Mental Health Inpatient Unit (IMHIU) to reduce reliance on less experienced staff and overtime.

Current	Proposed
<p>response.</p> <ul style="list-style-type: none"> Assessment, brief interventions, monitoring; consumer/carer education, information; documented case review; consultation-liaison with higher level services; and referral. <p>Whyalla provides: Level 5 mental health - adult and youth, acute inpatient services:</p> <ul style="list-style-type: none"> Short to medium term and intermittent inpatient mental health care to low moderate and high risk/complexity voluntary and involuntary adult mental health consumers (including persons 16+) mental health care 24 hours. Multidisciplinary team within hospital, dedicated mental health acute inpatient unit. Multidisciplinary assessment, targeted interventions by mental health professionals; consumer/carer education, information; weekly case review; group programs; extensive primary, secondary prevention programs; consultation-liaison with higher/lower level mental health services; and referral. <p>Current Capacity: Whyalla hospital provides: Voluntary admissions manageable in hospital environment</p> <ul style="list-style-type: none"> Initial mental health assessment. GP led care planning, medication management, referral, consultation/liaison to higher level. Facilitation of transfer of involuntary patients to approved mental health treatment centres. 	<p>MH2. Develop a coordinated staff education plan regarding mental health by:</p> <ul style="list-style-type: none"> Implementing training regarding effective and appropriate mental health referrals, assessment and management. Linking with the Mental Health Workforce Strategy, currently under development by the Department for Health and Wellbeing (to be launched in 2020). <p>MH3. Improve the models of care related to mental health considering:</p> <ul style="list-style-type: none"> The management of generational trauma and adolescent clients with a family orientated and primary care focussed approach. A strong focus on the community and early intervention and prevention of mental health issues for all age groups. Sustainable strategies to reduce up transfers to metropolitan hospitals. Development of good partnerships and networks that allow for a range of referral options that effectively support the increased numbers of mental health clients aged under 16 years. Replication of the Whyalla Community Mental Health program in Port Augusta including the Intensive Community Program (ICP). Increased collaboration with NGOs 'Footsteps' (in Port Augusta) and 'New Roads' (in Whyalla) programs to improve coordination of detox admission pathways/processes and strengthen psycho-social supports. Increased promotion of local mental health services and ETLs to provide consumers with alternatives to SAAS and dialling triple zero. Access to additional face to face support over seven days. Work with the Eyre and Far North LHN to develop a sustainable long term model for service delivery to Coober Pedy.

Current	Proposed
<ul style="list-style-type: none"> • Hospital in-reach, nurse practitioner and Community Mental Health Team (CMHT) in nurse practitioner absence, business hours. • Specialist mental health assessment, crisis intervention, care planning. • Brief intervention, care coordination. • Support discharge planning. • Facilitation of telepsychiatry assessments. • Consultation, liaison with Emergency Triage and Liaison Service (ETLS) and psychiatry services. • Afterhours: ETLS, 24/7 including on-call psychiatrist and emergency telepsychiatry. <p>Port Augusta and Whyalla provides: Community Mental Health Team:</p> <ul style="list-style-type: none"> • Specialist mental health assessment, crisis intervention, care coordination for voluntary, involuntary consumers, 16+ with serious/severe conditions, business hours, triage service, assertive, community/therapeutic intervention, multi-disciplinary team, visiting/ resident consultant psychiatrist, access to tele-psychiatry, community/service provider access to 24/7 assistance via ETLS. <p>Intensive Community Program:</p> <ul style="list-style-type: none"> • Subacute home based care, specialist mental health assessment, crisis intervention, intensive assertive support. Includes step up and step down. • Community Mental Health Rehabilitation Service, state-wide psychiatric rehabilitation 10 places. • Resident consultant psychiatrist, business hours, on 	<p>MH4. Explore opportunities to improve recruitment and retention considering:</p> <ul style="list-style-type: none"> • The recruitment of additional mental health trained nurses in Port Augusta and Whyalla. • Future Psychiatrist recruitment plans based on community need and expectation. • Integration of the acute and mental health services in Whyalla to ensure face to face mental health support is available to all acutely unwell patients. • The recruitment of peer support workers (with certificate 3 or 4 in Mental Health), to assist ED nursing staff in the management of non-violent patients with non-clinical needs. • The recruitment of Aboriginal mental health workers/Aboriginal health practitioners or mental health practitioner/workers. <p>MH5. Review resource and funding for mental health by:</p> <ul style="list-style-type: none"> • Finding opportunities to increase mental health support funding in EDs. • Identifying alternative funding options for mental health support in Coober Pedy, with the cessation of the Division of General Practice chronic disease resourcing. • Implement a plan for progressive upgrades to the Whyalla IMHIU to meet national standards as they evolve. • Consider adding a sensory area for dementia patients to Gudya Ward in Whyalla.

Current	Proposed
<p>call 24/7 ETLs.</p> <ul style="list-style-type: none"> • Six beds, ETLs Pathways Co-ordinator, country mental health bed network. 	<p>MH6. Consider external factors and groups that impact mental health services and needs by:</p> <ul style="list-style-type: none"> • Increasing promotion of, and access to, ETLs recognising 000 is more widely known and free to contact. • Improving partnerships with other agencies and community/support groups, ensuring effective two way sharing, promotion and awareness. • Promoting all mental health service supports, ensuring effective engagement with all age groups. • Continue to collaborate with Child and Adolescent Mental Health Service (CAMHS) to ensure support of 0-18 year olds.

Cancer Services

Current	Proposed
<p>Service Description Summary:</p> <p>Whyalla provides:</p> <p>Level 4 Cancer Services – haematological malignancy</p> <ul style="list-style-type: none"> • Ambulatory care under registered medical specialist credentialed in haematology, inpatient care under medical practitioner. • Administers conventional doses systemic therapy, may operate as ‘cancer unit’. • Part of network with higher level services, access to information re latest evidence-based care, treatments. <p>Level 4 Cancer Services - medical oncology:</p> <ul style="list-style-type: none"> • Administers conventional doses of systemic therapy, may operate as ‘cancer unit’. • Provides chemotherapy under supervision of Level 5 or 6 oncology service. • Manages moderate risk systemic therapy protocol. • Provides ambulatory care under visiting registered medical specialist credentialed in medical oncology and inpatient care under registered medical specialist credentialed in internal medicine. • Part of service network with higher level services, access to information re latest evidence-based care, treatments. <p>Port Augusta provides:</p> <p>Level 3 Cancer Services – medical oncology</p> <ul style="list-style-type: none"> • Low-risk ambulatory and/or inpatient diagnostic, consultation and treatment service, access to limited support services. • Provides chemotherapy under supervision of registered medical oncologist, reviews patients locally or at higher level service. • Services delivered predominantly by medical practitioners, registered 	<p>Service Description Summary:</p> <p>Maintain the level 4 (Whyalla) and level 3 (Port Augusta) cancer services and explore innovative opportunities to manage service demand and enhance care.</p> <p>Service Improvement Summary:</p> <p>CS1. Explore opportunities to better manage demand and ensure efficiency of the Whyalla chemotherapy unit :</p> <ul style="list-style-type: none"> • Review oncologist staffing levels (registrars, private, fly-in/fly-out model). • Investigate an increase consultant haemato-oncologist presence in Whyalla to double the medium complexity chemotherapy for Haematological malignancies in collaboration with the Central Adelaide LHN. • Maintain appropriate levels of qualified nursing staff including increasing the number of nursing staff trained in the ADAC. • Ensure effectiveness of the PICC/PORT Clinic. • Improve utilisation and effectiveness of scalp cooling and consider provision of this at Port Augusta. • Streamline digital processes for chemotherapy prescribing with a view to future ECPS, digital medication charts and improved oncology pharmacy. • Seek resources from SA Pharmacy for additional clinical pharmacists in oncology/chemotherapy services in accordance with best practice standards. • Provide regular education regarding PICC dressing, infusaport access and cytotoxic care and management for

Current	Proposed
<p>nurses and visiting day-only / telehealth specialist medical services.</p> <ul style="list-style-type: none"> Administers conventional doses low-risk systemic therapy under protocols not expected to produce severe acute reactions or prolonged neutropenia. Provides support before, during, after medical oncology treatment provision. <p>Current Capacity:</p> <p>Whyalla</p> <ul style="list-style-type: none"> Six chair chemotherapy unit. Medical oncology supports unit weekly, two-day clinic, via telehealth for smaller sites and between clinics. Haematological malignancy supports unit monthly, two-day clinic via telehealth. Clinics supported by Cancer Care Co-ordinator. Monthly clinic, visiting radiation oncology specialist. Administration chemotherapy treatment by registered nurses trained in anti-neoplastic drug administration course (ADAC). Supports administration low complexity chemotherapy in Port Augusta and Eyre Peninsula. Education, supportive therapies provided to inpatients. <p>Port Augusta</p> <ul style="list-style-type: none"> Telehealth for medical, radiology, haematology oncology for patients receiving treatment in region and metro centres. Supported by Whyalla Cancer Care Co-ordinator. Administration low complexity chemotherapy treatment by registered nurses trained in ADAC. Education, supportive therapies provided to inpatients. Provide services non-chemotherapy treatments e.g. blood transfusion, Ivga infusions, iron infusions, monoclonal antibody treatments for 	<p>chemotherapy staff.</p> <ul style="list-style-type: none"> Enable the movement of non-chemotherapy services to other locations to increase capacity within the chemotherapy unit. Enable opportunities for local GPs to refer directly, increasing service delivery close to home. Encourage local GPs to be trained in GP oncology. <p>CS2. Explore opportunities to better manage the demand and ensure efficiency of the Port Augusta chemotherapy unit considering:</p> <ul style="list-style-type: none"> Potential to increase staff recruitment to allow expansion. Increase days of operation to align with activity increase including flow from Whyalla. Seek resources from SA Pharmacy for additional clinical pharmacists in oncology/chemotherapy services in accordance with best practice standards. Streamline digital processes for chemotherapy prescribing with a view to future ECPS, digital medication charts and improved oncology pharmacy. Encourage local GPs to be involved in relevant training. A rural generalist medicine registrar position that includes oncology services work. <p>CS3. Support capacity and opportunities for culturally safe and appropriate service provision to enhance the patient journey:</p> <ul style="list-style-type: none"> Develop culturally safe and appropriate services and consider innovative models of health care that enhance the care and services for Aboriginal patients, including links with Aboriginal community controlled health organisations.

Current	Proposed
<p>non-cancer reasons. Medical support by duty medical officer.</p> <ul style="list-style-type: none"> • Medical oncology through correspondence, telehealth. • Treatment/Care of some patients shared between Whyalla and Port Augusta. • Unit operates Wednesdays and Fridays. 	

Renal Services

Current	Proposed
<p>Service Description Summary:</p> <p>Provides care to patients on maintenance dialysis.</p> <ul style="list-style-type: none"> • May not offer full spectrum of dialysis modalities, such as home renal replacement therapies; however, requirements exist for services when provided. • Dialysis provided in designated dialysis area for patients with ESKD who require assistance of registered nurse. • Does not include dialysis treatment for patients with acute renal failure; however, it may provide long term care of post-transplant patients, where appropriate. <p>Current Capacity</p> <p>Port Augusta</p> <ul style="list-style-type: none"> • 36 patients with ability to increase to 48 with growing need and staffing increases as need arises. • Offer occasional support on site in liaison with CNARTS as appropriate. • Outpatient visiting nephrology services bimonthly. • As above with home therapies we offer support where appropriate and as able. • SA Health provide opportunity for patient to return to country for dialysis on the SA haemodialysis bus. <p>Whyalla</p> <ul style="list-style-type: none"> • 20 patients with future expansions to be complete October 2020 to accommodate initially 24 patients and then full capacity of 36 patients. • Offer additional support to home dialysis patient with respite dialysis or assessment accompanied with dialysis 	<p>Service Description Summary:</p> <p>Maintain the level 3 satellite renal services in Port Augusta and Whyalla and enhance care and complete the expansion in Whyalla to a further six chairs. Maintain appropriate planning to ensure the timely expansion to nine chairs as the need arises.</p> <p>Service Improvement Summary:</p> <p>RS1. Explore strategies to maintain appropriate levels of qualified nursing staff and service provision in Renal Services :</p> <ul style="list-style-type: none"> • Coordinate staff training to align with succession planning for expected service increases. • Actively recruit and retain staff to dialysis units within our region to achieve the training and qualifications required to maintain safe staffing levels. • Explore strategies to be enable patients on holiday or infrequent patients, to receive dialysis in our region. • Consider staff recruitment, retention and training strategies necessary to avoid any staff level related capacity limitations at both sites. <p>RS2. Ensure support and growth of visiting specialties and services:</p> <ul style="list-style-type: none"> • Continue to grow and support specialist services provided by visiting nephrologists. • Explore potential models of ongoing sustainable specialist care provision considering: <ul style="list-style-type: none"> ○ Funding arrangements. ○ Support from metropolitan LHNs. ○ Strengthening of the renal Physician workforce. Models for this include consolidating and resourcing support from metropolitan LHNs

Current	Proposed
<p>to prevent transfer to tertiary facility.</p> <ul style="list-style-type: none"> • Two trained peritoneal dialysis nurses provide maintenance care under direction of The Home Dialysis Therapy Unit. • Outpatient visiting nephrologist services monthly. 	<p>and investigating options for local renal physicians (possibly in conjunction with general physician role)</p> <ul style="list-style-type: none"> • Progress future plans to increase provision of fistulogram/fistuloplastys and radiological intervention locally. • Continue to support local new vascular access surgery, including review and maintenance, for established dialysis patients, reducing the need for travel to metropolitan sites. • Provision of adequate pharmacy staffing and clinical pharmacy support for expansion of the renal dialysis unit at Whyalla Hospital. <p>RS3. Support capacity and opportunities for client centred service provision to enhance the patient journey:</p> <ul style="list-style-type: none"> • Implement renal consumer groups to engage with community and consumers to support and inform service provision. • Support and progress the application for project sponsorship from “National Indigenous Kidney Transplantation Taskforce Equity and Access Sponsorship” to improve Aboriginal patient access to kidney transplantation. • Develop culturally safe and appropriate services and consider innovative models of health care that enhance the care and services for Aboriginal patients, including continued growth of patient reference groups and links with Aboriginal community controlled health organisations. <p>RS4. Work collaboratively in country South Australia, in the provision of best practice clinical services:</p> <ul style="list-style-type: none"> • Link with other LHNs in the emerging SA Renal ‘Community of Practice’, under the leadership of the Consultant Nephrologist.

Aboriginal Health Services – Centre of Excellence

Current	Proposed
<p>Service Description Summary:</p> <p>FUNLHN is a centre of excellence in the provision of Aboriginal Health Services. The LHN has a strong commitment to the provision of culturally safe, responsive and effective services for Aboriginal and Torres Strait Islander people. Cultural respect and responsiveness is a requirement of all staff and training options are provided to achieve this.</p> <p>Current Capacity</p> <ul style="list-style-type: none"> • Strong relationships with Pika Wiya and Nunyara • Provision of an Aboriginal Family Birthing Program • Provision of culturally safe and appropriate services for Aboriginal and Torres Strait Islander people • Experts By Experience Register across the LHN 	<p>Service Description Summary:</p> <p>Maintain a centre of excellence in strong collaboration with Pika Wiya, Nunyara services.</p> <p>Service Improvement Summary:</p> <p>AH1. Support employment and career pathways for Aboriginal and Torres Strait Islander people:</p> <ul style="list-style-type: none"> • Increase the numbers and capacity of Aboriginal identified positions, programs and services and increase the percentage of Aboriginal and Torres Strait Islander people in our workforce. • Increase the level of availability and accessibility of the Aboriginal Patient Pathways Officer to continue supporting all Aboriginal patients across our Local Health Network. • Continue to support and embed ongoing staff Aboriginal Cultural Awareness education (both on-line and face to face training options). <p>AH2. Maintain and enhance services specifically designed to meet Aboriginal and Torres Strait Islander people:</p> <ul style="list-style-type: none"> • Acknowledge the success and value of the Aboriginal Family Birthing Program in our region and take all actions possible to mitigate any potential risk of program/funding loss. • Strengthen the partnership approach in planning and delivering the Aboriginal Family Birthing Program for our Local Health Network into the future. • Develop culturally safe and appropriate services in consultation with the patient reference group and Aboriginal community controlled organisations, in the provision of renal services to the high proportion of Aboriginal patients.

Current	Proposed
	<ul style="list-style-type: none"> • Develop culturally safe and appropriate services and consider innovative models of health care in the provision of cancer services for Aboriginal patients, including links with Aboriginal community controlled health organisations. <p>AH3. Ensure the unique cultural needs of our Aboriginal and Torres Strait Islander consumers and staff are respectfully met by:</p> <ul style="list-style-type: none"> • Developing strong structures for Aboriginal advocacy and representation in all levels of the organisation including Standards and Leadership committees and the Flinders and Upper North Local Health Network Board. • Promoting and supporting the Experts By Experience Register across the Local Health Network. <p>AH4. Embed actions towards reconciliation to ensure Aboriginal and Torres Strait Islander people enjoy the same health outcomes and life expectancy as all other Australians (in alignment with the Reconciliation Action Plan 2018-2020 and the Closing The Gap Report 2019).</p> <ul style="list-style-type: none"> • Continue to Strengthen positive and effective partnerships • Strengthen linkages and partnerships with Aboriginal Community Controlled Health Organisations to further advocate for shared operational roles.

Clinical Support Services

CSCF descriptor level	Service Capacity	Proposed service or area to explore
Diagnostic Medical Imaging	<p>Level 4 Diagnostic Medical Imaging services are provided on-site at both Port Augusta and Whyalla Hospitals via Dr Jones and Partners five days per week from 8.30am – 5.00pm. Provides:</p> <ul style="list-style-type: none"> • Services under sedation/anaesthesia. • Fixed-room fluoroscopy, on-site CT services, complex ultrasound, interventional radiology Tier A, and mammography and interventional breast imaging services. • CT with angiogram services, with appropriate clinical support preferably on-site supervising radiologist. • Peripherally inserted central catheters (PICCs) under imaging guidance. • Ultrasound and interventional breast imaging services. • After hours x-ray and CT services. 	<ul style="list-style-type: none"> • Explore provision of imaging services for renal care including radiology for fistulogram/fistuloplastys. <p>Whyalla:</p> <ul style="list-style-type: none"> • Extend out of hours radiology services (ultrasound, MRI) to support emergency department services. • Expand breast imaging services with addition of tomosynthesis breast imaging and specialist breast radiologists. • Expand services to include cardiac CT imaging service and calcium score scans. <p>Port Augusta:</p> <ul style="list-style-type: none"> • Consider introduction of bone mineral density (BMD) scans.
Pathology	<p>Level 3 pathology services provided by SA Pathology on-site at both Port Augusta and Whyalla Hospitals.</p> <p>Laboratory hours:</p> <ul style="list-style-type: none"> • Port Augusta – 8.00 am - 8.00 pm (Mon-Fri) and 9.00 am - 5.00 pm (weekends/public holidays). 	<p>Whyalla:</p> <ul style="list-style-type: none"> • Progress towards electronic ordering in 2020 with use of 'Oacis' or preferably progress towards both sites using the same system and regionalising 'Sunrise'. (Port Augusta currently uses 'Sunrise'). • Continued support of university student placements via University of South Australia regional scholarship

	<ul style="list-style-type: none"> • Whyalla – 8.00 am - 9.00 pm (Mon-Fri) and 8.00 am – 5.00 pm (weekends/public holidays). • 24/7 support via Point of Care (PoCT) and after hours emergency on call. • On-site blood storage, limited range approved tests, manage emergency pathology specimens until transfer. <p>External client hours:</p> <ul style="list-style-type: none"> • 8.00 am - 5.00 pm (Mon-Fri) and 9.00 am -11.30 am (Saturday). 	<p>position.</p> <p>Port Augusta:</p> <ul style="list-style-type: none"> • Explore Point of Care, potentially expanding to include white cell count and differential, APTT and possibly rapid testing for FluA and FluB and RSV.
Pharmacy	<p>Level 3 pharmacy services provided on-site, by RGH Pharmacy Consulting Services at Port Augusta Hospital, and Epic Pharmacy at Whyalla Hospital.</p> <ul style="list-style-type: none"> • Business hours Monday to Friday and 24/7 on call. (Whyalla pharmacy provides dispensary services Saturday 9.00 am – 12.00 pm). • Clinical on-site pharmacy and distribution services week days. • 24/7 out of hours emergency pharmacist clinical advice and medication support services. • Clinical services to all patients and particularly those with higher risk of harm from therapy. • Predominantly to inpatients and outreach services but may include limited dispensing to ambulatory 	<p>To further embed clinical pharmacy service in all aspects of patient care:</p> <ul style="list-style-type: none"> • Increase collaboration with Medical staff, enabling multidisciplinary input into ward round therapeutic decision to improve patient care. • Establish and resource ED partnered pharmacist medication charting services to improve patient safety and economic benefits. • Create collaborative learning opportunities with medical staff, nursing staff and allied health staff to promote quality use of medicines within all services. • Provide dedicated, expert clinical pharmacy service to specialised areas deemed as an organisational priority (including renal, oncology, paediatric, surgical, Aboriginal and aged care). • Review potential for upskilling on-site clinical pharmacists to assist with clinical verification of chemotherapy charts. • Consider establishment of a dedicated pharmacy

	<p>patients.</p>	<p>chemotherapy service at both sites.</p> <ul style="list-style-type: none"> • Explore potential (including funding) for clinical pharmacy services in the renal dialysis unit at Whyalla Hospital to support the future expansion. • Actively contribute to teaching and training programs provided at both sites. • Contribute to research activities that provide input to the evidence base for optimal medication management. • Work toward achieving Level 4 status with service delivery including consideration of seven day service at both sites with on-site pharmacy services. • Consider investment into electronic S8 recording system that is compatible to iPharmacy for both Whyalla and Port Augusta. • Demonstrate regional responsibility and oversight by providing clinical support and medication services to lower level services throughout the LHN via outreach pharmacy services. • Improve integration of current pharmacy service to contribute to future service planning.
--	------------------	--

3.4 Other factors for consideration

The following enablers have been drawn out of the strategic direction outlined in the service priority tables.

3.4.1 Capital and Equipment

A master plan for long term capital, infrastructure and equipment requirements will be developed. This master plan to include the following specific capital and equipment considerations outlined in the Service Priority tables:

Renal Services

- Progress the upgrade of the Whyalla renal unit, increasing the number of chairs from four to six, with infrastructure to accommodate nine chairs into the future. This also involves the relocation of cardiac and urology services.

Emergency Services

- Progress the redevelopment of the emergency department, and relocation of the high dependency unit, in Whyalla.

Maternal/Neonatal

- Upgrade maternity facilities in Whyalla and develop an ongoing facilities upgrade/maintenance plan for both Whyalla and Port Augusta, considering contemporary practices.

Paediatrics

- Consider upgrade of paediatric facilities to be aligned with any maternity facilities plans (potential refurbishment of Whyalla).

Medical and Surgical Services

- Maintain necessary levels and standards of surgical equipment and facilities through the development of a plan for timely equipment purchases and upgrades to improve theatre efficiency (especially in Whyalla) and reduce the number of metropolitan referrals.
- Develop the on-site echocardiogram and holter monitor services at Whyalla to provide a regional service, increasing hospital revenue and creating employment and training opportunities.

Mental Health Services

- Implement a plan for progressive upgrades to the Whyalla Integrated Mental Health Inpatient Unit to meet national standards as they evolve.
- Consider adding sensory area for dementia patients to Gudya Ward in Whyalla.

Technology

- Establish 'Sunrise' at Whyalla Hospital (as a part of regionalising 'Sunrise') and implement 'Operating Room Management Information System' at both sites.
- Review ICT needs to ensure effective communication between systems and across all health services/sites.
- Extend use of Telehealth by:
 - Reviewing local infrastructure, coordination and education necessary for effective use.
 - Establishing a process to provide clinical support from offsite physicians, enabling complex cases to remain local.
 - Continuing to improve utilisation of telehealth for renal services.
 - Providing the necessary technology and equipment to enable Palliative Care patients to access telehealth in their homes.

- Considering provision of a Port Augusta and Whyalla shared on call/after-hours palliative care telephone advice service (similar to metropolitan sites)
- Support improved marketing and effectiveness of our services including:
 - Using mobile technology (and applications) to support efficient and accessible service provision.
 - Sourcing and utilising quality data for the purpose of ongoing client centred service planning and quality improvement activities.
 - Coordinating ongoing funding applications to support service provision.

Parking

- Reviewing parking availability and locations to ensure ease of community access to health services at both sites.

3.4.2 Workforce

Workforce planning will be a key consideration and should be undertaken in consultation with the Director, People and Culture, Flinders and Upper North LHN.

Specific workforce considerations, identified through the service planning process, that have been outlined in the service priority tables include:

General Workforce supports:

- Supporting staff to be skilled in their area of practice.
- Develop leadership systems to actively and effectively support all staff.
- Utilise SAVES technology to support training and regular practice for both medical and nursing staff.

Recruitment and Retention:

- Ensure diversity of practice to promote professional satisfaction.
- Sustain the current resident obstetric and paediatric specialist workforce, recruit to GP/obstetrician in Whyalla and consider trainee opportunities.
- Refer to recommendations of SA Rural Health Workforce Strategy.
- Maintain and grow specialist trainee positions.

Nursing

- Support the development of nurse practitioner roles for emergency, maternal/neonatal, paediatrics and community health.
- Provide increased emergency training including advanced life support education/certification and neonate resuscitation (for midwives).
- Support early career midwives to manage diverse and complex care needs.
- Explore sustainable midwifery workforce models of care.
- Support nursing staff in triaging processes to streamline pre anaesthetic services.
- Develop retention strategies for current experienced nursing staff.
- Consider recruitment of additional mental health trained nurses.
- Introduction of nurse practitioner role, to provide support to relevant staff.
- Develop skills of nursing staff to support the high dependency unit in Whyalla.

Pharmacy

- Seek resources for both Port Augusta and Whyalla for additional engagement of clinical pharmacists in oncology/chemotherapy services.

- Seek resources for emergency department Partnered Pharmacist Medication Charting Services at both Port Augusta and Whyalla.
- Provide adequate staffing for expansion of the renal dialysis unit at Whyalla Hospital.
- Review annual appointment processes for intern pharmacists to provide local input to their selection and engagement.
- Consider increasing the number of both technical and professional staffing to commence seven day services at both Port Augusta and Whyalla.

Allied Health

- Streamline recruitment processes, increase support for new allied health staff and develop retention strategies for experienced staff.
- Expand and refine the Allied Health Assistant role.
- Promote the Rural Generalist pathway including development of partnerships with universities.
- Recruit Aboriginal and Torres Strait Islander staff.
- Provide opportunities for volunteers to undertake community support roles.
- Promote good collaboration, teamwork and sharing of skills/processes across the two sites whilst maintaining efficiencies of operation.
- Review and monitor staffing allocations to align with demand and complexity.
- Strengthen leadership across both sites, including links with advanced clinical leads (ACL).
- Increase allied health support roles.

Medical Officers:

- Investigate the option of salaried medical models in both sites which include service provision, supervision and training components within the roles.
- Be a key site for the rural generalists pathway – to provide surgical, anaesthetics, obstetrics, mental health, Aboriginal health and paediatric training for GP registrars.
- Introduction of FACEM to support rural generalists.
- Increase the range of specialists and share these across the two sites.
- Grow partnerships and shared care between specialists and GPs.
- Effectively manage travel for visiting specialists and outreach services.
- Build relationships with metropolitan Hospitals to enhance partnerships with specialist and support upskilling of GPs and rural generalists.
- Investigate the implementation of a surgical registrar to provide on call emergency cover, clinical support and post-operative management.
- Sustain and grow current resident specialist workforce.
- Strengthen the role of primary care physicians in the community as well as in hospital practice.

Future opportunities and implications from the work currently being developed through the SA Rural Health Workforce Strategy (RHWS) will also be considered as recommendations emerge. In relation to the Rural Medical Workforce Plan developed by the RHSV the following strategies aligned to building a skilled workforce theme are the key opportunities for future development in Port Augusta and Whyalla:

- Expand intern and PGY2+ training capacity.
- Enable additional procedural training posts for GPs and GP registrars.
- Enable additional skills posts for GPs and GP registrars.

- Consolidate partnership with Adelaide Rural Clinical School (ARCS) to be a recognised medical teaching and training provider.
- Support the option to provide specialist non GP training posts.
Support the option of a remote supervision model for general practice trainees.

3.4.3 Transport

Access to transport has been identified as a key issue for patients of the FUNLHN as they journey across the entire health continuum. Factors such as distance and scarcity of public and other transport between Port Augusta and Whyalla, lack of supportive accommodation options and the need for travel to many appointments and treatments, can compromise health outcomes of clients in the region and often cause socioeconomic hardship.

Telehealth services can be helpful in avoiding some of these transport and distance challenges. However it must be acknowledged both in the matter of patient care, as well as for remote health service professional and administrative support, telehealth options offer only partial solutions. Availability of face-to-face arrangements for both patients and remotely stationed staff are a key challenge for the LHN.

Through this service planning process the following recommendations have been identified in partnership with health advisory council presiding members, as key areas in this matter to build upon in the implementation of this plan:

- Coordination and collaboration across sectors to support the patient (with transport) across the whole patient journey.
- Ongoing encouragement of My Aged Care clients to access the Red Cross transport service.
- Promote SAAS details to community to build awareness of accessibility, costs and options.
- Provide advocacy and support for patients utilising public transport, to attend appointments and treatment including scheduling of appropriate appointment times, consideration of access issues and support for travel from transport set down points to health site.
- Be innovative, flexible and supportive in the consideration of technology and other care options, as alternatives to personal attendance for appointments, where appropriate. Options such as telehealth should be considered as complementary and can offer partial solutions and may not provide replacement to appropriate personal face-to-face care and treatment.
- Improve community awareness of, and accessibility to PATS and provide strong advocacy for enhancements, particularly those pertinent to our region, to the eligibility criterion.
- Acknowledge that there are many disadvantaged groups in this region that do not qualify for transport support programs and as such are at risk of severe disadvantage when attempting to access distant health services. These groups include, but are not limited to; Aboriginal and Torres Strait Islanders, families with young children, those with low incomes, mental health conditions, disabilities and chronic disease and those that live in very remote locations.
- Development of additional supportive accommodation options to assist patients aligning transport with appointment/treatment schedules and advocate for patients to access appropriate cost reimbursement services such as PATS e.g. step down units in both sites, and noting Port Augusta Step Down Unit funding is at risk.
- Have a consistent client centred culture and approach in service provision including timing of appointments to align with transport available, distances of travel, accommodation and vulnerability of illness.

3.4.4 Governance

Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. It describes integrated systems that maintain and improve the reliability and quality of patient care, as well as improve patient outcomes, including the following five criteria:

Governance and quality improvement systems - there are integrated systems of governance to actively manage patient safety and quality risks.

Clinical practice - care provided by the clinical workforce is guided by current best practice.

Performance and skills management - managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high-quality health care.

Incidents and complaints management - patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.

Patient rights and engagement - patient rights are respected and their engagement in their care is supported. The LHN has committed to ensuring consumer focussed health services through improved participation of consumers and community in service planning, facilitation and evaluation

The FUNLHN is committed to ensuring Whyalla and Port Augusta work collaboratively and consistently in the provision of quality coordinated health care that effectively meets the needs of our patients and communities. The importance of appropriate systems, procedures, monitoring and accountability across sites is imperative in achieving this.

Systems will include:

- Procedures and protocols.
- Mentoring.
- Training together.
- Guidelines.
- Governing commitments.

Accountability will include:

- Monitoring.
- Effective quality improvement based on findings.
- Performance management.

The FUNLHN Board is in the process to develop community engagement plan and a clinician engagement plan. These plans and the resultant actions will be imperative in the implementation of this plan.

For more information

Craig Packard
Acting Chief Executive Officer \ Flinders and Upper North LHN
Ph: 86687501

brett.humphrys@sa.gov.au www.sahealth.sa.gov.au

This Document has been developed to support planning within CHSALHN. The data may not be published, or released to any other party, without appropriate authority from the Department of Health & Ageing.



www.ausgoal.gov.au/creative-commons

Service Plan Endorsement

Committee/ Responsible Person

Date

Port Augusta and Whyalla Health Service Planning
Steering Group, Nes Lian Lloyd

30/04/2020



Flinders and Upper North LHN, Acting Chief
Executive Officer, Craig Packard

30/04/2020



Flinders and Upper North LHN, Board Chair,
Bevan Francis

30/04/2020



Port Augusta & Whyalla Health Services

Service Planning Steering Group

TERMS OF REFERENCE

Scope and Purpose

The purpose of the Port Augusta/Whyalla Health Services Planning Steering Group is to provide advice and direction to Flinders and Upper North Local Health Network (FUNLHN) to guide the development of a service plan for the Port Augusta Hospital and Regional Health Services and Whyalla Hospital and Health Services.

The Service Plan will provide a framework for identifying and evaluating potential future service options for the provision of health services in the Port Augusta/Whyalla catchment area.

Steering Group Role

The primary role of the Steering Group is to:

- Supporting a positive culture of collaboration
- Deliver health improvement priorities including emergency department, medical models and midwifery models of care
- Provide advice to FUNLHN executive on future scope of services, and capacity required based on the data, local knowledge and best practice clinical standards
- Review existing and projected health utilisation data to quantify future service profiles
- Consider existing plans for the Port Augusta and Whyalla areas to determine the future implications for the Health Services.
- Provide advice on future self-sufficiency of the Health Services
- Provide feedback on recommendations and priorities as they are developed
- Identify and engage other stakeholders as required to contribute to the service planning process
- Receive ideas, advice and recommendations from any consultation processes and ensure its consideration in the development of the Service Plan

Membership and Member Responsibilities

Membership

The Deputy Chief Executive Officer, FUNLHN, will determine the membership of the Steering Group, taking into account local regional needs.

When a proxy will be present at a meeting, the Chair is to be notified in advance.

Other persons may be co-opted as required for one or more meetings.

All members must consider their personal circumstances and declare at the start of the meeting any conflict of interest that they may have with any item on the agenda.

Membership comprises;

Chair: Craig Packard, Chief Executive Officer, FUNLHN

(former) Ros McRae, Chief Executive Officer, FUNLHN

Members:

- Sandra Plew. Presiding Member. Whyalla Health Advisory Council.
- Ann Screen, Presiding Member. Port Augusta Roxby Downs Woomera Health Advisory Council.
- Karyn Reid, former Presiding Member. Port Augusta Roxby Downs Woomera Health Advisory Council.
- Dr Ferdous Alam. Physician. Whyalla.
- Dr Nigel Stewart. Paediatrician. Port Augusta.
- Prof Guy Maddern. FUN General Surgery / CALHN Surgical Services.
- Dr James Francis. Doctors on Playford. Whyalla.
- Dr Amanda Bethell. Old Base Medical Centre. Port Augusta.
- Dr Buki Oloruntoba, Orthopaedic Surgeon. Whyalla.
- Dr Stephen Ballard, GP / Anaesthetist. Port Augusta.
- Dr Vipulajith Gange. Obstetrician & Gynaecologist. Port Augusta.
- Prof Lucie Walters, Adelaide Rural Clinical School, GP, TMO Director of Clinical Training. Whyalla.
- Dee Risley, Operational Manager, Adelaide Rural Clinical School
- Julie Marron. Director of Nursing and Midwifery. Whyalla.
- Alison Hoare. Director of Nursing and Midwifery. Port Augusta
- Angela McLachlan. Executive Director of Nursing & Midwifery. FUNLHN.
- Dr Nes Lian-Lloyd. Executive Director Medical Services. FUNLHN.
- Ashley Parkinson. Director Community and Allied Health. FUNLHN.
- Glenise Coulthard. Director Aboriginal Health. FUNLHN.
- Trevor Byles, Director Corporate Services. FUNLHN.
- David West, Director Mental Health Services. FUNLHN.
- Kerry Dix, Manager, Planning & Population Health. Rural Support Service
- Carmel Daw, Planning and Population Health. Rural Support Service

Ex-officio:

- Joylene Noll, Administrative Support
- Rural Support Service Planning Team, ex officio planning support (Deb Schutz, Lauren MacKenzie, Bradley Clarke, Kim Hewett, Emma Kuhlmann)
- Dr Kean Kuan Guan – Medical Administration Registrar

Member responsibilities

The Services Planning Steering Group has been established in recognition of the skills, knowledge and experience that the members can bring to the planning process.

The responsibilities of members include:

- A willingness and ability to attend and participate in meetings of the Steering Group over a period of up to 12 months
- Nominating a proxy if unable to attend meetings and advising the Chair
- Encouraging input from broader stakeholders
- Declaring any conflicts of interest
- Ensuring that all data published from Country Health SA/Rural Support Service for service planning is for official use only and is not be released to any other party without prior approval
- Supporting access to information and data that assists the planning process
- Ensuring allocated actions are completed as requested
- Advising the meeting organiser of video or teleconferencing arrangements, if required, a minimum of 7 days prior to the meeting

Meeting Procedures

Steering Group will operate by:

- Making decisions by consensus about recommendations to forward through established governance processes to Executive of FUNLHN
- Referring to meeting summaries from each meeting which will be distributed a minimum of five working days following each meeting
- Referring to meeting minutes from each meeting which will be distributed a minimum of five working days following each meeting
- Forwarding agenda items, apologies and details of proxy attendees to the Chair a minimum of seven working days prior to the scheduled meeting date

Meeting Frequency

- Meetings are held on the first Thursday of the month from 5:00pm to 6pm in the Port Augusta 1st floor Board Room and Whyalla Hospital 5th floor meeting room, unless advised otherwise.
- Video-conferencing and Teleconferencing facilities will be available.
- The Chair will arrange meeting

Quorum

A quorum will consist of 8 members.

Process Timeline

<p>1st Meeting of Steering Group:</p> <ul style="list-style-type: none"> • Setting the Scene, terms of reference • Initial analysis of demographic and health utilisation data profile and identify other data requirements • Agree on the catchment • SWOT of current and future service 	April 2018
<p>2nd Meeting of Steering Group:</p> <ul style="list-style-type: none"> • Setting the Scene, terms of reference • Initial analysis of demographic and health utilisation data profile and identify other data requirements • Agree on the catchment • SWOT of current and future service 	November 2018
<p>3rd Meeting of Steering Group</p> <ul style="list-style-type: none"> • Determine wider clinician engagement approach • Finalise and implement clinical engagement strategy • Finalise and commence implementation community engagement strategy 	February 2019
<p>4th Meeting of Steering Group:</p> <ul style="list-style-type: none"> • Present feedback from wider clinician engagement groups • Present feedback from community engagement • Further analysis of demographic and health utilisation data, if required • Discuss initial future service options 	May / June 2019
<p>5th and 6th Meeting of Steering Group:</p> <ul style="list-style-type: none"> • Consider recommendations / feedback from clinician and community engagement • Consider future demand across inpatient, A&E, community health and outpatients and • Recommend future service options for draft service plan 	July, August 2019
<p>7th - 10th Meeting of Steering Group:</p> <ul style="list-style-type: none"> • Consider final draft service plan. • Determine any further analysis required • Evaluate approach 	September 2019 - December 2019

Appendix B: Focus Group attendance

A number of focus groups were held in Port Augusta and Whyalla. The following table lists the names and agencies of who attended, who were consulted and those who put in an apology:

Attendance/Consulted with

NAME	Title/Organisation
Dr Nes Lian Lloyd	Executive Director of Medical Services, FUNLHN
Prof Guy Maddern	General Surgeon, CALHN Surgical Services
Dr Ferdous Alam	Head of Medicine, Whyalla
Assoc Prof Stephen McDonald	Clinical Director, Renal Services/Visiting Specialist, Whyalla
Dr Sankha Mitra	Clinical Director of Cancer Services/Oncologist, Port Augusta and Whyalla
Dr Vipulajith Gange	Obstetrics and Gynaecology Consultant, Port Augusta
Dr Aliakbar Estakhri	General Surgeon, Whyalla
Dr Priyantha Mudalige	Surgeon, Whyalla
Dr Buki Oloruntoba	Orthopaedic Surgeon, Port Augusta and Whyalla
Dr Christopher Dobbins	General Surgeon
Dr Martin Breuning	General Surgeon
Dr Markus Trochsler	General Surgeon
Dr Ral Antic	Visiting Respiratory Specialist, Port Augusta and Whyalla
Dr Arnab Banerjee	Anaesthetist, Whyalla
Dr Dharma Lekamge	Obstetrics and Gynaecology Consultant, Port Augusta
Dr Phil Tideman	Clinical Director of Cardiology and ICC Net, Rural Support Service
Dr Kirrily Holton	Clinical Director of Rehabilitation, Rural Support Service
Dr Tony Lian Lloyd	General Practitioner/Anaesthetist, Port Augusta and Quorn
Dr Stephen Ballard	General Practitioner/Anaesthetist, Port Augusta
Dr Jason Bament	Clinical Director, Emergency Department
Dr Nigel Stewart	Regional Paediatrician, Northern Regional Paediatric Unit, FUNLHN
Dr Kean Kuan	Deputy Director of Medical Services
Angela McLachlan	Executive Director of Nursing & Midwifery, FUNLHN
Alison Hoare	Director of Nursing & Midwifery, Port Augusta
Julie Marron	Director of Nursing & Midwifery, Whyalla
Janine Connell	Director of Nursing & Midwifery, Roxby Downs
Glenise Coulthard	Director of Aboriginal Health, FUNLHN
Cheryl Russ	Director, Community and Allied Health, FUNLHN
Martin Breuker	Director of Mental Health, FUNLHN
Dr Alex Ho	GP Registrar, Whyalla
Dr Matthew Chunkathil	General Practitioner, Whyalla
Dr Veera Vasupilli	General Practitioner, Whyalla
Dr Patrick Sprau	General Practitioner, Whyalla
Dr Anthony Crentsil	General Practitioner, Whyalla
Dr James Francis	General Practitioner, Whyalla
Dr Susan Andersson	General Practitioner, Hawker and Port Augusta
Dr Amy Bicknell	General Practitioner, Port Augusta
Dr Amanda Bethell	General Practitioner, Port Augusta
Dr James Dowbe	Medstar
Tasma Wagner	Lead/Specialist Clinical Pharmacist, Port Augusta Hospital Pharmacy
Wendy Thiele	Advanced Clinical Lead, Early Childhood, Manager, Aboriginal Family Birthing Program, Rural Support Service

Cathy Brook	Advanced Clinical Lead, Social Work, Rural Support Service
Chris McCann	Advanced Clinical Lead, Orthotist/Prosthetist, Rural Support Service
Alanna Grover	Advanced Clinical Lead, Physiotherapy, FUNLHN
Fiona Murray	Advanced Clinical Lead, Podiatry, FUNLHN
Jenny Bury	Nurse Unit Manager/Midwife, Port Augusta
Chantelle Oldfield	Nurse Unit Manager/Midwife, Whyalla
Kylie Herman	Nurse Unit Manager, Renal Dialysis, Port Augusta
Paola Williams	Nurse Unit Manager, Theatre/CSSD/Chemotherapy, Port Augusta
Marcus Grimshaw	Nurse Unit Manager, Integrated Mental Health Inpatient Unit, Whyalla Hospital
Rose Hwata	Nurse Unit Manager, Integrated Mental Health Inpatient Unit, Whyalla Hospital
Jayme Hoskin	Nurse Unit Manager, Whyalla/Team Leader, Country Health Connect
Carol Brown	Nurse Unit Manager, Emergency Department, Port Augusta
Jo-Lee Scharber	Nurse Unit Manager, Renal Dialysis, Whyalla
Debra Papoulis	Nurse Practitioner, Whyalla
Marcelle Sheridan	Clinical Practise Consultant, Community Mental Health, Port Augusta
Lyndell Eckert	Manager, Quality Risk & Safety, FUNLHN
Joanne Drummond	Manager, Whyalla Mental Health Service
Deb Pearce	Team Leader, Country Health Connect
Wendy Voorendt	Team Leader, Country Health Connect
Trish Wales	Team Leader, Country Health Connect
Monica Snowden	Team Leader, Country Health Connect
Sharlene Welk	Team Leader, Country Health Connect
Selina Ashton	Team Leader, Country Health Connect
Shalon Chamberlain	Team Leader, Country Health Connect
Shirley Rochford	Team Leader, Community Mental Health, Port Augusta
Nat Hale	Team Leader, Country Health Connect
Tess Badenoch	Senior Occupational Therapist, FUNLHN
Darlene Wyatt	Senior Social Worker, FUNLHN
Esther Miller	Senior Dietitian, FUNLHN
Marquessa Norman	Senior Speech Pathologist, FUNLHN
Sue Bonetti	Registered Nurse, Port Augusta
Shaun Dennis	Occupational Therapist, Whyalla Mental Health Service
Terry Sparrow	Aboriginal Health Directorate, Rural Support Service
Michelle Joslyn	Aboriginal Liaison Officer, Whyalla Hospital
Natalie Elliot	Aboriginal Patient Pathways Officer, Port Augusta Hospital
Cherrie Glasson	Chief Executive Officer, Pika Wiya Aboriginal Health Service, Port Augusta
Cindy Zibierski	Chief Executive Officer, Nunyara Aboriginal Health Service, Whyalla
Duncan Johnstone	SA Ambulance Service
Robert Tolson	SA Ambulance Service
Lucas Fillmore	SA Police
Mandy Smallacombe	Royal Flying Doctor Service, Port Augusta
Natalie Szabo	Royal Flying Doctor Service, Port Augusta
Kerry Dix	Manager, Planning and Population Health, Rural Support Service
Carmel Daw	Planning and Population Health, Rural Support Service
Deb Schutz	Planning and Population Health, Rural Support Service
Kim Hewett	Planning and Population Health, Rural Support Service
Lauren MacKenzie	Planning and Population Health, Rural Support Service

Apologies

NAME	Title/Organisation
Dr David Handley	Visiting Ophthalmologist, Port Augusta and Whyalla
Dr Jason Ward	Visiting Orthopaedic Surgeon, Whyalla
Prof Tim Kleinig	Clinical Director, Stroke CHSALHN
Dr Cathrin Parsch	Chief Medical Officer, SAAS
Dr Thomas Han	Paediatrician, Northern Regional Paediatric Unit, Flinders and Upper North LHN
Dr Lalith Gamage	Paediatrician, Northern Regional Paediatric Unit, Flinders and Upper North LHN
Dr Vijay Challa	Paediatrician, Northern Regional Paediatric Unit, Flinders and Upper North LHN
Dr Lawrie McArthur	Director of Clinical Training/Whyalla Hospital/General Practitioner, Whyalla
Dr Jerome Connolly	General Practitioner, Whyalla
Dr Lisi Neoh	General Practitioner, Whyalla
Dr Hemant Patel	General Practitioner, Whyalla
Dr Nadeeshani Assiriyage	General Practitioner, Whyalla
Dr Krista Maier	General Practitioner, Whyalla
Dr Richard Hambour	General Practitioner, Whyalla
Dr Landon	General Practitioner, Whyalla
Dr Wystan Issah	General Practitioner, Whyalla
Julianne O'Connor	Principal Allied Health Advisor, Rural Support Service
Michelle Schilling	Advanced Clinical Lead, Dietetics, Rural Support Service
Jolie Thomas	Advanced Clinical Lead, Speech Pathology, Rural Support Service
Ruth Adamson	Advanced Clinical Lead, Occupational Therapy, Rural Support Service
Mandy Gordon	Senior Physiotherapist, Country Health Connect
Toni McInerney	Midwife, Port Augusta
Margaret Keelan	Midwife, Port Augusta
Mary Packard	Community Midwife, Port Augusta
Thi Monaghan	Pharmacist
Russ Morgan	SAPOL
Mark Hubbard	SAPOL

Appendix C: Survey questions

Port Augusta / Whyalla Service Planning Steering Group

Survey Questions

The Flinders and Upper North region recently established a service planning steering group to commence a planning process to identify future needs for services provided at Port Augusta and Whyalla.

As part of the consultation and engagement process, the Port Augusta/Whyalla Service Planning Steering Group are seeking your comments about services provided at Port Augusta and Whyalla.

It would be greatly appreciated if you could provide comments in relation to the following questions and refer to any evidence you may have to support your comments. Add additional pages if required.

Current Services

1. What service gaps have you identified in Port Augusta?
2. How do you believe these gaps could be addressed?
3. What service gaps have you identified in Whyalla?
4. How do you believe these gaps could be addressed?

Key Issues

1. What do you believe are the top three issues affecting the delivery of services at Port Augusta?
2. What improvement strategies do you suggest in relation to these issues?
3. What do you see as the top three issues affecting the delivery of services at Whyalla?
4. What improvement strategies do you suggest in relation to these issues?

Appendix D: Glossary

- A&E** – Accident and Emergency
- ABS** – Australian Bureau of Statistics
- ACAT** – Aged Care Assessment Team
- ACL** – Advanced Clinical Leads
- ADAC** - Antineoplastic Drug Administration Course
- ALS** - Amyotrophic lateral sclerosis
- APTT** - activated partial thromboplastin time
- ARCS** – Adelaide Rural Clinical School
- BCIC** – Better Care in the Community
- BMD** – Bone mineral density
- BMI** – Body Mass Index
- CALD** – Culturally and Linguistically Diverse
- CAMHS** – Child and Adolescent Mental Health Services
- CHSALHN** – Country Health South Australia Local Health Network
- CHSP** – Commonwealth Home Support Program
- CMHT** – Community Mental Health Team
- CNARTS** - Central Northern Adelaide Renal and Transplantation Service
- COPD** – Chronic Obstructive Pulmonary Disease
- CS** – Caesarean section
- CSCF** – SA Health Clinical Services Capability Framework
- CT – Computerised Tomography Scan**
- ECPS** – Enterprise Chemotherapy Prescribing System
- ED** – Emergency Department
- ENT** – Ear Nose and Throat
- EOLP** – End of Life Programme
- ETLS** – Emergency Triage and Liaison Service
- EYPC** – Early Youth and Child Programme
- FACEM** – Fellow of the Australasian College for Emergency Medicine
- FMC** – Flinders Medical Centre
- FTE** – full time equivalent
- FUNLHN** – Flinders and Upper North Local Health Network

GP – General practitioner

HACC – Home and Community Care

HCP – Home Care Packages

HIP – Health Information Portal

IMHIU – Integrated Mental Health Inpatient Unit

ICP – Intensive Community Program

IRTP - Integrated Rural Training Pipeline for Medicine

IV - Intravenous

LHN – Local Health Network

LMH – Lyell McEwin Hospital

MAPA – Managing Actual and Potential Aggression

MH – Mental Health

MRI – Magnetic Resonance Imaging

Multi day separations - a discharge from hospital following admission for more than 24 hours

NDIS – National Disability Insurance Scheme

NGO – Non Government Organisation

O&P – Orthopaedics and Prosthetics

PATS – Patient Assistance Transport Scheme

PGY2+ - Postgraduate year 2+

PICC/PORT - peripherally inserted central catheter line/ portacaths

PoCT – Point of care testing

RAH – Royal Adelaide Hospital

RANZCOG – Royal Australian and New Zealand College of Obstetricians and Gynaecologists

RFDS – Royal Flying Doctor Service

RHWS – Rural Health Workforce Strategy

RIBS – Rapid Intensive Brokerage Scheme

RSS – Department for Health and Wellbeing - Rural Support Service

SA – South Australia

SA2 - Statistical Area 1 - is the fourth smallest geographical area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Mesh Blocks

SA2 - Statistical Area 2 - is the third smallest geographical area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Statistical Areas Level 1 (SA1s)

SAAS – South Australian Ambulance Services

Same day separation - a discharge from hospital less than 24 hours after admission

SAVES - South Australian Virtual Emergency Services

Self-sufficiency – inpatient activity undertaken within hospitals and health service sites within the geographical catchment area

Separations (SEPS) - the process by which an episode of care for an admitted patient ceases

SLA – Statistical Local Area - is an Australian Bureau of Statistics, Australian Standard Geographical Classification defined area which consists of one or more Collection District. SLAs are Local Government Areas, or parts thereof. Where this is no incorporated body of local government, SLAs are defined to cover the unincorporated areas.

TCP – Transition Care Program

TOR – Terms of Reference

WCH – Women's and Children's Hospital