

FINAL
Northern Yorke Peninsula
Health Service
(Wallaroo)



Service Plan

January 2019

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Disclaimer:

Document prepared by CHSALHN Planning Projects Team to assist the Wallaroo Service Planning Steering Group with future planning for Northern Yorke Peninsula Health Services.

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1. Executive Summary

Northern Yorke Peninsula Health Service (Wallaroo Hospital) is part of the Country Health SA Local Health Network (CHSALHN). Wallaroo Hospital is a medium sized casemix funded site which supports the region by providing emergency, acute inpatient care, surgical, maternal and neonatal, chemotherapy and outpatient services. Wallaroo Hospital is a 21 bed facility and is co-located with a seven bed private hospital. The Wallaroo catchment area includes the townships of Wallaroo, Moonta, Kadina and surrounding communities.

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 Strategic Plan 2017-2020](#), [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 Respect Framework](#).

The co-design service planning process was led by the Wallaroo Service Planning Steering Group (the Steering Group), supported by the CHSALHN Yorke and Northern Region, CHSALHN Planning Team and a wide range of clinicians who were engaged through workshops and focus groups in 2018. Broader and ongoing involvement of clinicians will be essential to progress service initiatives. The service planning process was one element of a wider Wallaroo Service Improvement Project which also included an organisational development project titled the Wallaroo Lead Engage Care (LEC) Group and the development of a sustainable medical model for Wallaroo. The LEC project occurred in concurrence with the service planning and their aim was to guide and represent all staff of the Wallaroo Hospital and health service to develop a shared purpose and build a positive culture and the work they undertook is summarised on page 37.

The specific service priority areas identified for Wallaroo include emergency services, medical inpatient services, maternal and neonatal services, surgery and anaesthetics, cancer services, mental health services, community health services and geriatric medicine (aged care) services. The details of the improvement opportunities for these services are summarised on page 4.

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 for workforce include, recruitment and retention, increasing specialist roles, ongoing culture and leadership development along with specific strategies for nursing, allied and community health and medical officers. Ongoing collaboration and support for the medical model project and the LEC project will be important considerations in the implementation of this plan. The Wallaroo and extended regional leadership team will all have an operational oversight role in the implementation and monitoring of this plan.

The Steering Group has aimed to classify the short, medium and long-term recommendations to support the implementation of this plan. The plan has been endorsed by the steering group to focus on improvements for the next 5-10 years with short term goals achieved in 1-2 years, medium term 3-6 years and long term 7-10 years. These timeframes are a guide for the implementation, regular reviews and an implementation plan will provide more comprehensive timeframes.

The following service priority areas emerged throughout the Wallaroo service planning process with a range of specific service improvements:

Emergency Services

Maintain level 2 emergency services and enhance patient care by seeking improvements in the following areas:

- Sustainable staffing.
- Review discharge processes.
- Extend use of telemedicine.
- Increase medical imaging services.
- Improve mental health care.
- Partner with SA Ambulance to expand paramedic support.
- Improvements to infrastructure to increase privacy and safety.
- Increase out of hospital strategies to avoid unnecessary presentations.

Medical Inpatient Services

Maintain level 2 medical inpatient services and enhance patient care with attention to the following:

- Improve communication across the care continuum.
- Improve mental health care.
- Improve care for persons with drug and alcohol conditions.
- Extend palliative care services.
- Provide expanded rehabilitation services.
- Reduce transfers to metropolitan hospitals when care can be safely provided closer to home.
- Reduce the number of avoidable admissions.
- Develop a local staff education and training program.
- Build community awareness and confidence in the services provided at Wallaroo.

Maternity and Neonatal services

Maintain the level 3 maternity and neonatal services and increase birthing participation at Wallaroo Hospital with attention to the following:

- Sustainable staff recruitment and retention strategies.
- Promotion of services available including post-natal care.
- Improve quality of care and reduce the need for women to travel outside of the area.

Surgical and Anaesthetic services

Maintain and enhance the level 3 surgical and anaesthetic services by considering the following:

- Defining the projected surgical needs to best meet the requirements of the community.
- Increase the number of procedures provided at Wallaroo where appropriate.
- Sustainable staff recruitment and retention strategies.
- Increase collaboration and engagement with surgeons and specialists.
- Examine more sustainable models of care within resources.

Cancer services

Maintain and enhance level 3 low risk chemotherapy services and explore opportunities to provide medium risk services with a focus on the following:

- Increase usage of the chemotherapy unit and consider using the unit for additional services where appropriate.
- Work with the CHSALHN medical oncologist clinics in Port Pirie.
- Review infrastructure to ensure standards are being met.
- Maintain strong links with services across the care continuum to improve patient journey.

Mental Health Services

Maintain and enhance the level 2 mental health inpatient care provide by the hospital and the level 4 ambulatory care provided by the Yorke Peninsula Community Mental Health Team by seeking improvements in the following areas:

- Increased awareness and understanding of referral pathways.
- Enhance infrastructure to meet client needs.
- Expand current mental health services.
- Identify service needs across the stepped care continuum to address gaps.
- Partner with others to support the development of community programs.

Community and Allied Health services

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

- Improve chronic disease management.
- Support upskilling staff into specialist roles.
- Expanding rehabilitation services.
- Improve services for Aboriginal community members.
- Enhance access to the National Disability Insurance Scheme (NDIS).
- Increase the range of community restorative care services.
- Improve awareness and understanding of referral pathways.
- Build networks to support collaboration in improving community health and wellbeing.
- Enhance recruitment and retention of staff.

Geriatric Medicine (Aged Care) Services

Maintain and enhance the level 3 geriatric medicine (aged care) services provided at Wallaroo Hospital and the community aged care services provided by Country Connect by seeking improvements in the following areas:

- Improve infrastructure to meet privacy and safety needs.
- Increase coordination of care across the patient journey.
- Increase the frequency of geriatrician visits.
- Providing suitable hospital avoidance and out of hospital models.
- Partner with relevant organisations to increase the range of wellness activities provided in the community.
- Enhance palliative care services – inpatient and outpatient.
- Review dementia care services.

2. Project Background and Context

2.1 Strategic Enablers

As outlined in the CHSALHN Strategic Plan 2015-2020, work will continue on increasing 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.

This Strategic Plan sets 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 plan supports the vision and direction of the SA Health Strategic Plan and builds on the 10 year Local Health Service Plans which were developed as part of the Strategy for Planning Country Health Services in South Australia.

The SA Health Strategic Plan 2017-2020 aims to support South Australians to be healthy, enjoy a great quality of life and experience a safe, contemporary and sustainable health care system, underpinned by three key roles for SA Health to:

- Lead: enable, protect, guide and support the health and well-being of all South Australians.
- Partner: collaborate with a diverse range of partners so that South Australians benefit from a full range of health and well-being services.
- Deliver: directly provide evidence informed, high quality services across our communities from beginning to end of life.

The following principles will guide the implementation of strategic actions:

Unified

Design and implementation of these initiatives will involve a collaborative approach, involving people from across SA Health and, when appropriate, partners from outside SA Health.

Flexible

The team that implements strategic actions will require a mind-set that is willing to adapt and change to achieve outcomes and suit the dynamic environment. A focus on the outcomes that are to be achieved supersedes the need to follow the predetermined steps – adjustments to methodology are progressively made to achieve goals and manage risks.

Nimble

A nimble approach to strategic action implementation requires defining clear outcomes and a high-level implementation plan, and then an adaptable approach and willingness to change during the planned implementation. Each stage of an initiative is implemented based on careful planning of that stage, rather than waiting on a detailed plan of the full initiative or project. As subsequent stages are planned in more detail, they will be informed by the experience and learning of earlier stages.

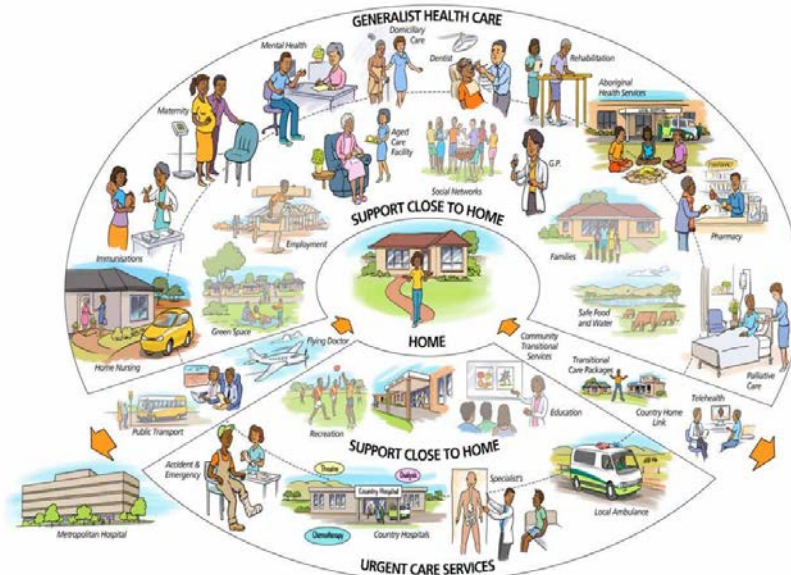
Primary Drivers

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 Strategic Plan and the SA Health Aboriginal Cultural Respect 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.

2.2 Country Health SA Model of Care

The Country Health SA Model of Care builds 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 Wallaroo, in partnership with general practitioners, 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 Northern Yorke Health Service Catchment Profile

Core Catchment

The Northern Yorke Peninsula Health Service is physically located within the Australian Bureau of Statistics (ABS) defined Wallaroo Statistical Area 2 (SA2).

The geographical catchment area for the Wallaroo catchment includes the Wallaroo SA2, the Moonta SA2, and the Kadina SA2. In addition, the Wallaroo catchment also includes part of the Wakefield – Barunga West SA2. The Wakefield – Barunga West SA2 is also part of the Balaklava, Clare, Port Broughton and Snowtown catchments.

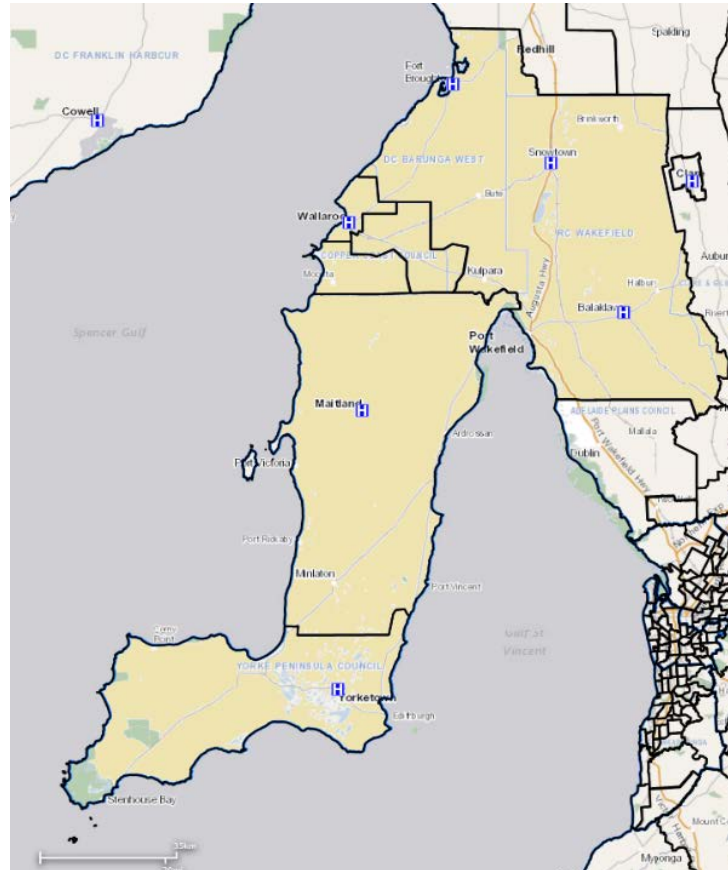
Map 1: Northern Yorke core catchment area



Extended Catchment

The extended catchment area includes the previously outlined Wallaroo catchment, plus surrounding areas specifically including the townships of Port Broughton, Snowtown, Port Wakefield and the remainder of the Yorke Peninsula.

Map 2: Northern Yorke extended catchment



Population

The estimated resident population of the Wallaroo core catchment in 2016 was 15,436, with 16% aged under 14 years, and 27% aged over 65 years. The Wallaroo catchment has a higher proportion of persons aged over 65 years compared to the CHSALHN and SA population.

2.6% of residents in the Wallaroo catchment identify as Aboriginal and 2.2% speak a language other than English at home. The Wallaroo catchment has a lower proportion of Aboriginal persons / people from a culturally and linguistically diverse (CALD) background (where a language other than English is spoken at home) compared to the CHSALHN and SA population.

The extended catchment Estimated Resident Population is 35,386, with 16% aged 14 years and under, and 27% aged over 65 years.

Population Growth & Projections

The resident population of the Wallaroo catchment is expected to grow by 2031.

Table 1: Population Projections by age group for Wallaroo catchment, 2011-2031

Year	0-4	5-14	15-24	25-64	65-74	75-84	85+	Total
2011	787	1604	1409	6862	1959	1098	390	14 109
2016	793	1862	1463	7138	2236	1178	423	15 094
2021	799	2055	1421	7455	2354	1406	452	15 943
2026	803	2060	1625	7731	2361	1677	527	16 783
2031	838	2102	1772	7979	2546	1759	644	17 639
% change 2016 to 2026	1.2%	10.6%	11.0%	8.3%	5.6%	42.4%	24.5%	11.2%
% change 2016 to 2031	5.7%	12.8%	21.1%	11.8%	13.9%	49.3%	52.3%	16.9%

Population projections are based on the 2011 Census of Population and Housing. These population projections should not be regarded as forecasts, but as calculations of future populations based on particular assumptions about future fertility, mortality and migration. Actual future populations will vary from these projections.

Health & Socioeconomic Status

Overall, the Yorke and Northern (Y&N) region experiences lower levels of socioeconomic disadvantage when compared with other areas of South Australia.

Self-reported health status of residents in the Y&N Region for 2015-16 were 75.4% excellent, very good or good and 24.6% fair or poor.

The top five chronic diseases reported by residents in the Y&N region in 2015-16 were Disability (27.8%), Arthritis (19.4%), Diabetes (14.1%), Asthma (13.5%) and Cardiovascular Disease (7.7%).

Wallaroo has the highest rate of unemployment and the lowest relative socio-economic rating (SEIFA) compared with Northern Yorke SA2s and South Australia.

2.4 Service Planning Process

The service planning process was led by the Wallaroo Service Planning Steering Group, with representation from Kadina Medical Associates, the Northern Yorke Peninsula Health Advisory Council, CHSALHN Yorke and Northern regional leadership, Wallaroo Hospital and Community Health staff, Wallaroo Private Hospital, Aboriginal Consumer representative, Mental Health, the Copper Coast Council, the Local Member for Narungga and the CHSALHN planning team. Further details of the memberships are provided in 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 CHSALHN 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 Wallaroo catchment to determine the future implications for the Health Service.
- Provide advice on future self-sufficiency of the Wallaroo Hospital and Health Service.
- 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.
- Provide comment and feedback to the Wallaroo Service Improvement Project Oversight Committee.

Wallaroo Service Utilisation Data

The Wallaroo Service Plan Steering Group endorsed a service profile that was the foundation of the data gallery provided for a local clinician workshop. A range of health utilisation data, identifying trends and key influencing factors was analysed. Insights from this analysis included:

The Northern Yorke Peninsula Health Service has 21 beds available, with an average of 11.9 occupied each night.

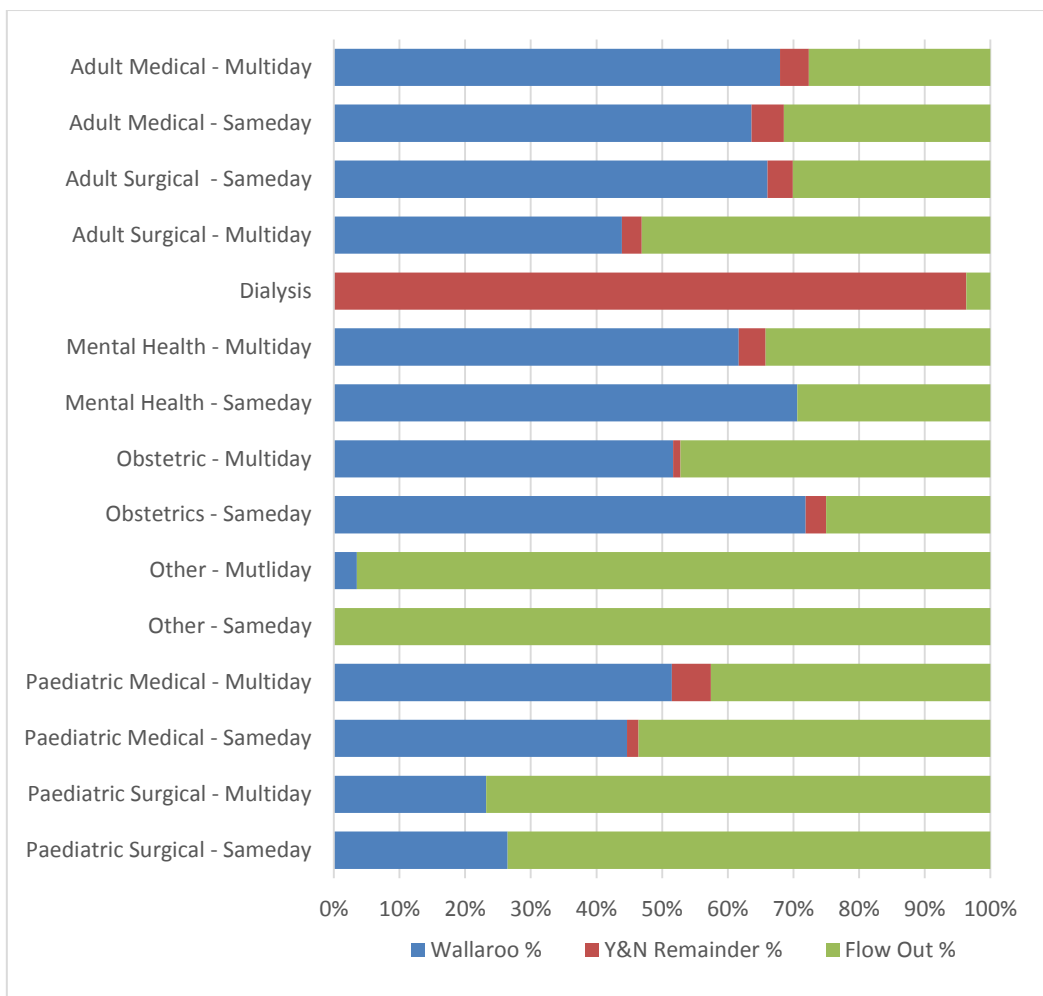
In total, separations for persons aged 65 years and over equate for 48.4% of all hospital separations in 2015-16, and 46.2% of all separations in 2016-17.

In 2016-17, there were 147 births for women from the catchment. Of this number, 41% were at hospitals outside of the Yorke and Northern Region.

In 2016-17, the top five same-day separation types at the Northern Yorke Peninsula Health Service for Wallaroo catchment residents by total number of separations were Adult Surgical, Adult Medical, Paediatric Medical, Mental Health and Obstetrics. For the same time period, the top five same-day separation types accessed outside of the catchment for Wallaroo catchment residents were Adult Surgical, Adult Medical, Paediatric Surgical, Paediatric Medical and Dialysis.

In 2016-17, the top five multi-day separation types at the Northern Yorke Peninsula Health Service for Wallaroo catchment residents by total number of separations 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 catchment for Wallaroo catchment residents were Adult Surgical, Adult Medical, Obstetric, Mental Health, and Paediatric Surgical and Paediatric Medical (equally).

Graph 1: Same-day and multi-day self sufficiency rates for residents of the Wallaroo catchment 2016/17



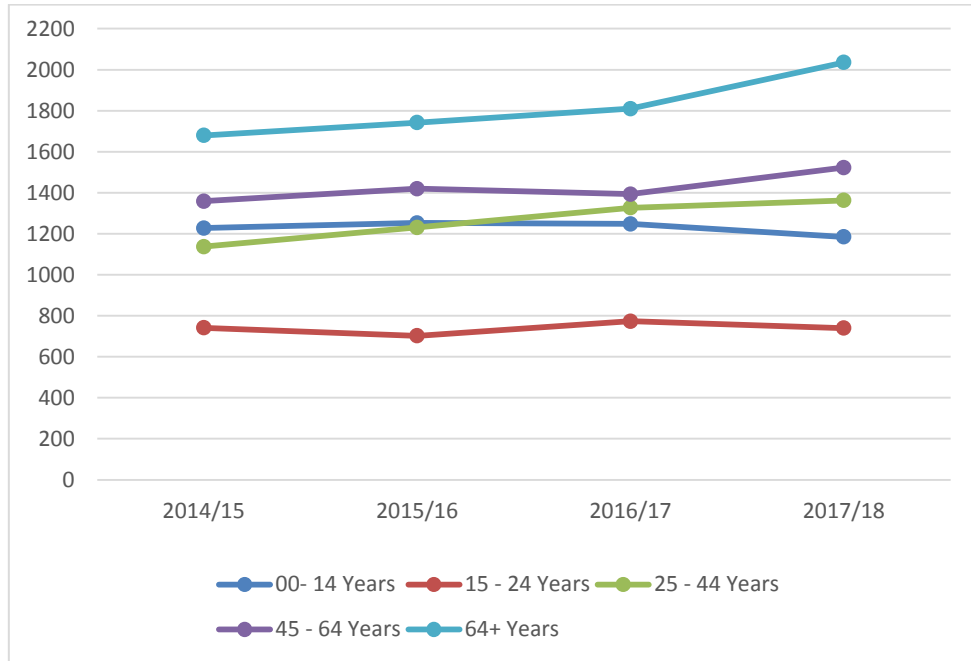
There were 6,551 emergency presentations at the Northern Yorke Peninsula Health Service in 2016-17. This is broken down by 563 for triage 1 or 2, 2051 for triage 3, and 3973 for triage 4 or 5 presentations.

There has been a steady 3% increase in emergency presentations per year from 2014-15 to 2016-17. The most consistent increase over this time was for the 65+ age group, with a total 27% of emergency presentations for persons aged 65 and over in 2016-17.

Of all emergency presentations for persons aged 65 years and over, 49.1% in 2015-16 and 49.6% in 2016-17 were admitted to hospital.

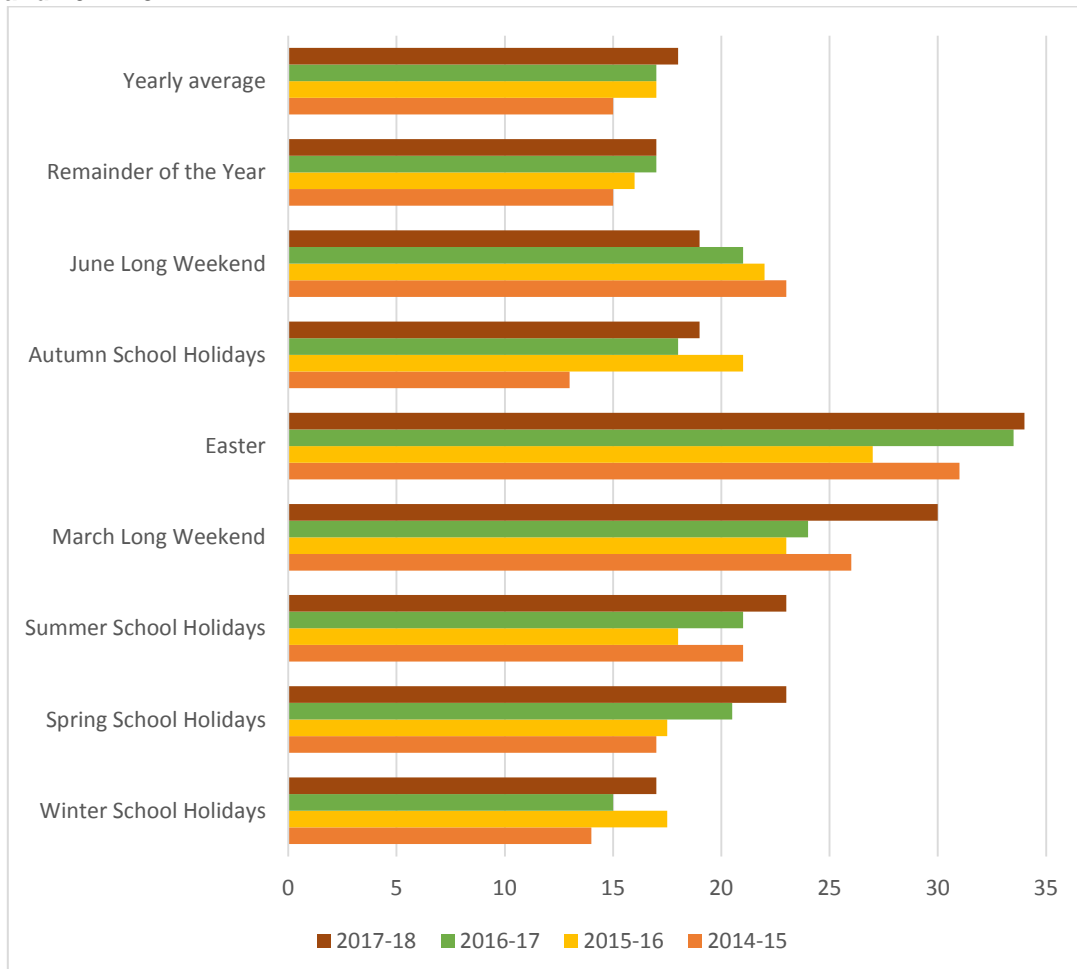
In 2016-17 a total of 853 Northern Yorke residents presented to Emergency Departments in metropolitan health services.

Graph 2: Emergency presentations by age group for Wallaroo hospital, 2014-15, 2015-16, 2016-17 and 2017-18



In 2016-17 there were an average of 17 emergency presentations per day. During the Easter long weekend, this number increased to an average of 33.5 presentations per day (noting that Easter was the first weekend of the April school holidays).

Graph 3: Median number of emergency presentations per day for Wallaroo Hospital, 2014-15, 2015-16, 2016-17 and 2017-18



Clinical Stakeholder Engagement

On 30 July 2018 a clinician workshop was held in Wallaroo with 52 participants. A list of both attendees and apologies is listed in Appendix B. Prior to the workshop a survey was distributed to those invited clinicians asking for their views in order to help structure the workshop to focus on the key issues. The pre-workshop survey received a total of 41 responses.

At the clinician workshop a data gallery of service utilisation information and best practice principles was provided, followed by small focused group discussions concentrating on the following priority areas:

1. Aged Care: Hospital Avoidance/Residential Care/Home care
2. Community Services: Allied Health/Mental Health/Chronic Disease
3. Emergency/X-ray
4. Medical Inpatient/Chemotherapy
5. Surgical/ Maternal and Neonatal
6. Workforce

The following key themes for each priority area that were identified from the focus group discussions were presented to the steering group:

Aged Care: Hospital Avoidance/Residential Care/Home care

- Improved coordination across divisions.
- Additional service opportunities.
- Hospital Infrastructure.

Community Services: Allied Health/Mental Health/Chronic Disease

- Increased collaboration.
- Improve access to key services (Chronic disease, rehabilitation, wellness programs, specialist services, Mental Health and Drug and Alcohol services).

Emergency/X-ray

- ED roster requirements.
- Key clinical support services.
- Opportunities to improve patient journey and reduce unnecessary presentations.

Medical Inpatient/Chemotherapy

- Chemotherapy unit utilisation.
- Growing access to key medical inpatient services (Rehabilitation, Palliative Care, Chronic illness, Mental Health).
- Best practice coordinated care.

Surgical/Maternal and Neonatal

MATERNITY

- Strengthening workforce.
- Grow the service.

SURGERY

- Engagement with Surgeons/Specialists.
- Define Surgical Services to meet community needs.
- Theatre Utilisation.

Workforce

Recruitment and Retention:

- Nursing (additional numbers, training and support).
- Allied Health and Community (supervision, specialist areas, business model).
- Medical (variety of specialties, accident and emergency (A&E) roster and peaks in activity, remuneration, on-call, succession planning, opt-in model, Anaesthetic support, junior Doctors, engagement model).
- Opportunities to fully recruit to FTE (define need/disciplines, visiting students, graduate expo's, contracts).

Culture:

- Increase flexibility (scope of practice, able to work across sites).
- Continue to build morale (socialising, kindness, listening to suggestions and concerns).
- Increase collaboration and discipline/support services to address service demands (i.e. ward and A&E activity).

Training and Development:

- Local training and support network across all areas/disciplines.
- Increase telemedicine options.

Overall the clinician workshop was considered very positive with 97% of participants agreeing that the workshop was useful for future service planning and that the diversity of key stakeholders attending this workshop was useful and appropriate. Additionally, 94% of participants felt they were able to contribute their advice towards building sustainable services in Wallaroo.

Community and Consumer Stakeholder Engagement

A range of community consultations were conducted by the Health Advisory Council (HAC) prior to the commencement of this service planning process. This content informed the clinician engagement process and focus areas for discussion. The themes from the HAC consultation created the basis for the clinician pre-workshop survey and incorporated into the results outlined above.

In addition, a poster was developed in September 2018 and distributed to a range of key stakeholders. This poster was aimed at informing people of the service planning progress and offered both email and phone feedback methods on the key themes identified while the proposed service improvement tables were being compiled. Regular media articles informing the public of the service planning progress were published in the YP Country Times as a method of keeping the community informed.

Consumer views were identified as an important component of the service planning and in particular a process of ongoing engagement and in-depth targeted consultation regarding implementation of the plan. A range of existing methods utilised by the health service including analysis of complaints and compliments received the Safety Learning System (SLS), and results from the patient survey were sought to inform the service planning. Information from these sources was displayed in the data gallery at the clinician workshop and used to inform the deeper discussions around service improvement opportunities.

3. Service Plan

3.1 Service Capacity

Walleroo Hospital is a medium sized casemix funded site which supports the region by providing emergency, acute inpatient care, surgical, maternal and neonatal, chemotherapy and outpatient services. Wallaroo Hospital is a 21-bed complex and is co-located with a seven-bed private hospital.

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 HACs, staff and other key stakeholders. The SA Health Clinical Services Capability Framework (CSCF) 2016 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 Timeframes

The steering group has endorsed this plan to focus on improvements for the next 5-10 years with short term goals achieved in 1-2 years, medium term 3-6 years and long term 7-10 years. These timeframes for each service improvement out outlined in the tables below and are aimed to provide a guide for the implementation, regular reviews and an implementation plan will provide more comprehensive timeframes.

3.4 Service Priorities

An overview of the proposed service priority areas for Wallaroo are:

Emergency Services

Current	Proposed	Priority
<p>Service Description Summary:</p> <p>Wallaroo provides:</p> <ul style="list-style-type: none"> • Level 2 providing on-site, 24-hour access to emergency registered nursing staff trained in triage and advanced life support (adults and paediatrics) and triage of all presentations. • Capable of providing treatment for minor injuries and illnesses and treatment of acute illnesses and injuries. • Provides resuscitation and stabilisation, prior to admission and/or transfer to higher level service. • Medical practitioner available on-site 24 hours. • Dedicated theatre staff on call 24/7 for emergency obstetrics. <p>Current Capacity:</p> <ul style="list-style-type: none"> • 24/7 service. • Meeting triage timeframes. • Currently no local medical 	<p>Service Description Summary:</p> <p>Maintain level 2 emergency services and enhance patient care.</p> <p>Summary of Service Improvements:</p> <p>E1. Explore sustainable staffing requirements for emergency service demand considering:</p> <ul style="list-style-type: none"> ○ Safe rostering requirements for peak demand periods (tourism influx). ○ GP availability for roster – consider re-engagement opportunities for Wallaroo and Moonta GP practices and Kadina Medical Associates. ○ Locum usage. ○ Remuneration for ‘On-call’ in accordance with Enterprise Agreements (EA). ○ Nursing capacity to support roster. ○ Anaesthetic ‘on-call’ requirements to support 24/7 roster. ○ Recruitment and retention strategies. ○ Strengthening patient flow practices (including triage management). ○ Staff training and development opportunities including rotations to specialised service areas/locations. <p>E2. Review discharge summary processes considering:</p> <ul style="list-style-type: none"> ○ Process for completing and receiving summaries. ○ Admin support for communicating summaries between agencies. <p>E3. Extend use of telemedicine - South Australian Virtual Emergency Services (SAVES) and Fellow of the Australasian College for Emergency Medicine (FACEM) in emergency services considering:</p> <ul style="list-style-type: none"> ○ Suitability of use for junior medical staff to have access to supervision. ○ Medical and nursing to access remote medical support for timely decision making and guidance. ○ Patients accessing remote medical specialist consultation. ○ Evaluating use and effectiveness. <p>E4. Explore the ability to increase medical imaging services to offer extended hours or an ‘on-call after’ hours service considering:</p>	<p>Short Term</p> <p>E1</p> <p>E2</p> <p>E3</p> <p>E4</p> <p>E5</p> <p>E7</p> <p>Medium Term</p> <p>E6</p> <p>Long Term</p> <p>E8</p>

Current	Proposed	Priority
<p>practices provide general practitioner (GP) coverage.</p> <ul style="list-style-type: none"> • High locum support requirements. <p>NB: three medical practices in the catchment providing GP services to the community.</p>	<ul style="list-style-type: none"> ○ Meeting the 4-hour target for stroke thrombolysis. ○ Potential reduction in transfers to metro. ○ Potential to prevent unnecessary inpatient admissions. ○ Contract negotiations with provider. <p>E5. Explore the potential for increased mental health support considering:</p> <ul style="list-style-type: none"> ○ A Mental Health Nurse consultant position to provide a consultation liaison service for the hospital. ○ Improve awareness and confidence in accessing local or remote support services for advice. ○ Training and education for emergency services staff to increase confidence and skills. <p>E6. In partnership with SA Ambulance, investigate demand and requirements for expanded paramedic services and support considering:</p> <ul style="list-style-type: none"> ○ Increased paramedic crewing. ○ Best use of volunteer crewing for demands. ○ Access further historical data regarding activity increase and associated demands. ○ Extended Care Paramedics (ECP)/Community Paramedic Program models. ○ Understand the impacts of paramedic emergency response/assessment compared to volunteer transfer on SA Ambulance staff, Wallaroo hospital emergency services staff and patient acuity on presentation to emergency services. <p>E7. Explore infrastructure improvement opportunities to increase privacy and safety considering:</p> <ul style="list-style-type: none"> ○ Facilities and layout to meet demands. ○ Privacy for patients. ○ Quiet areas for mental health presentations and safe areas for dementia presentations. <p>E8. Investigate ability to increase out of hospital strategies to support emergency service avoidance considering:</p> <ul style="list-style-type: none"> ○ Nurse practitioner role. ○ SA Ambulance ECP/Community Paramedic Program models. ○ Hospital in the home strategies/programs. 	
<p>Items for consideration:</p> <ul style="list-style-type: none"> • Medical Model currently being explored - will need to be considered in relation to all improvements. • Comprehensive Care of Older People Model of Care 2017. 		

Medical Inpatient Services

Current	Proposed	Priority
<p>Service Description Summary:</p> <p>Wallaroo provides:</p> <ul style="list-style-type: none"> • Level 2 Service provided as both an ambulatory and inpatient service, including overnight nursing care and patients under the care of medical practitioners. • Inpatient services usually provided for low to medium acuity, single-system medical conditions with significant but stable comorbidities. • Patients with pre-existing significant comorbidities are typically not admitted at this service level except in palliative care situations. • Chronic disease speciality services (e.g. Cardiac Nurse/ Better Care Coordinator) working with patients to provide cardiac and pulmonary rehabilitation and heart failure clinics (in partnership with Flinders Medical Centre). Home telemonitoring for people with chronic disease (Virtual Clinical Care). 	<p>Service Description Summary:</p> <p>Maintain level 2 medical inpatient services and enhance patient care.</p> <p>Service Improvements:</p> <p>M1.Improve communication systems to enhance patient centred holistic care considering:</p> <ul style="list-style-type: none"> ○ Information sharing between hospital and medical practices regarding process changes, and patient care requirements referral/discharge. ○ Admission pack review (include release of information). ○ Standardise process for discharge summaries from Wallaroo Hospital. ○ Provision of GP summaries for patient on admission with current medications and dosages. ○ Improve usage of Clinical Information Systems (OACIS) or other electronic patient data programs to access previous admission/service information. <p>M2.Enhance services for patients with a mental health condition considering:</p> <ul style="list-style-type: none"> ○ Waiting period/process for telemedicine services with psychiatrists. ○ Mental Health Specialist Nurse roles – dedicated nurse consultant position. ○ Increase access to in-reach services provided by the community mental health team. ○ Referral process to specialist services and clear clinical pathway to follow. ○ SAAS transport to Royal Adelaide Hospital (RAH) afterhours – capacity for local management. ○ Accessing the Mental Health Team consultant liaison role through Emergency Triage and Liaison Service (ETLS). ○ Training and education to build staff capacity to assess acuity and appropriate care needs. <p>M3.Improve management and appropriate support for patients with drug and alcohol conditions considering:</p> <ul style="list-style-type: none"> ○ Strengthen linkages with Drug and Alcohol Services South Australia (DASSA) and advocate where appropriate for additional services. ○ Training and clear guidelines according to regulations on how care should be appropriately provided/referred for patients with drug and alcohol addictions/withdrawal. <p>M4.Explore ability to provide extended Palliative Care services in Wallaroo considering:</p> <ul style="list-style-type: none"> ○ Data on need and demand, delayed help seeking. ○ Suitable designated space in the hospital – review Port Pirie hospital’s service. 	<p>Short Term</p> <p>M1</p> <p>M2</p> <p>M3</p> <p>M8</p> <p>M9</p> <p>Medium Term</p> <p>M4</p> <p>M7</p> <p>Long Term</p> <p>M5</p> <p>M6</p>

<p>Current Capacity:</p> <ul style="list-style-type: none"> • Currently there are no GPs with admitting rights. • There are three medical practices in the Wallaroo catchment. • Varying management and expectations for patients with GPs who do not have admitting rights. • Wallaroo hospital supports many patients of all acuity however time frames may vary depending on transfer availability. • Patients with pre-existing significant comorbidities are admitted when no alternative exists and can wait transfer for days before tertiary beds become available - medical and nursing staff agree that at times they are put in situations where they are required to care for critically ill patients. 	<ul style="list-style-type: none"> ○ Reducing the need to travel out of the area for suitable care and keep people closer to home. ○ Community/patient awareness and education. ○ Funding implications and ability for community fund raising with HAC support. <p>M5. Explore ability to provide a rehabilitation service in Wallaroo considering:</p> <ul style="list-style-type: none"> ○ Data on need and demand. ○ Types of rehabilitation that could be provided in Wallaroo i.e. chronic disease, mental health, cancer, neurological, stroke, drug and alcohol. ○ Transitional Care Package access and suitable bed capacity linked. ○ Reduce the need for patients having to travel out of the area for suitable care and keep them closer to home. ○ Community/patient and GP/Staff awareness and education. ○ Funding implications and ability for community fund raising with HAC support. ○ Additional rehabilitation equipment and facilities for physiotherapy and occupational therapy assessments (day lounge or activities room). <p>M6. Explore the ability to reduce up transfers to metro considering:</p> <ul style="list-style-type: none"> ○ Increasing self-sufficiency i.e. Body Mass Index (BMI). ○ Additional medical imaging services. <p>M7. Explore the ability to prevent avoidable admissions considering:</p> <ul style="list-style-type: none"> ○ Specialist nursing, community nursing and allied health services to prevent or reduce length of admissions, improve management of chronic conditions e.g. diabetes, respiratory, cardiac. ○ Explore opportunities for hospital in the home models of care. <p>M8. Establish an education and training program for all staff, Medical Officers, Allied Health, Nursing considering:</p> <ul style="list-style-type: none"> ○ Localised emergency services training and support network. ○ Allied Health training needs. ○ Nursing training needs for the rural context requires a broad skill base i.e. obstetrics, emergency services, paediatrics, aged care, mental health. ○ Nurse exchange between country and metropolitan sites. ○ GP access to Moodle for training. ○ Regular multidisciplinary team meetings for complex patients and discharge planning. 	
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	<ul style="list-style-type: none"> ○ Viability of a local education role and inclusion of teaching and training in job and person descriptions. <p>M9. Build up local community confidence and awareness in the services provided in Wallaroo through:</p> <ul style="list-style-type: none"> ○ Positive stories in CHSALHN newsletter (Cooee magazine), the local newspaper Country Times and all of staff meeting opportunities to share positive stories. 	
<p>Items for consideration:</p> <ul style="list-style-type: none"> • Medical Model currently being explored - will need to be considered in relation to all improvements. 		

Maternity and Neonatal Services

Current	Proposed	Priority
<p>Service Description Summary:</p> <p>Wallaroo provides Level 3: (<i>summarised – see SA Health (CSCF) 2016</i>)</p> <ul style="list-style-type: none"> • Level 3 maternal & neonatal services providing low risk births ≥ 37 weeks gestation; 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. 	<p>Service Description Summary:</p> <p>Maintain the level 3 Maternity and Neonatal services and increase birthing participation at Wallaroo hospital.</p> <p>Service Improvements Summary:</p> <p>MN1. Investigate the future workforce recruitment and retention opportunities to maintain the current Maternity and Neonatal services considering:</p> <ul style="list-style-type: none"> ○ Anaesthetic sustainability. ○ GP/Obstetrician workforce commitment. ○ Implement the sustainable midwifery workforce pilot to grow full time equivalent (FTE) capacity and support continuity of care best practice. ○ Impacts of emergency area/ward demands. ○ Maintaining sufficient birthing numbers to sustain skills. ○ Neonatal resuscitation trained GPs for 'baby catch'. <p>MN2. Explore opportunities to promote and grow the maternity services provided at Wallaroo to meet community expectations:</p> <ul style="list-style-type: none"> ○ Increased FTE would support increased rotation of the on-call load for maternity services and support the non-birthing workload. ○ Promoting and valuing the volume of postnatal work taken on by the Midwifery team of 	<p>Short Term</p> <p>MN1</p> <p>MN3</p> <p>Medium Term</p> <p>MN4</p> <p>MN5</p> <p>Long Term</p> <p>MN2</p>

Current	Proposed	Priority
<ul style="list-style-type: none"> Capacity to manage the care of the 'low risk' pregnant woman during the antenatal and postnatal periods. <p>Current Capacity:</p> <ul style="list-style-type: none"> Wallaroo Hospital births - approximately 120 per year. The majority of local residents who did not birth at Wallaroo went to either Women's and Children's or the Lyell McEwin Hospital. Wallaroo is supported by two GP obstetricians and a Midwifery team of 3.0 FTE. Wallaroo has only one local GP/Anaesthetist. Approximately half the Wallaroo midwives are multi skilled and work in emergency services, acute and theatre while the other half have single registration for midwifery only. 	<ul style="list-style-type: none"> women returning to Wallaroo and the Yorke Peninsula, not birthed at Wallaroo. <ul style="list-style-type: none"> Increase access to the number of births to support maintenance of skills and experience. <p>MN3. Explore ways to improve the sustainability of the on-call model of care for maternity services considering:</p> <ul style="list-style-type: none"> High risk women presentations. Management of the 24/7 coverage with small workforce numbers (limiting burnout). Ensure on-call remuneration is in accordance with the EA. <p>MN4. Improve post-natal care provided considering:</p> <ul style="list-style-type: none"> Timely access to peri-natal clinical support services (i.e. mental health and dietetic services). Improve coordination and communication processes of postnatal midwifery care for women and their families who transfer back from Adelaide following birth. Monitor patient journey to identify further improvement opportunities. Reduce delays in accessing post-natal support following birth (i.e. CaFHS linkages, timely communication/referrals). <p>MN5. Improve the quality of maternity services provided from Wallaroo to meet the needs of the community:</p> <ul style="list-style-type: none"> Reduce the number of women who travel to Adelaide for maternity services. Education and Awareness for GPs of services offered at Wallaroo. Improve communication processes between the Wallaroo hospital and GPs on Yorke Peninsula. Improve networks amongst GPs on Yorke Peninsula. 	
<p>Items for consideration:</p> <ul style="list-style-type: none"> CHSALHN Sustainable midwifery workforce project. Medical model currently being explored - will need to be considered in relation to all improvements. 		

Surgical and Anaesthetic Services

Current	Proposed	Priority
<p>Service Description Summary: Wallaroo provides Level 3:</p> <ul style="list-style-type: none"> • Provided in hospital setting with designated but limited surgical, anaesthetic 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. <p>Capacity:</p> <ul style="list-style-type: none"> • Anaesthetic support from one GP/Anaesthetist with locum support for children over five years of age. • 24-hour on call nursing theatre team. • Elective surgery provided within contractual arrangements for visiting specialists (currently six hour sessions). • Cater for inpatients and day surgery patients. • Provide 24-hour emergency surgery for obstetrics. 	<p>Service Description Summary: Maintain current level 3 surgical and anaesthetic services and project future needs for the workforce. Grow the surgical services in the following specialities:</p> <ul style="list-style-type: none"> ○ General elective surgery. ○ Ophthalmology. ○ Ear, Nose and Throat (ENT). ○ Orthopaedics. ○ Urology. ○ Plastics. ○ Endoscopies. ○ Gynaecology. <p>Service Improvements Summary:</p> <p>S1. Define the surgical services required to best meet the needs of the catchment considering:</p> <ul style="list-style-type: none"> ○ Analysis of self-sufficiency data to understand service profile needs and identify opportunities to retain procedures which flow out to Adelaide. ○ Explore ability to provide safe surgery and post-care for patients with high BMI and co-morbidities risk factors with support from SAVES or telemedicine support and advice. <p>S2. Increase the surgical services offered at the Wallaroo hospital considering:</p> <p><i>S2.1 Exploring recruitment and retention opportunities:</i></p> <ul style="list-style-type: none"> ○ Country wide leadership of recruitment and retention of specialists. ○ Promoting Wallaroo as an attractive location to work. ○ Localised working party to support forward planning for surgeon and anaesthetist recruitment and retention. ○ Actively backfilling vacant specialist's positions while ongoing recruitment occurs. ○ Improve contractual arrangements with visiting specialists to ensure consistent services. ○ Improve recruitment of perioperative trained nursing staff to sustain an on call roster. ○ Improve recruitment of Central Sterilisation Services Department (CSSD) trained staff. ○ Improve education provision to maintain and increase staff knowledge. 	<p>Short Term S1 S4</p> <p>Medium Term S2 S3</p>

<ul style="list-style-type: none"> • Provide 24-hour emergency surgery within current scope of Locum GP. • Elective surgical bookings align with current activity funding. 	<ul style="list-style-type: none"> ○ Explore the possibility to roster solely within the perioperative unit, including annual leave. ○ Explore the opportunity to employ a theatre orderly and increase theatre session. ○ Explore possibility of surgical assists with medical staff and trained nursing staff. <p><i>S2.2 Increase collaboration and engagement with surgeons and specialists:</i></p> <ul style="list-style-type: none"> ○ Engagement on equipment purchases. ○ Improve local GP awareness and understanding of specialist services offered at Wallaroo to increase local referrals and increase integration of specialist services with GPs. ○ Clarify guidelines and processes for discharge and post-care to improve patient journey and support linkages with local GPs. ○ Support the rural generalist medical model. <p>S3. Improve the theatre utilisation where possible to support growth in surgical services considering:</p> <ul style="list-style-type: none"> ○ Continuum of care. ○ Equipment needs. ○ Theatre staffing levels and skill maintenance. ○ Training and development opportunities. ○ Modernising scheduling system. ○ Radiology requirements. ○ Consumable requirements. ○ Review and improve CSSD. ○ Improving infrastructure of current theatre footprint. ○ Improving infrastructure of the hospital building. <p>S4. Improve the resource availability by instituting more sustainable models of care:</p> <ul style="list-style-type: none"> ○ Anaesthetist sustainability. ○ Nurse led Surgical Assist. ○ Medical models supporting onsite regular aftercare for post-operative patients (Day 2 onwards). 	
<p>Items for consideration:</p> <p>Consider the locum led services in the short term (1 year).</p> <ul style="list-style-type: none"> ○ Ability of locums be surgical assist. ○ Are locums trained in Neonatal resuscitation to be called for managing the newborn in emergency Lower Segment Emergency Section (LSCS). ○ Clinical Handover processes from locums to local GPs. 		

Cancer Services

Current	Proposed	Priority
<p>Service Description Summary:</p> <ul style="list-style-type: none"> • Wallaroo hospital has a four chair Chemotherapy Unit. It provides a Level 3, low complexity chemotherapy service as per the SA Health <i>Standards for Chemotherapy Services in South Australia</i> (2010). • Medical oncology support to the unit is provided via Telehealth. • Other cancer service medical support includes haematology and radiation oncology, provided by metropolitan based specialists via telehealth. • Administration of chemotherapy treatment in country chemotherapy units is performed by Registered Nurses who have been trained in the anti-neoplastic drug administration course (ADAC). • The Chemotherapy Unit supports administration of low complexity chemotherapy. Within the Y&N Region Medium complexity chemotherapy is provided at Port Pirie. Radiation oncology and high complexity chemotherapy is only available in metropolitan health services. • Education and supportive therapies (such as dressings and pump disconnection) are also provided to cancer patients in the Wallaroo hospital, even if patients are receiving their treatment in Adelaide. <p>Capacity:</p> <p>The Wallaroo hospital provides:</p> <ul style="list-style-type: none"> • Chemotherapy treatments currently operate one day per week. • Other associated treatments such as non-chemotherapy infusions, peripherally inserted central catheter (PICC) 	<p>Service Description Summary:</p> <p>Maintain the level 3 low risk Chemotherapy services and explore opportunities to provide medium risk services.</p> <p>Service Improvements Summary:</p> <p>C1. Explore opportunities to increase the usage of the chemotherapy unit considering:</p> <ul style="list-style-type: none"> ○ Oncologist staffing (registrars, private, fly-in/fly-out model). ○ Maintaining adequate numbers of qualified nursing staff. ○ Raise awareness of needs and services available to increase referrals. ○ Increase the number of low risk care services provided by reducing flow out where appropriate. ○ Elevate level of service provided to accommodate medium complexity in alignment with any CHSALHN-wide plans as well as the SA Health <i>Standards for Chemotherapy Services in South Australia</i>. ○ Streamline processes for medication charts. ○ Increase integration with other service developments such as the Virtual Clinical Care Service and palliative care services. ○ Regular educational updates for staff working with chemotherapy-educating ward staff with PICC dressing, infusaport access and cytotoxic care and management. <p>C2. Explore use of the chemotherapy unit for other services (e.g. renal).</p> <p>C3. Review impacts of the commencing CHSA Medical Oncologist Clinics at Port Pirie two days a week considering:</p> <ul style="list-style-type: none"> ○ Access to support from the cancer care coordinator position. ○ Potential for local GP's to refer directly and increase service delivery close to home. 	<p>Short Term</p> <p>C1</p> <p>C2</p> <p>C3</p> <p>C4</p> <p>C5</p>

<p>dressings and central vascular device care are also provided from the chemotherapy unit.</p> <ul style="list-style-type: none"> • Medical oncology support only through correspondence and telehealth is provided. There is currently no chemotherapy oncologist that physically attend Wallaroo Chemotherapy Unit. • Telemed link ups are also available for chemotherapy patients on Monday to Friday to link with their oncologists without traveling. • Within the Y&N Region medium risk chemotherapy is provided at Port Pirie, alternatively medium and high-risk chemotherapy and radiation oncology is provided in metropolitan health services. 	<p>C4. Review infrastructure to ensure standards are being met in relation to efficiency and increased service provision.</p> <p>C5. Maintain strong links for ongoing holistic care with palliative care team and McGrath Breast Care Nurse</p>	
<p>Items for consideration:</p> <ul style="list-style-type: none"> • Linkages with CHSALHN wide oncology/chemotherapy review project. • Linkages with the CHSAHN Clinical Leads for Cancer Services. 		

Mental Health Services

Current	Proposed	Priority
<p>Service Description Summary:</p> <p>Wallaroo hospital provides level 2 services based on the (CSCF):</p> <ul style="list-style-type: none"> • capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health consumers. • provides general healthcare and some limited mental health care 24 hours a day, delivered predominantly by team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds. • medical services provided on-site or in close proximity to provide rapid response at all times. • service provision typically includes: assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate. 	<p>Service Description Summary:</p> <p>Maintain and enhance the level 2 Mental Health inpatient care provided by the hospital and expand the level 4 ambulatory care provided by the Yorke Peninsula Community Mental Health Team</p> <p>Service Improvements Summary:</p> <p>MH1. Improve awareness and understanding of referral pathways for mental health services considering</p> <ul style="list-style-type: none"> ○ Type of service available ○ Hours of service provided ○ Phone numbers and contact details of service providers 	<p>Short Term</p> <p>MH1</p> <p>MH2</p> <p>MH4</p> <p>MH5</p> <p>Medium Term</p> <p>MH3</p>

Yorke Peninsula Community Mental Health Team (ambulatory) provides level 4 services based on the (CSCF):

- capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate risk/ complexity voluntary and, if authorised to do so, involuntary adult mental health consumers
- Youth consumers older than 15 years and older persons – aged 65 and older – may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service.
- delivered predominantly by multidisciplinary team of mental health professionals who provide local mental health care service via hospital based outpatient clinic or day program, community mental health clinic or home-based care.
- service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination / case management; consumer and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

Service Capacity Summary

Wallaroo Hospital provides:

- Voluntary admissions to mental health consumers who are able to be appropriately managed in a hospital environment
- Initial mental health assessment (mental state examination and risk assessment)
- GP led care planning and medication management and referral and consultation/liaison to higher level mental health services
- Facilitation of transfer of involuntary patients to approved mental health treatment centres

Community Mental Health Team provide the following in-reach services to the hospital:

- Stepped Care Continuum

MH2. Enhance the services and infrastructure provided by the Wallaroo hospital to best meet the needs of clients with a mental health condition considering:

- Enhance emergency response by providing access to low stimulus room in Wallaroo Accident & Emergency Department
- Digital Telehealth Network (DTN) capability in Accident & Emergency
- Enhance existing services by increasing skills, confidence and support for GPs and nursing staff to support patients locally in both inpatient and emergency settings
- Training on Mental State Examination (MSE) and Risk Assessment and mental health triage training for Inpatient and Accident & Emergency staff

MH3. Explore opportunities to expand current mental health services including:

- Integrated Mental Health Inpatient Unit in Yorke and Northern Region
- Implement Country Health SA LHN Mental Health Directorate Population’s Based Resourcing Plan to improve current community mental health service capacity
- Create a MH Nurse Consultant position to provide a consultation liaison service for the hospital
- Increase access to sub-acute services as step down from hospital or for hospital prevention. i.e. Intensive Home-Based Support Service, Intensive Community Program

MH4. Proactively identify mental health service needs across the stepped care continuum and liaise and advocate with the

<p><i>Business hours (Mon-Fri 9-5pm)</i></p> <ul style="list-style-type: none"> • Specialist mental health assessment, crisis intervention and care planning • Brief intervention and care coordination • Support for discharge planning • Facilitation of telepsychiatry assessments • Consultation and liaison with Emergency Triage and Liaison Service (ETLS) and psychiatry services <p><i>Afterhours</i></p> <ul style="list-style-type: none"> • Access (via 131465) rural and remote emergency triage and liaison service (ETLS) (24/7) includes access to on-call psychiatrist and emergency telepsychiatry <p><u>Community Mental Health Team Ambulatory services</u></p> <ul style="list-style-type: none"> • Specialist mental health assessment, crisis intervention and care coordination for voluntary and involuntary consumers 16 years and over presenting with serious and/or severe mental health conditions • Operates Monday-Friday 9am-5pm • Duty work service • Assertive community intervention • Therapeutic intervention • Multi-disciplinary team • Visiting Consultant Psychiatrist • Access to Tele-psychiatry assessment • Community and service provider access to 24/7 urgent mental health assistance via Rural & Remote ETLS 131465 	<p>Country Primary Health Network (PHN) to commission services that will help address service gaps, including:</p> <ul style="list-style-type: none"> ○ Timely access to community based psychology ○ Access to Primary Mental Health Care services for young people such as Headspace ○ Access to a broad range of psychosocial supports for consumers that do not meet NDIS criteria ○ Continuation and expansion of the Clinical Care Coordination MH Nurse Program into GP clinics ○ Drug and alcohol services <p>MH5. Explore ways to work with family, carers and advocates of clients with a mental health condition to develop community programs that meet the needs of the community</p> <ul style="list-style-type: none"> ○ Work collaboratively with the Country Health SA Mental Health Experts by Experience consultants on consumer and carer participative initiatives ○ Increase completion of Your Experience Survey (YES) and Carer Experience Survey (CES) and use feedback for service improvement initiatives. 	
<p>Items for consideration:</p> <ul style="list-style-type: none"> • Review of facilities to ensure private and confidential multipurpose rooms which can be used by local/visiting clinicians and mental health clients 		

Allied & Community Health

Current	Proposed	Priority
<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 Professionals:</p> <ul style="list-style-type: none"> ○ Social Work. ○ Podiatry. ○ Speech Pathology. ○ Dietetics. ○ Occupational Therapy. ○ Physiotherapy. <p>All referrals for Inpatients are a Priority 1 referral and will receive a response within 48 hours. The response may not be a visit to the hospital depending on the clinical complexity for the patient, and may instead be a telephone response to conduct an initial assessment and plan for a Hospital visit or referral to Community Health post discharge. Referrals are prioritised according to clinical and service priority.</p> <p>Current capacity</p> <p>All of the above services are available via</p>	<p>Service Description Summary:</p> <p>Maintain and enhance Allied and Community Health services.</p> <p>Service Improvements Summary:</p> <p>CH1. Explore opportunities to improve chronic disease management including medication management initiated by GPs:</p> <ul style="list-style-type: none"> ○ Develop partnerships with the Primary Health Network and Integrated Primary Health Care Service provider to implement chronic disease strategies in collaboration with GPs. <p>CH2. Explore ability to support Allied health and Community nursing staff to upskill into specialist roles considering:</p> <ul style="list-style-type: none"> ○ Improving relationships with specialised centres. ○ Access to training and development. ○ Increasing telemedicine capacity to provide supported advice and access to specialist care. ○ Define specialist areas to explore (i.e. hand therapy, burns, feeding, paediatrics). <p>CH3. Explore opportunities to provide rehabilitation services in Wallaroo considering:</p> <ul style="list-style-type: none"> ○ Define areas to of rehab (i.e. neurology, orthopaedics, cardiology). ○ Analysis of self-sufficiency data. ○ Reducing the need for clients to travel to Adelaide. ○ Workforce requirements. ○ Training and development needs. ○ Equipment and infrastructure. ○ Explore alternative models such as tele-rehabilitation. ○ Secure the services of a Rehabilitation Physician to support the service model. <p>CH4. Improve services for Aboriginal community members considering:</p> <ul style="list-style-type: none"> ○ Cultural competence training for mainstream staff. ○ Aboriginal consultant roles across services to support connections between clients and staff. ○ Redefinition of the Aboriginal Liaison Officer role to support patient journey. 	<p>Short Term</p> <p>CH1</p> <p>CH2</p> <p>CH5</p> <p>CH6</p> <p>CH7</p> <p>CH9</p> <p>Medium Term</p> <p>CH4</p> <p>CH6</p> <p>CH7</p> <p>CH8</p> <p>Long Term</p> <p>CH3</p>

<p>referral within the Wallaroo catchment. Wallaroo Community Health facility is located adjacent to the hospital and has a total of four consulting rooms and one mental health owned video conferencing (VC) unit located in the Board room. The following services are provided locally at from Wallaroo:</p> <ul style="list-style-type: none"> • Commonwealth Home Support Program (CHSP), Home and Community Care (HACC), post-acute, inpatient allied health services including podiatry, occupational therapy, speech pathology, dietetics and physiotherapy. • CHSP home based services. • CHSP Day Centre three days per week. • Post-acute, palliative and CHSP equipment. • CHSA Diabetes Nurse Practitioner consultation. • Community Transition Care Packages. • Community Nursing Service including: Department of Veteran Affairs (DVA) (limited), Post-Acute Care, CHSP Nursing across five days, limited weekend service. • Aged Care Assessment Team. • Aboriginal Liaison Service provided to the Wallaroo Hospital. • Home Care Packages. • Additional Aboriginal health services 	<p>CH5. Improve access to the National Disability Insurance Scheme (NDIS) for clients in need considering:</p> <ul style="list-style-type: none"> ○ Responding to increasing demands. ○ Linking with local NDIS providers. ○ Linking with Bapcare to support clients to access NDIS. <p>CH6. Increase the range of community restorative services provided to at risk groups within the community considering:</p> <ul style="list-style-type: none"> ○ Use of Allied health assistants. ○ Address social isolation and improve community connectedness. ○ CHSP/HACC funded programs. ○ Link with family and advocates to support community managed drug and alcohol programs. ○ Link with Carers SA to support carers to access appropriate support services. ○ Develop referral pathways for consumers to access restorative services. <p>CH7. Improve awareness and understanding of referral pathways for community and allied health services considering:</p> <ul style="list-style-type: none"> ○ Service mapping to understand service needs and gaps. ○ Clear and well-defined referral pathways. ○ Role of PHN in building awareness and education. ○ Improving the patient journey from hospital to home, enabling patients to access appropriate support services. <p>CH8. Build networks to support collaboration to improve the health and wellbeing of the community considering:</p> <ul style="list-style-type: none"> ○ Improving communication internally within the region to understand all roles and services available. ○ Develop an open communication mechanism between state, private and federal services (i.e. forum). ○ Explore partnership opportunities to link up services to meet the needs of clients. ○ Improve relationships between Community and Allied health staff, acute staff, GPs and transport services to provide quality linked up services across the care continuum. ○ Explore opportunities to reduce Potentially Preventable Admissions. <p>CH9. Explore ways to improve recruitment and retention of Allied and Community Health staff :</p>	
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<p>provided to the catchment area from Moonta.</p> <ul style="list-style-type: none"> Child Health and Development Services provided to the catchment from Kadina. 	<ul style="list-style-type: none"> Recruiting to specialist areas – acute and community. Adequate allied health clinical supervision for new graduates and those in isolated roles. Development of specialist roles to enable career progression. Increase in the proportion of roles offered as either permanent or longer-term contracts, ensuring that business models align with the generation of secure resources. Encourage regional networks to provide support. 	
<p>Items for consideration:</p>		

Geriatric Medicine (Aged Care)

Current	Proposed	Priority
<p>Service Description Summary: Wallaroo hospital provides level 3 care:</p> <ul style="list-style-type: none"> Ambulatory and/ or inpatient care to low-risk clients whose needs are not complex ambulatory care will include outpatient specialist clinics (medical, nursing or allied health) for ongoing treatment or review and may be by visiting arrangement. Clients may include those in acute or post-acute phases. May provide secondary prevention services, and/or consultation and support to primary care providers. May be linked with local community based geriatric teams or similar ambulatory programs. Service accepts clients referred and transferred from higher level services for continuing or less complex care. Multidisciplinary team members have experience, knowledge and skills in general geriatric care principles and practice. Documented processes exist with multidisciplinary geriatric specialists (including geriatricians and/or general physicians with skills in geriatrics) through defined networks with higher level services. <p>Wallaroo does not have any Residential Aged Care (RAC) beds attached to the hospital.</p>	<p>Service Description Summary: Maintain and enhance the level 3 Geriatric Medicine (Aged Care) services provided at Wallaroo hospital and the Community Aged Care services provided by Country Connect.</p> <p>Service Improvements Summary:</p> <p>A1. Improve hospital infrastructure and coordination to accommodate aged care specific needs considering:</p> <ul style="list-style-type: none"> Provision of safe care environments for clients with dementia in emergency services in line with the Comprehensive Care of Older People Model of Care (CCoOP) roll out. Conduct the environment audit tool and adopt recommendations. Electric beds in specialist clinic rooms. Coordination and collaboration across sectors to support the patient journey (Community Health, emergency services, acute, RAC, GP practices, transport). <p>A2. Explore the feasibility of increasing the frequency of Geriatrician visits to the region and utilising telemedicine for consultations considering:</p>	<p>Short Term</p> <p>A1</p> <p>A2</p> <p>A6</p> <p>Medium Term</p> <p>A4</p> <p>Long Term</p> <p>A3</p> <p>A5</p>

<p>Current Capacity</p> <p>The Wallaroo hospital provides:</p> <ul style="list-style-type: none"> • Care to aged persons as part of their adult medical service provision. • 1.0 FTE Aged Care Nurse Practitioner (NP) providing NP-led outpatient clinics. • 0.7 FTE Patient Liaison role assists with complex discharge planning. <p>The following Community Aged Care services are provided locally from Wallaroo or in Copper Coast service area:</p> <ul style="list-style-type: none"> • CHSP, HACC, post-acute, inpatient allied health services including podiatry, occupational therapy, speech pathology, dietetics and physiotherapy. • CHSP Home based services. • CHSP Day Centre 3 days per week. • Post-acute, palliative and CHSP equipment. • CHSA Diabetes Nurse Practitioner consultation. • Community Transition Care Packages. • Community Nursing Service including: DVA (limited), post-acute care, CHSP Nursing across five days, limited weekend service. • Aged Care Assessment Team. • Aboriginal Liaison Service provided to the Wallaroo Hospital • Home Care Packages. • Additional Aboriginal Health Services provided to the catchment area from Moonta. • NDIS – across life span service plans. • Mental Health programs – The Station, Wallaroo. <p><u>Collocated no Government service providers</u></p> <ul style="list-style-type: none"> • Carers Dis-Ability Link carer’s support (KADINA based non-government organisation (NGO)) has CHSP funding or respite care in area. • NGO aged care providers – (Star of the Sea, Barrunga Village, Helping hand, Uniting Communities, Country Home Services, 	<ul style="list-style-type: none"> ○ Repat Hospital – Geriatric Medicine Services – VC. ○ Secure additional visiting Geriatricians acute setting and RACs. ○ Review and strengthen support to sustain Geriatrician services. <p>A3. Explore the feasibility of providing suitable hospital in the home alternatives to inpatient admissions considering:</p> <ul style="list-style-type: none"> ○ Dedicated specialty roles/team in addition to rural generalists. ○ Avoidance of emergency services preventable presentations (e.g. cellulitis, urinary tract infections, falls). ○ RAC admissions – ‘reach in’ clinical service to fast track assessment and support treatment in RAC settings (e.g. cellulitis, urinary tract infections, falls, annual flu immunisation service). ○ Improve orthopaedic care pathways for RAC clients discharged from tertiary sites directly back to RAC settings with appropriate clinical follow up. ○ Single point of contact (SPOC) model - dedicated role 1.0 FTE for complex discharge planning/patient liaison (collaborative role between community health and hospital). ○ Funding opportunities. ○ Training and support for RAC staff. ○ Telemedicine opportunities. <p>A4. Partner with relevant organisations (e.g. PHN) to increase the range of wellness activities provided in the community including:</p> <ul style="list-style-type: none"> ○ Targeted physical activities. ○ Day activity programs. ○ Primary health care programs. <p>A5. Increase palliative care services able to be provided in the home considering:</p> <ul style="list-style-type: none"> ○ Social work support including Grief and Loss Palliative Care 	
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<p>KinCare).</p> <ul style="list-style-type: none"> • NGO Chronic disease service providers (Sondar, PHN, Country and Outback). <p>Medical specialist service – one Geriatrician visits monthly providing private consults from GP clinic. Six month current wait time for new client referrals prior to being seen.</p> <p>There are three private RAC providers in the core catchment (Copper Coast) area providing a total of 213 beds:</p> <ul style="list-style-type: none"> • Star of the Sea in Wallaroo (70 beds, no memory support unit). • Estia Health in Kadina (71 bed, dedicated memory support unit). • Parkview in Moonta (72 beds, dedicated memory support unit). <p>In 2017-18 there were 45 home care packages provided by a range of organisations for residents in Northern Yorke, Southern Yorke and Lower North). Current six to twelve month wait for high care (Level 3/4) packages.</p>	<p>Outcomes Collaborative (PCOC) assessment and review tools training.</p> <ul style="list-style-type: none"> ○ Primary Health Care Allied Health staff training and upskilling to provide suitable support services. ○ Promotion of services available. ○ Explore opportunities to access funding. <p>A7. Conduct a review of dementia care service to understand service needs and gaps and report on future service recommendations:</p> <ul style="list-style-type: none"> ○ Dementia specific day activity program. 	
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<p>Items for consideration:</p> <ul style="list-style-type: none"> • Implementation of the Comprehensive Care of Older People Model of Care 2017. 		
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Clinical Support Services

CSCF descriptors level 3	Service Capacity	Proposed service or area to explore
Anaesthetics - onsite	Wallaroo Hospital has one GP/Anaesthetist who provides 24/7 'on-call' coverage with relief from a locum service.	Review Anaesthetic capacity and future implications to support ongoing sustainable surgical and maternity services.
Diagnostic Medical Imaging	<p>Level 3 Diagnostic Medical Imaging services are provided on-site at the Wallaroo hospital via Dr Jones and Partners five days per week from 8.30am – 5.00pm:</p> <ul style="list-style-type: none"> ○ Provides fixed-room fluoroscopy, on-site CT services, complex ultrasound, interventional radiology Tier A, and mammography and interventional breast imaging services. ○ Provide CT services with appropriate clinical support including a supervising radiologist. ○ Operates 8.5 hours/day five days a week. 	<p>Enable basic mobile imaging services to be available to GP/Obstetricians for quick assessment capacity.</p> <p>Maintain the capacity for specialised medical imaging services to be provided at Wallaroo by radiologists.</p> <p>Explore the ability to increase medical imaging services to offer extended hours or an 'on-call after' hours service performed by radiographers considering:</p> <ul style="list-style-type: none"> ○ Meeting the 4-hour target for stroke thrombolysis. ○ Potential reduction in transfers and inpatient admissions. ○ Contract negotiations.
Pathology	<p>Level 3 pathology services provided by SA Pathology through a National Association of Testing Authorities (NATA)/Royal College of Pathologists of Australasia (RCPA) accredited category B laboratory with collection services:</p> <ul style="list-style-type: none"> ○ Onsite at Wallaroo Hospital five and a half days a week 8.30am – 5.00pm (Monday to Friday) and 8.30am-12.30pm (Saturday). 	Maintain level 3 pathology services.
Pharmacy	Pharmacy services currently contracted with Newbery Chemist.	Maintain existing contractual pharmacy arrangements.

3.5 Other factors for consideration

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

3.5.1 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:

Theatre

- Equipment and consumable requirements to increase surgical services where appropriate.
- Improving infrastructure of current theatre footprint.
- Improving infrastructure of the hospital building.
- Engagement with surgeons on equipment purchases.

CSSD

- Review and update in line with standards.

Emergency Services

- Improve facilities and current footprint layout to meet demands.
- Increase privacy for presenting patients.
- Low stimulus areas for mental health presentations.
- Safe areas for dementia presentations.
- Increased Digital Telehealth Network (DTN) capability.
- Seek funding to implement existing proposal to improve the current emergency facilities.

Chemotherapy Unit

- Review infrastructure to ensure standards are being met in relation to efficiency and increased service provision.

Rehabilitation

- Equipment and infrastructure required to extend rehabilitation services.
- Additional rehabilitation equipment and facilities for physiotherapy and occupational therapy assessments (day lounge or activities room).

Acute inpatient Services

- Conduct the environment audit tool and adopt recommendations in line with the Comprehensive Care of Older People Model of Care (CCoOP) roll out.
- Electric beds in specialist clinic rooms.
- Review of facilities to ensure private and confidential multipurpose rooms which can be used by local/visiting clinicians and mental health clients.

3.5.2 Workforce

Workforce issues and a poor staff survey response were key drivers in the instigation of a separate organisational development project, the LEC project which occurred concurrently to the service planning. A summary of the LEC project is outlined below.

The aim of the LEC group is to guide and represent all staff of the Wallaroo Hospital and Health service to develop a shared purpose and build a positive culture. Their purpose Statement is *“To lead by example, to be heard, and to create an engaging and positive work environment.”*

Based on staff feedback the three main goals of the group are;

- Meaningful connections and genuine relationships
- Employee empowerment
- Customer Service (to each other and clients)

An action plan has been developed by the group with the aim to target three priority areas as follows;

- Reward and recognition
- Teamwork
- Leadership and management

Achievements to date are as follows;

- Development of draft Action Plan - for endorsement
- Establishment of Staff Gratitude Boxes – 4 in total across the various staff teams
- Facilitate regular social team building activities – development of social calendar to incorporate regular morning teas, after work drinks and fundraising participation activities
- Establishment of regular LEC Newsletter – distributed via Sway (also available in printed format)
- Establishment of Wallaroo Health Service Yammer Page – for access and inclusion by all staff
- Develop LEC Poster for display (in consultation with CHSA Creative/Media Services)

Future project plans are as follows;

- Establish Historical display/information board and creative/inspirational photos in Hospital and Health Service public areas
- Create common outdoor area for staff meetings/breaks
- Project teamwork to reduce silo mentality

Ongoing workforce planning will be a key consideration and should be undertaken in consultation with CHSALHN People and Culture Directorate, including the Developing Our Leadership and Culture approach, the findings from the Attraction and Retention Strategy evaluation and the [Country Health SA Local Health Network Workforce Plan 2016-2018](#).

Future opportunities and implications from the work currently being developed through the Rural Health Workforce project will also be considered as recommendations emerge.

The outcome and implementation of the medical model currently being explored in Wallaroo and the CHSALHN sustainable midwifery workforce project will need to be incorporated into the relevant improvement opportunities outlined in the service priority tables.

The specific workforce considerations identified through the service planning process include:

General workforce supports:

- Supporting staff to be skilled within in their scope of practice.
- Flexibility to work across health units.
- Continue to engage staff to develop a positive workplace culture and focus which focuses on staff wellbeing.
- Provision of consistent and cohesive leadership to all staff that work at Wallaroo with a focus on developing the capacity of middle management roles.

Develop a recruitment and retention program considering:

- Range of visiting Medical Specialist for catchment needs.
- Encourage student placements and attend graduate expos.
- Contract employment benefits and challenges.
- Develop a localised training program (emergency services, networking, use of VC/telemedicine, allied health, medical officer, nursing).
- Supporting newly graduated clinicians to engage in transition programs.

Nursing:

- Establish a nurse exchange between country and metro units to support skill development in complexity of care required.
- Training to support the skill breadth and scope of practice required for the rural generalist nurses.
- Review capacity within the nursing workforce to respond to increasing community needs, ensure that the workforce mix is consistent with hospital activity.

Allied and Community Health:

- Recruitment to specialist areas.
- Clarity of scope of practice required.
- Ensure that all allied health professionals have access to transition programs and are engaged within a supervisory arrangement.
- Develop discipline specific networks across the Y&N Region to provide support.
- Implement a regional model to enable flexibility within the workforce to support local clinicians to respond to community needs.
- Define the role of the AHP3 Clinical Seniors to increase the capacity for clinical leadership.

Medical Officers

- Engagement model for local resident GPs to partner with the hospital.
- Increase variety of medical specialists visiting.
- Emergency services rostering model to support sustainability and safety.
- Succession planning for GP Obstetricians and GP Anaesthetists to ensure sustainability.

3.5.3 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.

Service Plan Endorsement

Committee/ Responsible Person	Signature	Date
Walloo Health Service Planning Steering Group	-	12 February 2019
Yorke and Northern Regional Leadership Committee. Deputy CEO, Roger Kirchner		22 February 2019
Country Health SA LHN, Interim Chief Executive Officer, Rebecca Graham		5 April 2019

For more information

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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 & Wellbeing.



Appendix A: Wallaroo Service Plan Steering Group TOR

Country Health SA Local Health Network

Yorke & Northern Wallaroo Health Services Planning Steering Group

TERMS OF REFERENCE

Scope and Purpose

The purpose of the Wallaroo Health Services Planning Steering Group is to provide advice and direction to Country Health SA Local Health Network (CHSALHN) to guide the development of a Northern Yorke Peninsula Health Service (Wallaroo Hospital) Plan

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

Steering Group Role

The Steering Groups primary role is to:

- Support a positive culture of collaboration.
- Deliver health improvement priorities including emergency department, medical models and midwifery models of care.
- Provide advice to an CHSALHN executive on future scope of services, (services currently not provided by CHSALHN) 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 Copper Coast areas to determine the future implications for the Health Service.
- 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.
- Provide advice and feedback to the Wallaroo Service Improvement Project Oversight Committee.

Reporting

The Wallaroo Health Services Planning Steering Group reports to the Country Health SA Local Health Network through the Service Improvement Project Board.

Membership and Member Responsibilities

Membership

Membership is to be determined by Regional Director taking into account local Region needs.

The Chair needs to be notified in advance when a proxy will be present at a meeting.

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: Roger Kirchner, Regional Director, Yorke and Northern Region

Members:

Doug Reed, Presiding Member, Northern Yorke Peninsula Health Advisory Council

Doctor representation from each Medical Practice

- Kadina Medical Associates: Dr Graham Morris
- Owen Terrace Clinic:
- Moonta Medical Centre:

Neil Sawley, Chief Executive Officer, Kadina Medical Associates

Mayor Paul Thomas, Copper Coast Council

Fraser Ellis MP, Member for Narungga

Dr Susan Merrett, Director of Medical Services, Yorke and Northern Region

Dr Anil Gopal, Medical Administration Registrar, Yorke and Northern Region

Tracy Haynes, Regional Director of Nursing and Midwifery, Yorke and Northern Region

Sharon Godleman, Acting Director of Nursing and Midwifery, Wallaroo Hospital

Melissa Koch, Manager Community Health, Yorke and Northern Region

Paul Fahey, Manager Corporate Services, Yorke and Northern Region

Lucas Milne, A/Regional Manager, Mental Health, Yorke and Northern Region

Rex Angie, CHSA Aboriginal Health Expert by Experience Representative

Clinical Leadership representatives:

- 2 x Senior Community Health Clinicians: Tim Garfield; Sophie Chapman;
- 1 x Allied Health Clinician: Fiona Murray
- 2 x Registered Nurses (Acute/Ward): Alex Wilson; Leeanne Skinner
- 2 x Corporate Services staff: Todd Richardson

Brett Humphrys, Manager, Planning and Population Health, CHSALHN

Administrative and Project Support:

Tracie Hawkins, Regional Business Support Officer, Yorke and Northern Region

Danielle Green, Executive Assistant to Regional Director, Yorke and Northern Region

CHSALHN Planning Team Support:

Lynley Jones, Senior Consultant, Major Projects

Kerry Dix, Senior Service Design Consultant

Kim Hewett, Planning and Primary Health Principal Project Officer

Lauren MacKenzie, Senior Project Officer

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 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.

Meeting Procedures

Steering Group will operate by:

Decisions will be made by consensus about recommendations to forward through established governance processes to CHSALHN.

Referring to 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 prior to the scheduled meeting date.

Meeting Frequency

Meetings are held monthly with video or teleconference available on the 3rd Friday of the Month @ 12pm –1:30pm

Location: Wallaroo Hospital Education Centre, unless advised otherwise

Meetings will be arranged by the chair.

Quorum

A quorum will consist of 8 members.

Process Timeline

1 st Meeting of Steering Group: <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
2 nd Meeting of Steering Group: <ul style="list-style-type: none">- Determine wider clinician engagement approach- Further analysis of demographic and health utilisation data- Discuss initial future service options	May 2018
3 rd , 4 th Meeting of Steering Group: <ul style="list-style-type: none">- Consider recommendations / feedback from the clinician engagement (May, June 2018 Clinician workshops)- Consider future demand across inpatient, A&E, community health and outpatients and- Recommend future service options for draft service plan	July, August 2018
5 th - 9 th Meeting of Steering Group: <ul style="list-style-type: none">- Consider final draft service plan.- Determine any further analysis required- Evaluate approach	October 2018 - February 2019

Appendix B: Clinician Workshop attendance

A clinician workshop was held on the 30th July 2018 in Wallaroo. The following table lists the names and agencies of who attended and those who put in an apology.

Attendance

NAME	Organisation
Luke Halls	Adelaide Digital Hearing Solutions
Chantal Jacobs	CAFHS
Kylie Russack	CAFHS
Kim Whitehead	CAMHS
Sandra Volvricht	CAMHS
Anil Gopal	CHSA - YNR Medical Administration Trainee
Susan Merrett	CHSA - YNR Medical Director
Cass McNeil	CHSA Country Health Connect
Lyn Forby	CHSA Country Health Connect
Meagan Reeve	CHSA Country Health Connect
Melissa Koch	CHSA Country Health Connect
Sophie Chapman	CHSA Country Health Connect
Tim Garfield	CHSA Country Health Connect
Thomas Turner	CHSA Country Health Connect Aboriginal Health
Kim Gloyn	CHSA Mental Health
Brett Humphrys	CHSA Planning
Emma Kuhlmann	CHSA Planning
Kerry Dix	CHSA Planning
Kim Hewett	CHSA Planning
Lauren MacKenzie	CHSA Planning
Tracie Hawkins	CHSA YNR
Dearne Dunks	CHSA Wallaroo Hospital
Jodie Bruce	CHSA Wallaroo Hospital
Sharon Goleman	CHSA Wallaroo Hospital ARDON
Shahn Horrocks	CHSA Wallaroo Hospital DON
Elizabeth Bennett	CHSA Wallaroo Hospital NMUM
Kerry Bates	CHSA Wallaroo Hospital NUM
Sheree Penney	CHSA Wallaroo Hospital Nursing
Leanne Skinner	CHSA Wallaroo Hospital RN/RM
Paul Thomas	Copper coast Council
Courtney Thorpe	Country SA PHN
Rosemary Cock	Fraser Ellis MP
Graham Morris	Kadina Medical Associates
Hannah Wellington	Kadina Medical Associates
Michael Gregg	Kadina Medical Associates
Mowen Crane	Kadina Medical Associates

Neil Sawley	Kadina Medical Associates
Tim Woods	Kadina Medical Associates
Will Daehn	Kadina Medical Associates
Asif Ashby	Moonta Medical Centre
Dr Dipak Bosamia	Moonta Medical Centre
Jyi Wong	Newbery Pharmacist Wallaroo
Fiona Fleming	Nurse consultant DASSA
Doug Reed	NYP HAC
Mary Anne Clayson	Owen Terrace Medical Practice
Paul Thomas	SA Pathology
Maxine Starks	SA Ambulance Service SAAS
Robert Miller	Star of the sea
Phuong Tran	Visiting Genesis Care (Radiation oncology)
Ben Allen	Visiting Orthopaedic Surgeon
Jimmy Eteuati	Visiting Surgeon
Phillippa Rabbitt	Visiting Surgical Specialist

Apologies

Name	Profession/Organisation
Chris Laird	Audiology
Dr De Wet	Copper Coast Dental
Rosie Francis	Estia Health
Jarrold Gilbert	SAAS
Rebecca Rich	SpecSavers
Dr Martin Borg	Radiation Oncologist
Jeanette Beazleigh	Dr Jones and Partners
Adelaide Cardiology	Adelaide Cardiology
Dr Chabrel	Orthopaedic surgeon
Dr Ian Chapman	Endocrinologist
Dr Ian Jones	Gynaecologist
Anna Limgenca	Gynaecology
Rebecca Kurlinkus	Psychiatrist
Grace McDonald	Acting Mental Health Team Leader
Lucas Milne	Acting Regional Manager YNR Mental Health Services CHSA
Paige Gorostiaga	
Dr Perks	Ophthalmologist (Tracy Afford)
Dr Richard Harries	Plastic Surgeon
Dr Harishta Pant	ENT
Dr Andrew Luck	Colorectal Surgeon
Dr Kim Pese	Urologist
Fraser Ellis	MP for Narungga

Fiona Murray	ACL Podiatrist
Louise Thompson	Operational Planning Team CHSA
Sue Bird	Breast Care Nurse
Kelly Crettenden	Aboriginal Health
Areesha Shaik	Social Worker Rural Generalist
Lynley Jones	CHSA Planning team

Appendix C: Glossary

A&E – Accident and Emergency

ABS – Australian Bureau of Statistics

ADAC – Anti-neoplastic drug administration course

AHP – Allied Health Professional

BMI – Body Mass Index

CaFHS – Child and Family Health Services

CALD – Culturally and Linguistically Diverse

CCoOP – Comprehensive Care of Older People Model of Care

CES – Carer Experience Survey

CHSALHN – Country Health South Australia Local Health Network

CHSP – Commonwealth Home Support Program

Coeee! – CHSALHN newsletter

CSCF – SA Health Clinical Services Capability Framework

CSSD – Central Sterilisation Services Department

CT - computed tomography

DASSA – Drug and Alcohol Services South Australia

DTN – Digital Telehealth Network

DVA – Department of Veteran Affairs

EA – enterprise agreements

ECP – Extended Care Paramedics

ED – emergency department

ENT – Ear Nose and Throat

ETLS – Emergency Triage and Liaison Service

FACEM – Fellow of the Australasian College for Emergency Medicine

FTE – full time equivalent

GP – General practitioner

HAC – Health Advisory Council

HACC – Home and Community Care

LEC – Wallaroo Lead, Engage Care group

LSCS – Lower Segment Emergency Section

MH – Mental Health

MSE – Mental State Examination

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

NATA - National Association of Testing Authorities

NDIS – National Disability Insurance Scheme

NGO – Non Government Organisation

NP – Nurse Practitioner

OACIS – Electronic clinical information system

PCOC – Palliative Care Outcomes Collaboration

PHN – Primary Health Network

PICC – Peripherally inserted central catheter

RAC – Residential Aged Care

RAH – Royal Adelaide Hospital

RCPA - Royal College of Pathologists of Australasia

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

SEIFA – Socio-economic Indexes for Areas (Index of Relative Socio-economic Disadvantage)

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

SLS – Safety Learning System

SPOC – Single Point of Contact

VC – Video conferencing

Y&N – Yorke and Northern region

YES – Your Experience Survey

YP Country Times – Wallaroo local newspaper