Government of South Australia

Health
Yorke and Northern
Local Health Network

Port Pirie Regional Health Service

Service Plan

May 2021

Foreword

On Behalf of the Yorke and Northern Local Health Network (YNLHN) Executive Committee, I am pleased to present the Service Plan for Port Pirie Regional Health Service.

This plan covers Port Pirie Regional Health Service and complements the other service plans either completed or in progress for Wallaroo, Yorke Peninsula, Clare and Community and Allied Health. Future plans covering the remaining locations (Mid North, Southern Flinders, Port Broughton, Riverton, Burra and Snowtown) within our Local Health Network (LHN) and linkages between all sites are intended to be completed within the next 18 months.

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

Yours sincerely

Roger Kirchner
Chief Executive Officer
Yorke and Northern Local Health Network

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1. Executive Summary

This Service Plan reflects the overarching future plan for health service provision for Port Pirie Regional Health Services for the next 5-10 years. 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.

The 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: Clinical Services Capability Framework, SA Health and Wellbeing Strategy 2020-2025, Yorke and Northern Local Health Network Strategic Plan 2020-2025 and Yorke and Northern Community and Consumer Engagement Strategy. A Partnership Framework for Health Advisory Councils and Country Health SA and the National Aboriginal Cultural Respect Framework.

The planning process was led by the Port Pirie and Clare Service Plan Steering Group, supported by the Rural Support Service, Planning and Population Health Team and a wide range of clinicians and other key stakeholders who were engaged through workshops and meetings in late 2020 and early 2021. Broader and ongoing involvement of clinicians and other key stakeholders will be essential to progress service initiatives within the plan.

The specific service priority areas identified for Port Pirie include emergency services, medical inpatient services, surgical services, mental health, maternity, neonates and paediatrics, palliative care, cancer, renal and allied and community health services. Details of the improvement opportunities for these areas are summarised from page 16.

In addition to these service priority areas, opportunities to strengthen workforce, digital technology and infrastructure will be key enablers for this plan. A summary of these opportunities considered a priority are on pages 46-51.

The Yorke and Northern Local Health Network (YNLHN) Executive Committee will have oversight of the plan and will report outcomes to the governing board. Additionally, an implementation plan will be developed and reviewed by the Port Pirie Quality Risk and Safety Operation Committee (QRSOC). The specific priority areas will be the core focus of the implementation plan, however it must be noted that these services do not operate in isolation from each other and it will be essential to continually strive to work in integrated ways across priority areas to ensure effective quality services are provided.

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

Emergency Services

Maintain the level 3 services and explore opportunities to grow services to meet future demand, by seeking improvements in the following areas:

- Redesign and increase functionality of emergency and inclusion in the development of a master plan.
- Develop and implement a YNLHN workforce plan.
- Investigate opportunities to increase out of hospital strategies to support emergency service avoidance.
- Develop a regional service of excellence.
- Develop a multi-agency service forum.
- Explore and review digital technology.

Medical Inpatient Services

Maintain the level 3 services and explore opportunities to grow services to meet future demand:

- Review, improve and redesign facilities infrastructure.
- Explore opportunities to increase specialty services.
- Workforce planning.
- Improve support and management of patients with drug and alcohol issues.
- Strengthen care closer to home and positively influence the patient journey.
- Continue to develop strategies to reduce potentially preventable admissions.
- Strengthen the capability to provide culturally appropriate health services.
- Explore and review digital technology.

Maternal, Neonatal and Paediatric Services

Maintain the level 3 maternity and neonate services, increase birthing participation at Port Pirie Hospital and investigate opportunities to provide Level 4 services within the YNLHN.

- Upgrade and redesign facilities infrastructure.
- Develop a sustainable workforce plan.
- Evaluate current models of care, including review of YNLHN level 3 sites in line with the clinical services capability framework.
- Develop models of care to promote and grow services.
- Explore opportunities to increase paediatric services.
- Positively influence the patient journey.
- Explore and review digital technology.

Surgical and Anaesthetic Services

Maintain current level 3 surgical and anaesthetic services and grow the range and frequency of surgical service provided by seeking improvements in the following areas:

- Redesign and increase space and functionality to meet standards of surgery.
- Develop a sustainable and effective workforce.
- Ensure the availability of services and specialties to meet community need.
- Explore and review digital technology to enhance surgical services.

Mental Health Services

Maintain the level 4 community services and explore opportunities to grow and develop level 2 inpatient services by seeking improvements in the following areas:

- Enhance and improve infrastructure.
- Develop sustainable and effective workforce.
- Develop new service models across the continuum to complement existing mental health services within YNLHN.
- Continue to develop partnerships with other agencies.
- Develop efficient and effective workshop practices.
- Expansion of digital technology.

Cancer Services

Maintain the level 4 medical oncology services and explore opportunities to grow services by seeking improvements in the following areas:

- Redesign, refurbish and increase space/functionality to meet standards for cancer services.
- Develop sustainable workforce.
- Develop coordinated cancer care service across the YNLHN.
- Improve patient journey.
- Expansion of digital technology.

Renal Services

Maintain the level 3 services and explore opportunities to grow services to meet future demand by seeking improvements in the following areas:

- Redesign and increase space/functionality to meet standards of renal services.
- Develop sustainable workforce and specialist care services.
- Continue to increase and grow specialist services to meet community need.
- Develop culturally safe and appropriate services for Aboriginal patients.
- Develop potential models for sustainable specialist care provision.
- Review and improve digital technology.

Palliative Care

Maintain the level 4 palliative care services and explore opportunities to grow services with a focus on the following areas:

- Develop a sustainable and effective workforce.
- Improve and enhance current models of care.
- Improve the patient journey.
- Explore and review digital technology.

Allied Health and Community Services

Maintain current services and explore opportunities to grow services to meet future demand with a focus on the following areas:

- Redesign and increase infrastructure.
- Strengthen, grow and sustain workforce.
- Develop a sustainable and effective service model to provide timely, quality access and equity to our community.
- Continue to develop strategies to reduce potentially preventable admissions.
- Build partnerships and networks with public and private providers to support and improve community health and wellbeing.
- Develop a marketing plan for promotion of services.
- Explore opportunities to improve patient journey for children and their families.
- Extend the use of telehealth.

2. Project background and context

Service planning is the process of developing a strategic approach to improving health service delivery as part of the broader system, in order to meet the current and emerging health needs of populations, catchments or specific clinical stream cohorts.

The health system in South Australia is complex and diverse. It is essential that service planning is performed with adequate consideration of, and integration with, the system as a whole. Health service planning affords us the opportunity to build on the broad strategic directions of the health system, investigate local health service data, examine integration with the system at-large, explore population trends and consumer needs, and to articulate a future plan for meaningful service provision priorities.

The aim of this Service Plan is to provide a framework for identifying and evaluating potential future service options for the Port Pirie Regional Health Service to meet the needs of the Port Pirie catchment over the next five years and beyond.

2.1 Strategic enablers

Several strategic frameworks and enablers have informed and provided strategic direction for the Port Pirie Regional Health Service, Service Plan. These include:

SA Health and Wellbeing Strategy 2020 – 2025

For SA Health, the SA Health and Wellbeing Strategy 2020 – 2025 sets the scene for health system planning, providing the overarching vision for the next level of more localised and connected LHN service planning. The aim and goals of this strategy provide focus for the improvement efforts across the system.

Aim: to improve the health and wellbeing of all South Australians

The goals of the Health and Wellbeing Strategy are to:

- improve community trust and experience of the health system
- reduce the incidence of preventable illness, injury and disability
- improve the management of acute and chronic conditions and injuries
- improve the management of recovery, rehabilitation and end of life care
- improve individual and community capability to enhance health and wellbeing
- improve the health workforce to embrace a participatory approach to health care
- improve patient experience with the health system by positioning ourselves to be able to adopt cost effective emerging technologies and contemporary practice
- improve the value and equity of health outcomes of the population by reducing inefficiencies and commissioning for health needs.

Other strategic enablers that informed the Service Plan

Several other frameworks, plans and forums have been connected with the development of the Port Pirie Regional Health Service Plan and will continue to be essential in implementation:

- The South Australian Rural Medical Workforce Plan 2019-2024.
- The South Australian Aboriginal Health Workforce Framework 2017-2022.
- The South Australian Mental Health Strategic Plan 2017-2022.
- The work of the Rural Health Workforce Strategy consultation with allied health professionals, midwives and nurses.
- The Rural Support Service (RSS) Clinical Forum.

2.2 Yorke and Northern Strategic Plan 2020 - 2025.

The Yorke and Northern Local Health Network Strategic Plan 2020 - 2025 was developed concurrently to the service planning process for Port Pirie Regional Health Service. The Clare and Port Pirie Service Planning Steering Group maintained a close connection with the progress of the strategic plan resulting in many of the service plan priorities being closely aligned with the vision, strategic priorities and enablers from the YNNLHN Strategic Plan:

Our Purpose

To deliver, safe, high quality, holistic services that improve the health and wellbeing for all in Yorke and Northern communities.

Our vision

To be leaders in exceptional rural health care.

Our values

Equity – We are passionate about fairness in our communities and respect cultural diversity.

Integrity – We own our actions and are true to ourselves and others.

Care – We treat people with respect and dignity.

Excellence – We strive for excellence in the delivery of our services.

Engagement – We genuinely listen to each other and involve communities to shape our network.

Innovation – We actively seek new ways of doing things and make them happen.

Our network

We strive for a high-quality, integrated network through sound governance and continuous improvement.

Our services

We collaborate and co-design our services and models of care to deliver culturally safe, innovative, effective and best practice care for our consumers and communities.

Our staff

We have a vibrant and collaborative workforce underpinned by common goals and a cohesive service offering fulfilling career pathways.

Our partnerships

We foster partnerships to support interconnected delivery of health and wellness services across our communities.

Our future

We embrace and maximise the use of digital technology to enhance our ability to deliver the best possible healthcare.

Yorke and Northern Local Health Network (YNLHN) 2020-2025 Strategic Plan.

2.3 Port Pirie catchment profile

The YNLHN covers 34,879 square kilometres, taking in the Yorke Peninsula, Southern Flinders, the Lower North and the Mid North of South Australia (SA). YNLHN communities include Balaklava, Booleroo Centre, Burra, Clare, Crystal Brook, Jamestown, Laura, Maitland, Orroroo, Peterborough, Port Broughton, Port Pirie, Riverton, Snowtown, Wallaroo and Yorketown.

The geographical catchment area for the Port Pirie Regional Health Service is the Port Pirie SA2, and also extends into part of the Port Pirie Region SA2 (shared with the Crystal Brook catchment) and the Peterborough – Mount Remarkable SA2 (shared with the Booleroo Centre, Orroroo and Peterborough catchments).

Therefore, for the purposes of defining the geographic core catchment area of the Port Pirie Regional Health Service, the following ABS defined Statistical Area 1 (SA1s) have been used for the Port Pirie Region and the Peterborough – Mount Remarkable SA2s:

Port Pirie Region SA2	Peterborough – Mount Remarkable SA2
4112306 4112307 4112308 4112309 4112310	4112109 4112110

The population of the Port Pirie catchment is 16,196 with 17.5% aged under 14 years, and 21.8% aged over 65 years. The Port Pirie catchment has a higher proportion of people aged 65 years and over when compared to the SA population.

In total, 3.8% of residents in the Port Pirie catchment identify as Aboriginal and 4.9% speak a language other than English at home. The Port Pirie catchment has a higher proportion of Aboriginal persons and a lower proportion of people from a culturally and linguistically diverse (CALD) background compared to the SA population.

The resident population of Port Pirie catchment is expected to remain stable, with minimal growth by 2036.

The Port Pirie Regional Health Service has 52 multiday beds available, with an average of 33.1 occupied each night during 2018-19.

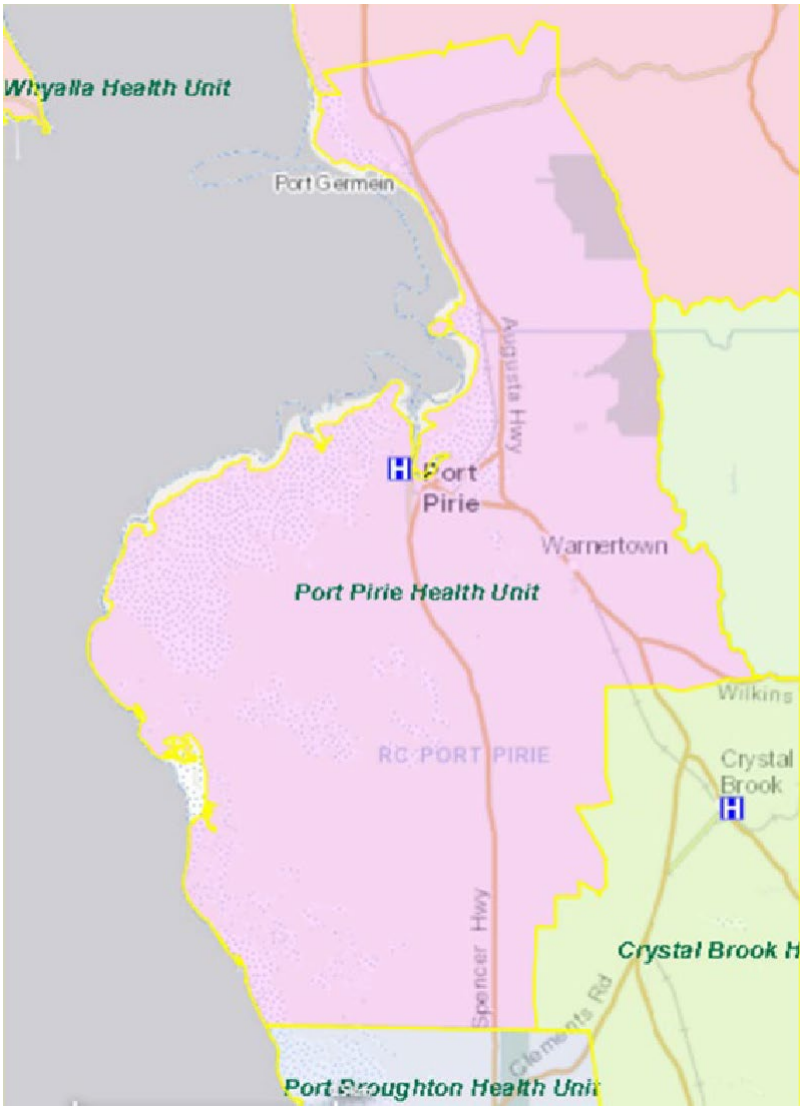
In 2019-20, the top five same-day separation types for residents of the Port Pirie catchment at the Port Pirie Hospital by number of separation types were dialysis, adult medical, adult surgical, obstetric and paediatric medical. For the same time period, the top five same-day separation types accessed outside of the LHN catchment by number of separations were adult medical, adult surgical, dialysis, paediatric surgical and paediatric medical.

In 2019-20, the top five multi-day separation types by number of separations for Port Pirie residents at the Port Pirie Hospital were adult medical, adult surgical, obstetric, mental health and paediatric medical. For the same time period, the top five multi-day separation types accessed outside of the LHN catchment by number of separations were adult surgical, adult medical, obstetric, mental health, and paediatric medical.

There were 11,184 emergency presentations at the Port Pirie Regional Health Service in 2019-20. This is broken down by 850 triage 1 or 2, 3,349 triage 3, and 6,985 triage 4 or 5 presentations.

In 2019-20, there were 172 births for women from the catchment. Of this number, 25% were at public hospitals outside of the YNLHN.

Port Pirie Regional Health Service catchment map



Source: SA Health Data & Reporting Services Branch, (Port Pirie catchment indicated by pink shading)

2.4 Service planning process

2.4.1 Overview

The service planning process was led by the Clare and Port Pirie Health Service, Service Planning Steering Group. Established in August 2020, the Steering Group met approximately monthly and were supported by the Rural Support Service, Planning and Population Health Team in the co-design health service-planning framework. A range of clinicians, consumers and stakeholders contributed to the development of the service plan via participation in workshops, surveys, focus groups and interviews throughout late 2020 and early 2021.

The role of the Steering Group was to:

- provide advice to the YNLHN executive and the Board on future scope of services and capacity required based on the data, local knowledge and best practice clinical standards
- review existing and projected health utilisation data to quantify future service profiles
- consider existing plans for the Port Pirie community and surrounding catchment to determine the future implications for the Health Service
- provide advice on future self-sufficiency of the Port Pirie 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

The Steering Group analysed a range of:

- health utilisation data
- population and demographic data
- patient journey trends
- clinician and community engagement findings
- key influencing factors.

The Steering Group endorsed a ‘service profile’ containing population and service utilisation data, which provided the foundation for the data gallery displayed at the clinician engagement workshop.

Following each Steering Group meeting, a meeting summary outlining discussion points, issues and actions was distributed to staff, Health Advisory Council (HAC) and the local council.

2.4.2 Clinician, consumer and stakeholder engagement

A variety of engagement methods were identified and used to assist the steering group in developing a Service Plan that adequately considers real-world experience alongside the relevant data and contemporary best practice. The following provides a summary of the clinician and community engagement activities.

2.4.3 Clinician engagement workshop

A clinician engagement workshop was held on 28 October 2020 for Port Pirie Regional Health Service as part of the co-design health service planning process with the Rural Support Service. It was attended by a range of clinical stakeholders including YNLHN clinical staff, (nursing, midwifery and allied health), local general practitioner (GP) workforce, university staff, SA Police (SAPOL) and the YNLHN executive. A survey was also used to gather data from a wider group of stakeholders including community, partner organisations and clinicians who were unable to attend the clinician engagement workshop.

The clinician engagement included small 35 minute focus group discussions identifying the strengths, opportunities, challenges and key strategic advice on the following priority areas identified by the Steering group:

- emergency (including Medical Imaging)

- general medical
- maternity, neonate and early childhood
- mental health
- specialist services (including chemotherapy and cancer, renal, palliative care and pain management)
- surgical services
- hospital avoidance.

Implications for the patient journey, workforce, digital technology, infrastructure, and priority groups were considered as part of each of the group discussions.

Following the evening clarification and further detail was gathered from key leads and teams within the Port Pirie Regional Health Service to further develop the priority areas.

2.4.4 Community engagement

The Steering Group endorsed an extensive community engagement plan, which included a range of methods to gain consumer and stakeholder input. Focus groups, surveys and interviews with key groups were conducted. The information from these engagement processes was collated and distributed to the steering group for consideration. A summary of the processes and findings was collated for two areas; Aboriginal specific feedback and general community feedback.

General community Feedback

A total of six focus groups were conducted with 66 participants for the following groups:

- Clare Men's Shed.
- Breakaways disability group.
- Lower North Health Advisory Committee.
- Port Pirie Industrial Therapy.
- Port Pirie Day Centre.
- Mid North Cancer group.

Key guiding questions used within focus groups include the following:

- What services do you currently utilise to support your health and well-being?
- Of those services that you currently utilise, are there any challenges?
- What current services do you think you or your family will need access to in the future (next five to 10 years)?
- Overall, what is your level of satisfaction with health and wellbeing services that we have here at Port Pirie Hospital and Health Service or Clare Hospital and Health Service?
- Is there anything else you would like to tell us?

A survey was distributed via three methods for both Port Pirie and Clare service planning processes with a total of thirty responses. Survey links via Facebook were posted for a two-week period, along with options to respond to a YNLHN email or access hard copies of the survey.

In addition the members of the YNLHN Community Network (n=37) were identified and contacted via email to seek their feedback via the online survey and or given the option to access a hard copy.

The findings from the focus groups and survey response (n=96) were collated into key themes and this information has shaped the proposed strategies included in the service plan.

The following is a summary of the key themes that were identified and associated comments:

Specialist services and general practice availability in the local area (n=18)

- A larger range of specialists to service the catchments and more frequent visits to be available.

"More specialists coming to Pirie which would take the load off having many trips to Adelaide".

Community Health (n=17)

- Waiting times for community health services, access to the aged care system, succession planning, promotion and expansion of services and pain management clinics were identified.

"Light exercises – have enabled me to walk a long distance and now we are able to go on longer walks and this allows me to live at home on my own".

Positive feedback (n=16)

- Positive comments related to staff, service and facilities.

"McGrath Nurse is extremely good with all communication and I always feel very supported through my cancer journey".

Medical Inpatients (n=11)

- Increasing cancer services, rehabilitation services, improving palliative suite and counselling services for drug and alcohol.

"Drug and alcohol services it seems we do not have enough counselling or rehab services".

Medical imaging (n=9)

- Improved waiting times, reduction in need to travel outside of town for services (eg. CT scan) and access to magnetic resonance imaging (MRI) services.

"Increase medical imaging, would be good to have MRI in region rather than traveling to Adelaide e.g. have the service in Pirie".

Advocacy, partnerships and promotion of services (n=7)

- Promote our services and continually advocate to our partners the importance of ongoing community services which are supported by private organisations and non-government organisations (NGOs), such as the "Look good, feel good program".

"Need to continually promote services to the community including Rosemary cottage, Industrial therapy and Day centre".

In addition to these themes improved access to transport (including patient assistance transport scheme (PATS), mental health services in the community, telehealth and parking were raised.

Aboriginal Health Feedback

A focus group with the Aboriginal Health Team was held to seek perspectives regarding priorities for future services for both Clare and Port Pirie. Additionally, a meeting was held with Sonder's Indigenous Health Project Officer to give perspective from a partner organization. Two interviews with the Aboriginal experts by experience were also held.

The findings from the focus groups and interviews (n=11) were collated into key themes and this information has shaped the proposed strategies included in the service plan.

The following is a summary of the key themes that were identified:

This meeting provided meaningful insights and discussions including opportunities to expand Aboriginal health practitioner roles, growing opportunities for affordable access to specialist services and consideration for increased GP services for Aboriginal Health.

Community Health (n=11)

- Expanding Aboriginal health practitioner roles, increasing telehealth services and more Aboriginal specific roles.

"You could consider Aboriginal health trainee roles in front reception within the Hospital and GP Plus".

Emergency, medical and surgical services (n=8)

- Increasing services closer to home and Aboriginal specific roles within the health service to support the patient journey.

"Rehabilitation services for drug and alcohol – have to go on waiting list in Port Augusta, can't go into the Hospital to withdraw. Often people need services here and now".

Mental Health (n=7)

- Greater accessibility and increased availability of mental health services.

"Need mental health accessible services for all ages, challenges with COVID have increased stress and anxieties in the communities".

Affordability (n=6)

- Affordable health care options.

"Cost for Mid North community members to go to GP is a barrier, as they are not bulk billed so will wait or leave the issue or problem till they can get transport to Pirie to see the GP at Tarpari".

Cultural safety (n=6)

- Continual improvement of cultural understanding and competency within the organization.

"Need to ensure cultural protocols are followed and staff have a good understanding of cultural competency".

Transport and Patient Assistance Transport Scheme (n=5)

- Difficulties in accessing transport for appointments.

"Many families do not have transport so it is difficult to get to GP so this often delays them getting to a GP".

Specialist and General Practice services (n=5)

- Larger range of specialists and more frequent visits to be available.

"Patient journey very important to have a GP that develops rapport and understanding of the client, needs to have the ability to understand the family circumstances, health economics and for the client not to have to re tell their story".

Partnerships and promotion of services (n=5)

- Promote our services and to continually advocate to our partners the importance of ongoing community services.

"Continue to partner and work across services to support children and their families".

In addition to these themes, positive feedback; increased access to drug and alcohol rehabilitation and counselling; infrastructure improvements; and increased dental and medical imaging were raised.

Some of the feedback received from the community relates to services provided by partnering community organisation's that are external to Port Pirie Regional Health Service. Maintaining positive relationships with these partners is essential in supporting our community to maximise their health and wellbeing. An important component of this plan is that we continually strive to advocate for improved services from our partnering organisations to meet community needs.

3. Service Plan

3.1 Service capacity

The Port Pirie Regional Health Service is part of the YNLHN. Port Pirie Regional Health Service is a large casemix funded site which supports the region by providing accident and emergency, acute inpatient care, cancer and renal services, maternal and neonate services, surgical and outpatient services. Port Pirie Regional Health Service is a 52-bed facility. In addition, Port Pirie Hammill House has 30 aged care beds. Additional services onsite include SA Pathology, clinical pharmacy and allied health and community services provided by Country Health Connect.

Port Pirie Regional Health Service provides 24 hours a day, seven days a week (24/7) accident and emergency service, acute inpatient care, maternal and neonatal services, elective surgery, 24/7 palliative care, low complexity chemotherapy and renal dialysis. Radiology is located onsite (five days a week).

Yorke and Northern community and allied health services (Country Health Connect) provide a range of centre-based and community-based allied health and specialty nursing services. Community health services are co-located on site. Mental health services are provided as both centre based and community based services and are located off site.

3.2 Clinical Services Capability Framework

The SA Health Clinical Services Capability Framework (CSCF) 2016 has been designed to guide a coordinated and integrated approach to health service planning and delivery in South Australia. The CSCF is a set of 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 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. For regional LHNs it helps to plan what services can safely and reasonably be provided close to home and what services will need to involve travel to, and partnership with, a metropolitan-based tertiary health service.

The information in the service priority tables below is articulated with regard to the CSCF level criteria currently assigned to Port Pirie Hospital and Health Service.

3.3 Service priorities

The priority tables below outline the proposed service planning priorities for Port Pirie Health Services for the next five years and beyond.

Emergency services

Current	Proposed
Service Description Summary: Port Pirie provides Level 3 emergency services: • Provides on-site, 24-hour access to designated emergency nursing staff and triage of all presentations for adults and paediatrics. • Capable of providing initial treatment and care for all presentations, advanced resuscitation and stabilisation, including short-term assisted ventilation prior to transfer to higher level service. • Ability to assist in care of minor trauma and provide interim care to enable rapid transfer of major trauma. Transfer will require early liaison with SA Ambulance Service (SAAS). **Current Capacity** 24/7 Service. • Port Pirie Regional Health Service has an onsite service staffed predominantly by locums providing both cover for emergency department and general medical inpatients.	**Service Description Summary:** Maintain the level 3 services whilst exploring opportunities to grow services to meet future demand by seeking improvements in the following areas: **Service Improvement Summary:** **ED1: Redesign and increase space/functionality to meet standards of emergency, developing a master plan considering the following:** • Improving security to support staff and patient safety, dedicated purpose built quiet rooms and provision for dedicated staff education space. • Triage flow improvements including private space to undertake assessments, additional space for specialist outpatient clinics, Nurse Led Ambulatory Service, nurse practitioner model, hot desk area for multi-disciplinary team and suitable waiting areas for families. • Appropriate up to date equipment, storage space and negative pressure room capability for isolation requirements. **ED2: Ensure emergency services workforce planning is considered as an integral part of the YNLHN workforce plan considering:** • Auditing current staffing profiles. • Development of recruitment and retention strategies including professional development and training, permanent positions, clinical support, mentorship and supervision options, flexibility in rostering to enable social and community connections, guaranteed transition to professional program practice/placement work (TPP), University linkages and student placements. • Implementation of rural generalist training pathway in conjunction with the Rural Generalist Coordination Unit (RGCU). • Developing an emergency nursing research hub with links to major universities and increase capacity to enable student placements – including student led clinics. **ED3. Investigate opportunities to increase out of hospital strategies to support emergency service avoidance considering:**

	• Developing a nurse practitioner emergency model of care to initiate early assessment and treatment of short stay patients in collaboration with residential aged care, SAPOL and community and allied health to facilitate fast track assessment and intervention for ambulatory care. • Developing an allied health multi-disciplinary team in accident and emergency to support departure from emergency. • Investigating opportunities for consistent GPs or emergency medical officer for Hammill House residents to prevent avoidable emergency presentations. • Developing culturally appropriate pathways for Aboriginal consumers accessing emergency including appropriate engagement of the Aboriginal Liaison Officer. • Increasing awareness of Rapid Intensive Brokerage Support (RIBS) service. • Developing a communication plan to support community knowledge and education regarding prevention of avoidable emergency presentations. • Evaluating the current trial of the mobile acute mental health specialist to support medical officers and nursing staff, to reduce avoidable accident and emergency presentations and enhance the patient experience. **ED4: Develop Port Pirie as a regional service of excellence which is adequately resourced considering:** • Development of a governance and service model for emergency services for the YNLHN. • Meeting the up-transfer flow from smaller YNLHN sites. • Developing a consistent upskilling training and education program that includes a schedule of staff rotation placements in Port Pirie emergency services for nurses working across YNLHN. • Supporting clinical staff to maximise scope of practice for their clinician level and consider future prescribing capacity for all nursing staff in accident and emergency. • Opportunities to develop a model for an Aboriginal practitioner in emergency across the YNLHN. • Increasing scope of practice and training for staff to upskill and manage mental health, drug and alcohol care issues. **ED5: Consider development of a regular multi-agency emergency service forum with key partners considering:** • Increasing collaboration to improve management of complex presentations related to social issues, drug and alcohol and mental health to prevent avoidable presentations. • Exploring the need for an extended care paramedic service.

	• Increasing shared case management opportunities. **ED6: Continue to explore and review digital technology to enable safe, high quality service provision including:** • Consistent Electronic Medical Record (EMR). • Considering use of South Australian Virtual Emergency Services (SAVES) to provide clinical support for smaller YNLHN sites including video management for triage.
Other considerations:	

Medical inpatient services

Current	Proposed
Service Description Summary: Port Pirie provides Level 3 medical services: • Provides ambulatory and inpatient care that may require sub-specialty referral. • Patients do not require complex diagnostic investigation. • Patients under care of medical practitioner or visiting medical officer who may be registered medical specialist (consultant physician). • Inpatient services usually provided for medium-acuity, single-system medical conditions with significant but stable comorbidities. • In case of unstable patients, liaison with registered medical specialist (consultant physician) may be necessary to provide guidance on care management and whether patients should be transferred to higher level service. • May have access to close observation care area/beds for unstable patients. • May host outreach services. **Current capacity:** Ward A – 32 beds including three close monitored beds and two low stimulus mental health beds and one palliative care suite with two beds. Ward C - 20 beds and two labour wards. Aged Care – Hammill house has 30 beds	**Service Description Summary:** Maintain the level 3 services and explore opportunities to grow services to meet future demand by seeking improvements in the following areas: **Service improvement summary:** **MI 1: Redesign and increase space/functionality to meet standards considering:** • Appropriate patient flow, single patient rooms, rehabilitation services, facilities to meet bariatric medical admissions, increased storage and car parking. **MI 2: Explore opportunities to increase specialty services to meet community need:** • Planned approach to attracting visiting medical officers (VMOs) and specialists by mapping current and future services to meet the needs of our community (e.g. endocrinologist, palliative care gerontologist, physician, medical oncology services, paediatrician). • Consider co-located multi-disciplinary teams e.g. physiotherapist on ward similar to Discharge Support Unit, teams – collaboration with allied health, community nursing and pharmacy. **MI 3: Ensure medical inpatients workforce planning is considered as an integral part of the YNLHN workforce plan considering:** • Implementing Rural Generalist training pathway in conjunction with the Rural Generalist Coordination Unit (RGCU). • Partnering with GP practices to support recruitment and retention opportunities. • Salaried medical model. • Developing nurse practitioner roles. • Investigating viability of physician/registrar positions and medical students. • Upskilling current staff to support succession planning. • Linking with the Rural Health Workforce Strategy (RHWS) implementation officer to consider the need for ongoing designated support and resources for training and development. • Working closely with Wallaroo and Clare hospitals to share and support resources and expertise. • Collaborating with universities, for recruitment, research and support for student placements.

As of February 2021, two of the three Port Pirie GP clinics have admitting rights. Chronic disease specialty services (e.g. Cardiac Nurse/Better Care Coordinator) working with patients to provide cardiac, pulmonary rehabilitation and respiratory & sleep study clinics. Home tele monitoring for people with chronic disease (Virtual Clinical Care) and Health & Wellbeing Advisor available to develop chronic condition goals & plans.	• Identifying staff accommodation supports. **MI 4: Improve support and management for patients with drug and alcohol issues considering:** • Investigating a YNLHN model of care for alcohol and other drugs withdrawal in negotiation with metropolitan units and Drug and Alcohol Services SA (DASSA) (consider developing a business case for commissioned beds within YNLHN). • Strengthening linkages with DASSA and advocate where appropriate for additional services to enhance service availability and support staff to increase skills to work with patients with drug and alcohol withdrawal. • Additional in reach social supports for inpatient mental health/drug and alcohol patients. **MI 5: Explore opportunities to positively influence the patient journey and develop models of care to support care closer to home:** • Increase linkages with metropolitan LHNs to support patient journey including metropolitan discharge planning, including equipment and timely discharge summaries. • Inpatients to be transferred from Port Pirie to smaller hospitals for rehabilitation and Transitional Care Packages, as clinically appropriate. • Improve management of patients awaiting residential aged care placement in Port Pirie. • Develop rehabilitation models within the YNLHN to ensure consumers can receive treatment closer to home. • Link with NGOs and Home Care Package providers to support patients with transport issues. • Streamline administrative processes and duplication of forms. **MI 6: Continue to develop strategies to reduce potentially preventable admissions:** • Consider extended home visiting services by GPs and develop nurse practitioner model to reduce avoidable admissions. • Continue to work with community health to expand and grow integrated ambulatory chronic disease prevention and management programs. • Work with communications to promote and develop primary health messages for communication to the public. • Continue to re-evaluate discharge-planning and co design effective models to support discharge. **MI 7: Strengthen the capability to provide culturally appropriate health services in line with the cultural respect framework:**

	• Continue to roll out appropriate cultural competence training for all staff. • Enhance knowledge of services offered by Aboriginal Health Team. • Create a culturally appropriate space for grief and loss for Aboriginal community. • Investigate the patient journey with a view to improve services for Aboriginal people. • Explore opportunities to increase Aboriginal health workforce and work collaboratively with the Aboriginal Health Team. **MI 8: Continue to explore and review digital technology to enable safe, high quality service provision:** • Consistent EMRs including unique UR number across the LHN. • Increased bandwidth, wifi access for both patients and staff. • Use of technology for handover and increase in telehealth where clinically appropriate. • Electronic kitchen orders including allergies, menus and food likes and dislike.
Other considerations:	

Maternal, neonatal and paediatric services

Current	Proposed
Service Description Summary: Port Pirie provides Maternity and Neonate Services Level 3: • Level 3 maternal and 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 ≥ 2 kg, when supported by neonatologist/ paediatrician consultant advice from Level 4-6 service. • Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available. • Capacity to provide emergency care to support the sick neonate until the retrieval service arrives. • Capacity to manage the care of the 'low risk' pregnant woman during the antenatal and postnatal periods. **Current Capacity:** Port Pirie provides: • Approximately 200 continuity of relationships with women and their families annually. • Facilities and workforce for elective caesarean section (CS) and Category 1CS. • Salaried specialist obstetric which has relief for 13 years a week • Midwifery team of 5.3 full time equivalent (FTE).	**Service Description Summary:** Maintain level 3 maternity and neonate services, increase birthing participation at Port Pirie Regional Health Service and investigate opportunities to provide level 4 services within the YNLHN, by seeking improvements in the following areas: **Service Improvement summary:** **MN1: Ensure sustainable maternal and neonatal services by upgrading and redesigning facilities considering contemporary practices:** • Birthing rooms with individual ensuite bathrooms and suitable space to support emergency management. • Designated nursery, baby bath for birthing suite and paediatric safe space/room. • Space for family rooms to enable families to stay overnight together (paediatric and maternity patients). • Consideration for bariatric equipment. **MN2: Ensure Maternity and Neonate workforce planning is considered as an integral part of the YNLHN workforce plan** • Development of recruitment and retention strategies, adequate professional development and consideration for education portfolios, permanent positions, rostering flexibility to enable social and community connections, increase in salaried workforce and promotion to attract staff and their families to the area. • Partner with universities for research and recruitment opportunities. **MN3**: **Evaluate current models of care, including review of YNLHN Level 3 sites in line with the clinical services capability framework considering:** • Exploring opportunities for timely access to specialist services, obstetrician and paediatrician services, considering telehealth opportunities. • Investigating appropriate fee for service models to support Aboriginal and maternal health. • Meeting the up-transfer flow from smaller YNLHN sites.

	• Implementing recommendations from current Midwifery Group Practice Program Evaluation. **MN4: Explore opportunities to promote and grow the maternity services provided at Port Pirie:** • Develop and grow a model for multi-disciplinary gestational diabetes clinics. • Increase allied health supports both in-reach to hospital and in the community. • Develop culturally appropriate pathways for Aboriginal women accessing maternity services including appropriate engagement of the Aboriginal Health Team. • Review self-sufficiency data to maintain and increase the number of births close to home to support maintenance of skills and experience and reduce unnecessary patient flow out to metropolitan hospitals. • Improve metropolitan understanding and support to mitigate rural challenges for maternity, neonates and paediatric services and enable care as close to home as possible. **MN5: Explore opportunities for increased paediatric services for Port Pirie and the YNLHN:** • Investigate potential to increase paediatrician specialist services. • Monitor current services, waitlists and investigate possible expansion. • Identify opportunities for promotion of paediatric services to the community. **MN6: Improve community awareness of services available considering:** • Continual promotion of the service to the community, through social media and the communications team. • Increase GP and specialist awareness of the services available to support timely referrals including self-referral. **MN7: Explore opportunities to further develop and positively influence the patient journey:** • Partner with and continue to link with NGOs to support continuity in patient journey across the care continuum for complex clients. • Continue to strengthen links and collaboration with the Environmental Health Centre. • Explore opportunities to increase well women's, continence and contraceptive services within YNLHN. • Continue to strengthen links with Aboriginal health workers, working collaboratively to provide a safe space for women and to improve cultural education and safety.

	• Streamline administration systems and processes to support the patient journey. **MN8: Continue to explore and review digital technology to enable safe, high quality service provision:** • Link with state-wide maternity services to explore options for integration of electronic medical records, secure communication/messaging to share electronic reporting with medical imaging and GPs.

Other considerations:

- YNLHN Model of Care Evaluation – Rosemary Bryant AO Research Centre and FMC.
- YNLHN Midwifery Group Practice Program Evaluation – John Slater, Health Economist, 2020.

Surgical and anaesthetic services

Current	Proposed
Service Description Summary: Port Pirie provides level 3 surgical services: • Provided mainly in hospital setting with designated but limited surgical, anaesthetic and sterilising services. • Manages: • Surgical complexity I procedures with low to high anaesthetic risk. • Surgical complexity II procedures with low to high anaesthetic risk. • Surgical complexity III procedures with low to medium anaesthetic risk. • Surgical complexity IV procedures with low to medium anaesthetic risk. • May be offered 24 hours a day and may include day surgery. May also provide emergency surgical services. **Current Capacity:** • General surgery, level 3 – Monday to Friday, resident surgeon. • On call nursing staff for emergency surgery. • Orthopaedic surgery – 4 times a month. • Urology Service - monthly. • Dental/oral services – monthly. • Gynaecology services – resident gynaecology and weekly service.	**Service Description Summary:** Maintain current level 3 surgical and anaesthetic services and grow the range and frequency of surgical service provided by seeking improvements in the following areas: **Service Improvement summary:** **S1: Redesign and increase space/functionality to meet standards of surgery considering:** • Improved flow from clean to dirty. Dedicated scope procedure and cleaning rooms. Increase in storage. Direct access to central sterile supply department (CSSD) from theatre. • Feasibility of close monitored beds to enable expanded services, including overnight recovery stays. • Admission suite, waiting room – redesign for privacy, space for new technology and office space for nursing staff, recovery room - redesign first and second stage areas and improve flow and separate room for small outpatient procedures. • Child friendly spaces. • Provision of bariatric equipment. **S2: Support the development of a Port Pirie and YNLHN workforce plan for a sustainable surgical workforce:** • A planned approach to attracting visiting specialist services by mapping current and future services to meet the needs of our community. • Grow surgical services in collaboration with Northern Adelaide LHN. Explore the ability to create a workforce model that includes rural generalists, specialists, resident specialists and visiting specialists. • Develop a succession plan for general, gynecology, obstetric services and investigate opportunities for a resident anaesthetic service. • Grow nursing and allied health workforce to align with expected service increases. • Strengthen surgical and anaesthetic workforce through education, training and linkages with metropolitan units for placement rotation and investigate current gaps in knowledge and skills to provide increase training and education.

• Ophthalmology – 3 lists every two months. • ENT – Monthly. • Plastics – monthly. • Gastroenterology - .5 times per month. Anaesthetics: • Seven-day service, visiting anaesthetists including one resident General Practitioner Anaesthetist, and from 2021 visiting specialist (FANZCA) for one week per month.	**S3: Define services and explore opportunities to grow sustainable realistic specialist surgical services considering:** • Ongoing analysis of changing self-sufficiency to understand service profile needs and identify opportunities to retain procedures that flow out to Adelaide. • Continuing to provide the range of specialist surgical services, and grow services for plastics, orthopaedics, ophthalmology, general surgery and paediatric surgery. • Develop surgical specialty hubs at each of the YNLHN casemix sites e.g. one site focuses on orthopaedics, ophthalmology etc. • Collaborating with the local medical practices and community health services to identify how GP and allied health professional services could support pre and post-operative care and discharge following surgical procedures (e.g. extended clinic hours). • Identifying dedicated allied health staff to provide care as a core component of the surgical pathway including growing an allied health assistant workforce to support pre and post-surgical services. • Investigate the possibility of a 'Northern Ports' training hub. • Grow pre-admission service. • Developing surgical model of care including nurse led discharge. • Strengthen links with community health for continuity of care including Hospital in the Home, primary care initiatives; surgery avoidance and allied health home care supports. • Expansion of prehab, rehab multidisciplinary team supports for patients pre and post-surgery – lifestyle programs to improve surgical outcomes (consider student led models). • Investigating opportunities to expand community and allied health to seven-day services across the YNLHN to support timely discharge. • Working closely with Wallaroo and Clare Hospitals to share and support resources and expertise. • Investigate models of care to support Aboriginal clients having surgery to support their patient journey. **S4: Continue to explore and review digital technology to enable safe, high quality service provision:** • Introduction of electronic theatre management system Operating Room Management System (ORMIS /TMS). • Consistent EMR including unique UR number across the LHN – smart theatres. • Use of technology for medical handover. • Increase in telehealth for services.

	• Consideration of electronic admission portal and integrated patient information management system eg. Webpas.
Other considerations:	

Mental health

Current	Proposed
Service Description Summary: Port Pirie Regional Health Service provides level 2 services based on the (CSCF): • 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; referral where appropriate. <u>YNLHN Community Mental Health Team (ambulatory) provides level 4 services based on the (CSCF):</u> • 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 16 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.	**Service Description Summary:** Maintain the level 4 community services and explore opportunities to grow and develop level 2 inpatient services, by seeking improvements in the following areas: **Service improvement summary:** **MH 1: Enhance the infrastructure to best meet the needs of clients with mental health issues considering:** • Purpose built community mental health facilities, which are safe and secure with safety of staff and all patients in high risk situations considered including dual access rooms and quiet rooms. • Specialist mental health inpatient unit in YNLHN. • Allocated emergency service- quiet room space to support trauma informed care. • New and integrated staff offices and accommodation to attract staff. **MH 2: Ensure Mental Health services workforce planning is considered as an integral part of the YNLHN workforce plan considering:** • Developing a training and upskilling program for staff including specialist portfolios for mental health services team, identify mental health champions in acute and accident and emergency and considering ongoing scholarships. • Increasing the range of services provided (onsite including - youth and psychiatry). • Investigating opportunities to develop a psychiatric liaison nurserole for YNLHN to improve communication between hospital and community health. • Developing a nurse practitioner model. • Continuing to develop the multi-disciplinary team approach. • Accommodation to attract staff to the region. • Advocate for increased non-government organisations psychosocial support services.

• Provides 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; referral where appropriate. **Current capacity:** Port Pirie Regional Health Service 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. <u>Community Mental Health Team provide the following in-reach services to</u> *Business hours (Mon-Fri 9-5pm)* • Specialist mental health assessment, crisis intervention and care planning. • Brief intervention and care coordination and support for discharge planning.	**MH3: Develop new service models across the continuum to complement existing mental health services within YNLHN:** • Develop commissioning proposal for country mental health urgent care centre to support emergency department diversion. • Increase access to specialist mental health services in the general acute service setting. • Access to sub-acute services (stepdown care from hospital to the community). • Improve provision of care for older person's mental health including access to geriatrician and additional older person's mental health clinicians. • Increase mental health lived experience workforce capability and develop new service models inclusive of lived experience workforce. • Multi-disciplinary approach and upskilling/training staff for patients living with an eating disorder. • Improve access to out of hours' support, explore extended hours and days of community mental health team operation. • Increase access to specialist consultations and psychology services. • Investigate the feasibility of access to a resident psychiatrist for the YNLHN (including psychiatrist registrar workforce opportunities). • Continue to advocate for specialised mental health unit to support mental health consumers to access specialist acute inpatient treatment closer to home. **MH4: Build partnerships and networks with public and private providers to support and improve health and wellbeing of the community considering:** • Ongoing relationships with other service providers including Country and Outback Health, Headspace to support prevention and low acuity services. • Advocating with DASSA for enhanced services for consumers presenting with alcohol and other drug issues. • Investigate options to develop an early response team in collaboration with SAPOL Mental Health, SAAS, Port Pirie Regional Health Service. • Increasing stakeholder engagement to enhance the awareness of services available, appropriate referral pathways and streamline administrative tasks.

• Facilitation of tele psychiatry assessments. • Consultation and liaison with Emergency Triage and Liaison Service (ETLS) and psychiatry services. *Afterhours* • Access (via phone 13 14 65) rural and remote ETLS (24/7) includes access to on-call psychiatrist and emergency tele psychiatry. <u>Community Mental Health Team Ambulatory services</u> • 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 to Friday 9 am to 5 pm. • Duty work service. • Assertive community intervention. • Therapeutic intervention. • Multi-disciplinary team. • Visiting consultant psychiatrist. • Access to tele-psychiatry assessment. • 24/7 urgent mental health assistance via rural and remote ETLS 13 14 65.	• Continue to collaborate with Child and Adolescent Mental Health Service (CAMHS) supports, ensuring effective engagement of all age groups. • Better utilise Borderline Personality Disorder collaborative state-wide program. • Advocating for increased NGOs psychosocial support services. • Partnering with Country SA PHN to develop new service models. • Increase links with Aboriginal health workers to improve cultural education and identify opportunities to work together for the provision of mental health services to Aboriginal people. • Increasing communication between services to better utilise stepped system of care. **MH 5: Develop efficient and effective mental health workforce practices considering:** • Improve referral processes and streamline administrative tasks. • Increase stakeholder engagement to enhance the awareness of services available and appropriate referral pathways. • Increased weekend and after hours cover to support patients seeking mental health interventions. • Link with metropolitan services to improve discharge planning and support for clients living in the country. **MH 6: Continue to explore and review digital technology to enable safe, high quality service provision:** • Increase in telehealth where clinically appropriate to reduce travel burden. • Review of local infrastructure, coordination and education for effective use of technology. • Use of virtual platforms to support clinical service delivery and continue to expand. • Telehealth triage support for out of town transfers and (low acuity).
Other considerations: • South Australia Mental Health Services Plan 2020-2025.	

Cancer services

Current	Proposed
Service Description Summary: Port Pirie Provides: Level 4 Cancer Services - medical oncology: • Administers conventional doses of systemic therapy, may operate as 'cancer unit'. • Provides chemotherapy under supervision of Level 5 or 6 oncology service. • Manages moderate risk systemic therapy protocol. • Provides ambulatory care under visiting registered medical specialist credentialed in medical oncology and inpatient care under registered medical specialist credentialed in internal medicine. Part of service network with higher level services, access to information re latest evidence-based care, treatments. **Current capacity** • Six chemotherapy chairs. • Administration medium complexity chemotherapy treatment by ADAC trained registered nurses. • Education, supportive therapies provided to outpatients. • Provide non-chemotherapy treatments eg. blood transfusion for treatments for non-cancer reasons. Medical support by GP, oncologist and or duty medical officer.	**Service Description Summary:** Maintain the level 4 medical oncology services and explore opportunities to grow services by seeking improvements in the following areas: **Service summary considerations:** **C1: Redesign, refurbish and increase space/functionality to meet standards for cancer services considering:** • Expand infrastructure and chemotherapy chairs according to self-sufficiency data for the future. • Dedicated stand-alone, separate, expandable chemotherapy suite. Include central station, drug room and support space for nursing staff, patient education room, emergency shower facilities, increase size of relatives waiting room and storage area, consultation room with dedicated space and facilities for telehealth and cancer care coordinator office. • Utilise current chemotherapy area as infusion centre. **C2: Ensure cancer services workforce planning is considered as an integral part of the YNLHN workforce plan considering:** • Develop nurse practitioner role to support YNLHN cancer services and consider permanent position for cancer care coordinator. • Increase a multidisciplinary approach with dedicated allied health staff within the cancer service. • Increase fourth year medical student placements, partnering with universities. • Develop a succession plan, including attracting specialists to the YNLHN. • Identify education opportunities, mentoring support, and scholarships to upskill staff. **C3: Develop coordinated cancer care services across the YNLHN considering:** • Ongoing analysis of changing self-sufficiency to understand service profile needs and identify opportunities to retain services that flow out to Adelaide. • Meeting the up-transfer flow from smaller YNLHN sites. • Offer virtual clinical support to smaller YNLHN sites.

	• Investigate opportunity to have private service in Port Pirie to enable patient choice in private or public care within the YNLHN. • Consider increased clerical support. • Planned approach to increased care provision in conjunction with consumers, Rural Support Service and key stakeholders. • Investigate the feasibility of attracting a visiting psychologist, haematologist, oncology and exercise physiology services for YNLHN. • Consider opportunities to increase volunteer services to support cancer care services. • Investigate opportunities to be included as part of the multi-disciplinary team with metropolitan units. • Continual communication with SAAS and or other relevant providers. **C4: Improve the patient journey considering:** • Identify referral pathways for patients that are referred to Lyell McEwin Hospital and other metropolitan sites who would prefer local services. • Development of stronger links with metropolitan units, private hospitals and medical oncologists to ensure timely handover of patients and enable complementary care to be provided locally as needed. • Explore transport options from smaller hospitals to the major cancer site for families and consumers. • Explore step down/respite hotel accommodation models to support regional community. • Develop a one-stop shop for consumers to access information and re-engage cancer support group for the community. • Develop culturally safe and appropriate services and consider innovative models of health care to support Aboriginal patients within their cancer care journey. **C5: Continue to explore and review digital technology to enable safe, high quality service provision:** • Consider opportunities for remote telehealth consultations including multi-disciplinary team to support patient journey and decrease travelling for clients, including offering virtual clinical support for smaller YNLHN sites.
Other considerations: • Consider links with priority table within clinical support services (pharmacy) to monitor and review current trends for admitted outpatient services.	

Renal services

Current	Proposed
Service Description Summary: Port Pirie Provides Level 3 services: Provides care to patients on maintenance dialysis. • May not offer full spectrum of dialysis modalities, such as home renal replacement therapies; however, requirements exist for services when provided. • Dialysis provided in designated dialysis area for patients with end-stage kidney disease who require assistance of registered nurse. • Does not include dialysis treatment for patients with acute renal failure; however, it may provide long term care of post-transplant patients, where appropriate. **Current Capacity:** • Four renal chairs • Eight trained dialysis nurses Outpatient visiting nephrologist services monthly.	**Service Description Summary:** Maintain the level 3 services and explore opportunities to grow services to meet future demand by seeking improvements in the following areas: **Service Improvement Summary:** **R1: Redesign and increase space/functionality to meet standards of renal services considering:** • Increased space and numbers of chairs as per projected data as part of the master planning. • Increase footprint including consultancy rooms, waiting rooms, store and treatment rooms, central work station, ability to access telehealth and dual purpose isolation room for infectious processes or for confidential conversations. • Consider local accommodation options for patients, family and visitors. • Increase accessible parking. **R2: Explore strategies to maintain and grow appropriate levels of qualified nursing staff in renal services:** • Coordinate staff training to align with succession planning for expected service increases. • Actively recruit and retain staff to dialysis unit by supporting with training and qualifications required to maintain safe staffing levels. • Expand and support training and scholarship opportunities to support staff knowledge and skills. • Develop advanced skills training package for staff to enable more advanced skill level to be utilised which will support clients needing to travel to metropolitan areas for services. • Partner with uni hubs to develop student clinic opportunities and consider increasing the number of fourth year students. • Develop training hub for staff for the YNLHN. **R3: Explore opportunities to increase services to meet community need:** • Review self-sufficiency data and data projections to identify opportunities to increase specialist services. • Explore opportunities for a multi-disciplinary approach including podiatry, diabetes educator and dietitian.

	• Explore opportunities to increase Aboriginal health workforce and work collaboratively with the Aboriginal Health Team. • Support from metropolitan LHNs through telehealth, including the ability for low risk clients to telehealth for pharmacy, multi-disciplinary and vascular issues. **R4: Develop culturally safe and appropriate services:** • Consider innovative models that enhance the care and services for Aboriginal patients including education packages for commencement of renal services. • Partner with SAAS and Aboriginal Health Team to support the patient journey. **R5: Continue to explore and review digital technology to enable safe, high quality service provision:** • Use of technology for handover. • Use of virtual platforms to support clinical service delivery and Increase in telehealth where clinically appropriate. • Offer virtual clinical support to smaller YNLHN sites.
Other considerations: Consider links with priority table within clinical support services (pharmacy) to monitor and review current trends for admitted outpatient services.	

Palliative care

Current	Proposed
Service Description Summary: Port Pirie provides Level 4: • Provides palliative care for patients, primary caregivers and families whose needs exceed the capability of primary care providers. • Services provided 24 hours a day, seven days a week via a mobile service to site of care either by direct or via telephone consultation. • Provides assessment, and community and clinical education. • Provides care consistent with needs and provides consultative support, information and advice to primary care providers. • Has formal links with primary care providers and a formal partnering relationship with a Level 6 service as well as with a local Level 4 service (through clustering arrangements If present) to meet the needs of patients, caregivers and families with complex problems. • Has quality and audit programs. • Able to support higher resource level (due to population base or the presence of a Country General Hospital that brings within additional responsibility to a cluster of smaller services), or the presence of a hospice associated within adjacent Level 6 service.	**Service Description Summary:** Maintain the level 4 services and explore opportunities to grow services to meet future demand by seeking improvements in the following areas: **Service Improvement Summary:** **P1: Ensure Palliative care workforce planning is considered as an integral part of the YNLHN workforce plan considering:** • Develop Level 4 nurse practitioner or advanced practice nurse with prescribing rights for end of life care for YNLHN. • Identify RN3 clinical practice consultant for co-ordination of the services throughout the YNLHN and provide mentorship and education to generalist nurses and other service providers. • Investigate opportunities to integrate social work services into specialist palliative care team. • Education, support, scholarships and growing uni hub links to support student clinic opportunities. • Consider upskilling Aboriginal health worker in palliative care (PEPA; Program of experience in palliative approach). **P2: Identify opportunities for the enhancement of the current models of care:** • Explore opportunities to develop a seven-day a week community service. • Expansion of specialist palliative services including Nurse Practitioner model to support mentoring and education for generalist nursing and mentor for aged care services to reduce hospital admissions. • Link closely with other specialities such as oncology, renal, chronic disease management. • Hospice facility (three months) for ageing population. • Investigate options for palliative care in community 24/7 and increased end of life packages funding to support workforce to provide services. • Streamline opportunities for Department of Veterans Affairs (DVA) and or Home Care Packages end of life care funding access. • Continue to strengthen private/public partnership to support the patient journey.

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Provides inpatient care within satellite hospice unit beds (in peri urban centres) or a small cluster of (non dedicated) palliative care beds.
Has formal links to primary care providers and a formal partnering relationship with a Level 6 service as well as with Level 2 services (within a cluster if present) to meet the needs of patients, caregivers and families with complex problems.

Current Capacity:

Port Pirie has a 24 hour service.

Community health offers seven days a week service and has access to end of life package funding to support palliative care clients within the home.
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Utilise expertise across the YNLHN.

P3: Explore opportunities to further develop and positively influence patient journey considering:

Investigate options for step down service for families and consumers.
Identify early referral and transition pathways for oncology patients and patients living with a chronic condition and provide consistent links/resources to enable early discharge and reduce unnecessary admissions.
Transport service for consumers and their families particularly from smaller towns.
Develop culturally safe and appropriate services and consider innovative models of health care to support Aboriginal patients within their palliative care journey.

P4: Continue to explore and review digital technology to enable safe, high quality service provision:

Use of technology for medical handover.
Increase in telehealth where clinically appropriate, use of virtual platforms to support clinical service delivery and continue expanding, ipads, and technology capability in the home.

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Other considerations:

Investing in regional palliative care services – commissioning report – Yorke and Northern Local Health Network.

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Allied health and community services

Current	Proposed
Service Description Summary: Community health employs the following Health Professionals: • Social work • Podiatry • Speech pathology • Dietetics • Occupational therapy • Physiotherapy • Allied health assistants • Diabetes nurse educators • Registered and enrolled nurses • Aboriginal health workers 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. Referrals are prioritised according to clinical and service priority.	**Service Description Summary:** Maintain current services and explore opportunities to grow services to meet future demand by seeking improvements in the following areas: **Service Improvement Summary:** **CH1: Redesign and increase infrastructure for future growth of services considering:** • Integration off site services including environmental health and Aboriginal health including capacity for group cooking and capacity for consultation rooms. • Continue to grow and supply accommodation for new and contracted staff. **CH2: Ensure community and allied health services workforce planning is considered as an integral part of the YNLHN workforce plan considering:** • Development and implementation of an YNLHN workforce plan linking with the RHWS including consideration for permanent positions rather than short-term contracts, promotion of young professional groups to support activities outside of work and developing staff in specialty areas with scholarships. • Consider developing a clinical educator role. • Develop nurse practitioner models and credentialing allied health professional in specialty areas. • Increase and support the recruitment of Aboriginal health workers/Aboriginal health practitioners. • Link, formalise and improve options for utilising medical students in Aboriginal health. • Research nursing and allied health recruitment schemes in other states. • Consider raising the profile of volunteers and improve recruitment and retention of volunteer to increase support within the community. • Explore strategies to support short-term accommodation for staff. • Develop models to support allied health assistants to work and study at the same time. • Consider Aboriginal health traineeships in community services.

Current Capacity:	CH3: Develop a sustainable and effective service model to provide timely, quality access and equity to our community.
In addition to the above services, which are all available throughout our region, other services include: • Aboriginal health. • Environmental health. • Commonwealth Home Support Program (CHSP). • Home Care Packages (HCP). • Home and Community Care (HACC). • National Disability Insurance Scheme Services, (NDIS) child 0-8 years old, and adult program. • Better Care in the Community (BCIC). • Palliative care, End of Life Program (EOLP). • Aged Care Assessment Team (ACAT). • Orthotics and Prosthetics (O&P). • Rehabilitation inpatient services. • Transitional Care Packages (TCP), residential and community based programs. • Rapid Intensive Brokerage Scheme (RIBS). • Short term restorative care. • Child Health and Development (CHAD). • Community nursing service. • Diabetic education service.	• Investigate opportunities to have endocrinologist services to support and link with diabetes educator. • Develop gestational diabetes clinic model. • Grow specialty area across YNLHN including lymphoedema, rehab and prehab, paediatrics, continence, burns therapy, stomal therapy. Investigate formal metropolitan partnerships to support the growth in specialised services including telehealth. • Investigate opportunities to better utilise Medicare funding for allied health, nurse practitioners, Aboriginal health practitioners, geriatrician. • Explore opportunities to develop step down unit on site or respite in the home (with no age criteria). • Explore model to have general practitioners in GP Plus including support for Tarpari. • Increase pain management clinics, particularly with growing ageing population, including pharmacy support, which would avoid unnecessary admissions. • Investigate opportunities to develop intake officer role. • Continue to develop a seven-day service for allied health and home support service to meet the growing needs of HCPs and NDIS. • Support the development of an inpatient and ambulatory rehabilitation model of care for YNLHN. • Explore opportunities for private health billing and opportunities to increase revenue. • Investigate the feasibility of attracting visiting exercise physiology services for YNLHN. • Develop a business model to manage the growing NDIS demand for adults and children. • Investigate opportunities to increase paediatric specialty services across the YNLHN. **CH4: Continue to develop strategies to reduce potentially preventable admissions:** • Investigate opportunities to grow respiratory and sleep study clinics. • Explore the development of multi-disciplinary chronic condition clinics. • Continue to re-evaluate discharge-planning and co design effective models to support discharge. • Develop a rapid response multi-disciplinary team for quick response for specific conditions such stroke, fractured neck of femur. Pathway to be evidenced based to improve consumer care and outcomes.

	CH5: Build partnerships and networks with public and private providers to support and improve health and wellbeing of the community considering: • Linking with community partners to seek opportunities to have skin cancer checks available for community. • Mapping chronic condition management services across from public to private to avoid duplication of services. • Support public health solutions that address local risk factors contributing to disease. • Linking with other service providers to map current services for dementia care and overnight respite services. • Continue to support primary health care initiatives and increase the capacity to support hospital avoidance initiatives. • Work in partnership with SAAS and SAPOL to develop pathway for referral to community health. • Investigate opportunities within the community to support patient transport for out of hours discharges e.g. nursing homes from accident and emergency and transport to access smaller hospitals to facilitate short term supports. **CH6: Link with YNHN communication team to develop a marketing plan for the promotion of services considering:** • Coordinating regular promotion of programs and service to raise a community understanding and education of available services and marketing opportunities to priority groups. • Improve metropolitan understanding of rural challenges, acute and allied health services. • Continue to promote and increase awareness of referral pathways for adult and early childhood services including linking with communications team to promote services. **CH7: Explore opportunities to improve services for children and their families considering:** • Investigate opportunities to increase paediatric specialty services across the YNLHN. • Family centred practices – consider extending hours to support families/schools/ work dynamics. • Explore opportunities to develop multi-disciplinary team with metropolitan staff through telehealth. **CH8: Continue to explore and review digital technology to enable safe, high quality service provision:** • Consideration of electronic admission portal and monitoring system.

	• Use of virtual platforms to support clinical service delivery and continue to expand telehealth. • Expanding the use of ipads and technology capability in the home.
Other considerations: • Specific workforce plans have been developed or are under development including: • Current partnership with SA Health Performance and Commissioning Team to review the intermediate care program. • Community Health – Mid North Needs Assessment. • YNLHN community and allied health Service Plan.	

Clinical support services

CSCF descriptor level	Service Capacity	Proposed service or area to explore
Diagnostic Medical Imaging	Level 4 Diagnostic Medical Imaging services are provided on-site via South Australia Medical Imaging (SAMI). • Monday to Friday • General x-ray (including OPG/dental) 8:30am - 4:30pm • CT 8:30am - 4:30pm • Ultrasound 9:00am - 4:30pm • Provides fixed room fluoroscopy, on-site CT services, complex ultrasound, interventional radiology – selected tier A procedures and CT angiography. • Radiologist on-site Mondays and Tuesdays for contrast procedures/intervention with offsite reporting available 24/7. • Emergency on-call service 24/7 for general x-ray and CT (CT stroke protocol service 24/7 since late 2019).	**Service Description Summary:** Maintain local medical imaging services. **Service Improvement Summary:** **Facilities and infrastructure considerations:** • Consider the location of medical imaging and explore options to expand the medical imaging space. • Consider floor space for growing services such as inclusion of MRI. **Expand the range and functionality of medical services considering:** • Retain current services and advocate for an expansion of interventional CT services and inclusion for perfusion scanning as part of code stroke. • Consider viability of MRI on site to service the YNLHN. • Continue to work collaboratively with medical imaging to refine nursing role. • Expand interventional procedures as the new Registered Nurse role develops, particularly in the area of vascular access.
Pathology	Level 3 pathology services provided by SA Pathology on-site. • Monday to Friday 8.00am - 5.00pm • Saturday 9.00am - 12 noon	**Service Description Summary:** Maintain local pathology services. **Service Improvement Summary:** **Facilities and Infrastructure considerations:**

	• Urgent on call service is available outside of these hours. • There is 24/7 access to point of care testing with instruments located in the accident and emergency department. • Store blood and blood products on site for patient infusion for therapeutic and emergency situations. • A range of tests are provided on site - with specialised testing being referred to tertiary laboratories as appropriate post accurate sample preparation stored and packaged.	• Redevelopment of current space with consideration to increase collection rooms. • Consider installing pneumatic tube system. • Further consultation with statewide service is required to understand future needs.
Pharmacy	Level 3 pharmacy services provided on-site, at Port Pirie Hospital • Monday to Friday 8.45am – 5.00pm. • On-site clinical pharmacy and distribution services weekdays. • Clinical services to all inpatients and particularly those with higher risk of harm from therapy. • Dispensing services to inpatients, and on discharge, and to outreach services, including ambulatory outpatients, and day admitted patients.	**Service Description Summary:** • Maintain Pharmacy services and explore opportunities to expand services across the YNLHN. **Service Improvement Summary:** **Ensure sustainable pharmacy services by upgrading and redesigning facilities considering:** • Redesign of reception area. • Dedicated area for confidential patient interview/counselling. • Designed space for segregated handling and storage of cytotoxic drugs. • Appropriate allocated space/workstations for team members. • Upgrade/update of pharmacy fixtures and fittings. **Further embed clinical pharmacy services into all relevant stages of the health care continuum:** • Determine the need and consider investing in 24/7 on-call scheme for out of hour's emergency pharmacist at Port Pirie, for after-hours supply and clinical advice. On-

		call could also provide 24/7 clinical advice across all YNLHN sites. • Continue to consult with statewide pharmacy services to identify and understand future needs of pharmacy within the YNLHN. SA Pharmacy to perform a comprehensive due diligence review of pharmacy services provision to all YNLHN care sites, including aged and acute services. • Increase collaboration with medical staff. Consider medical staff modelling to enable multidisciplinary inputs into ward round from all health professions to improve patient care. • Explore opportunities to expand pharmacist services working collaboratively with community health and GP Plus to support medication review with outpatients/community clients. • Continue to monitor and review current trends for admitted outpatient services (oncology, renal dialysis, ambulant out-patient & day infusion therapy), which increase pharmacy workload and cost pressures, and develop models of care inclusive and consultative with pharmacy. • Consider development of a technical executive officer role to support medication governance, medicine information services and facilitation of antimicrobial stewardship for the YNLHN. • Continue to involve local SA Pharmacy staff in the consultation on facilities design and development that will fulfil the LHN health service plan, as it relates to medication management.

3.4 Other factors for consideration

Key documents, which will need to be considered in the implementation phase of the Service Plan include the following:

- Rural Health Workforce Strategy (RHWS). Specific workforce plans have been developed or are under development including:
    - SA Rural Medical Workforce Plan.
    - SA Rural Allied Health Workforce Plan – under development.
    - SA Rural Nursing and Midwifery Workforce Plan- under development.
    - SA Rural Aboriginal Health Workforce Plan – under development.
    - SA Rural Ambulance Services Workforce Plan 2020-2025.
- ZED Managing and Consulting Aged Care – YNLHN aged care review.
- Clare, Wallaroo, Yorke Peninsula, Balaklava Hospital and Health Services Service Plans.
- YNLHN Community and Allied Health Service Plan.
- Digital Health SA, Regional Analysis, YNLHN.

The following enablers have been identified from the service improvement summary outlined in the service priority tables.

3.4.1 Capital and equipment

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

Emergency services

- Improve security to support staff and patient safety, dedicated purpose built quiet rooms and provision for dedicated staff education space.
- Triage flow improvements including private space to undertake assessments, additional space for specialist outpatient clinics, nurse led ambulatory service, nurse practitioner model, hot desk area for multi-disciplinary team and suitable waiting areas for families.
- Appropriate up to date equipment, storage space and negative pressure room capability for isolation requirements.
- Medical services.
- Appropriate patient flow, single patient rooms, rehabilitation services, facilities to meet bariatric medical admissions, increased storage and car parking.

Maternal/neonate and paediatric:

- Birthing rooms with individual ensuite bathrooms and suitable space to support emergency management and designated nursery, baby bath for birthing suite and paediatric safe space/room.
- Space for family rooms to enable families to stay overnight together (paediatric and maternity patients).
- Consideration for bariatric equipment.

Mental health:

- Purpose built community mental health facilities, which are safe and secure with safety of staff and all patients in high risk situations considered including dual access rooms and quiet rooms.
- Specialist mental health inpatient unit in YNLHN.
- Allocated emergency service – quiet room space to support trauma informed care.

- New and integrated staff offices.
- Accommodation to attract staff to the region.

Surgical services:

- Improved flow from clean to dirty. Dedicated scope procedure and cleaning rooms. Increase in storage. Direct access to CSSD from theatre.
- Feasibility of close monitored beds to enable expanded services, including overnight recovery stays.
- Admission suite, waiting room – redesign for privacy, space for new technology and office space for nursing staff, recovery room - redesign first and second stage areas and improve flow and separate room for small outpatient procedures.
- Child friendly spaces.
- Provision of bariatric equipment.

Cancer services:

- Expand infrastructure and chemotherapy chairs according to self-sufficiency data for the future.
- Consider dedicated, stand-alone, separate expandable chemotherapy suite, include central station, drug room and support space for nursing staff, patient education room, emergency shower facilities, increase size of relatives waiting room and storage area, consultation room with dedicated space and facilities for telehealth and cancer care coordinator office.
- Utilise current chemotherapy area as infusion centre.

Renal services:

- Increased space and numbers of chairs as per projected data.
- Increase footprint including consultancy rooms, waiting rooms, store and treatment rooms, central work station, ability to access telehealth and dual purpose isolation room for infectious processes or for confidential conversations.
- Consider local accommodation options for patients, family and visitors.
- Increase accessible parking.

Palliative care services:

- Consider hospice option (palliative rooms only able to be used at end stage).
- Accommodation for patients/family and visitors.
- Community health.
- Integration of services including redevelopment of office space for community health staff within acute and community setting including mental health and Aboriginal health.
- Integrate off site services including environmental health and Aboriginal health including capacity for group cooking and capacity for consultation rooms.
- Step down unit to support client care outside of a hospital setting eg. from drug and alcohol.
- Continue to grow and supply accommodation for new and contracted staff.
- Medical imaging.
- Consider the location of medical imaging and explore options to expand the medical imaging space.
- Consider floor space for growing services such as inclusion of MRI.

Pharmacy

- Redesign of reception area.
- Dedicated area for confidential patient interview/counselling.
- Designed space for segregated handling and storage of cytotoxic drugs.

- Appropriate allocated space/workstations for team members.
- Upgrade/update of pharmacy fixtures and fittings.
- Pathology.
- Redevelopment of current space with consideration to increase collection rooms.
- Consider installing pneumatic tube system.
- Further consultation with statewide services is required to understand future needs.

Facilities and Infrastructure considerations:

- SIM lab - YNLHN needs a multi-disciplinary and inter professional clinical simulation/education lab with appropriate digital infrastructure. Currently students attending CQ University have to attend their skills in Cairns.
- Appropriate residential short term and long-term accommodation to attract professionals.
- Consider parking and accessibility for patients.

3.4.2 Workforce

Workforce planning will be a key consideration and should be undertaken in consultation with the Rural Health Workforce Strategy Implementation Manager and the Director, People and Culture, YNLHN.

Specific workforce considerations identified through the service planning process and outlined in the service priority tables include:

Medical

- Increase access to geriatrician services and increase the number of older person's mental health clinicians.
- Planned approach to attracting visiting medical officers (VMOs) and specialist to meet the needs of our community (eg. endocrinologist, palliative care gerontologist, physician, medical oncology services, paediatrician) across the YNLHN.
- Continue to link and build on the local council work to assist attracting rural generalists to work and live in rural communities.
- Sustain and grow current specialist workforce.
- Develop model to grow surgical services. Combined model including rural generalists, specialists, resident specialists and visiting specialists. Services to be provided within the clinical service capability framework.
- Appoint clinical lead for anaesthetics for YNLHN, which is supported by a group of specialist who will provide leadership across the YNLHN.
- Continuing to provide the range of specialist surgical services and grow services for plastics, orthopaedics, gynaecology, ophthalmology and urology.
- Increase access to specialist consultations and psychology services including tele psychiatry.
- Investigate the feasibility of attracting a visiting psychologist for YNLHN.
- Consider access to palliative care consultants to meet growing demand including telehealth service.
- Consider rural generalist positions in the hospital (salaried medical officers – opportunities for registrars and intern working alongside local GPs).

Nursing and allied health considering:

- Improve access to out of hours' support, explore extended hours and days of community mental health team and community health.
- Support the development of advanced practice/nurse practitioner roles across the health service.
- Increase Aboriginal health practitioner positions.
- Upskilling and training programs for staff including specialist portfolios.
- Rostering flexibility to enable social and community connections.
- Continue to have the opportunity for permanent positions.
- Work closely with Port Pirie and Wallaroo and surrounding smaller health services to share and support resources and expertise.
- Continue to develop a multi-disciplinary team/ approach across the health service.
- Expand and support training, scholarships opportunities to support staff knowledge and skills.
- Develop models to support allied health assistants to work and study at the same time to grow our workforce.
- Expand and refine the allied health assistant role.
- Develop models for credentialing allied health professionals in specialty areas.

- Explore initiatives for recruitment of nursing workforce and increasing FTE to support the increasing referrals in YNLHN.
- Investigate opportunities to develop a Psychiatric Liaison Nurse role for YNLHN.
- Education, support, scholarships to support staff to upskill and consider student opportunities.
- Expand workforce to meet future demand.
- Continue to grow and support specialist services for the YNLHN.
- Increase administration support for nursing and allied health.
- Coordinate staff training to align with succession planning for expected service increases.

Common themes across all priority areas include:

- Develop and implement a YNLHN workforce plan which aligns with the RHWS which outlines strategies to recruit, train and develop health professionals.
- Recruitment and retention strategies including recruitment campaigns.
- Increase links with universities to increase capacity to enable student placements.
- Promotional information for Port Pirie and YNLHN for medical, nursing and allied health staff considering a move to country.
- Incentives for GP to work in rural communities eg. housing.
- Adequate professional development and training (budget and education portfolios).
- Continue to upskill staff and identify opportunities to access ongoing training and scholarships.
- Continue to acknowledge and utilise skills of local workforce.
- Increase and support the recruitment of Aboriginal health workers/Aboriginal health practitioners.
- Staff accommodation supports.
- Upskill workforce to meet the growing need for services.
- Utilise expertise across the YNLHN.
- Provide opportunities to grow volunteer support roles.
- Strengthen our workforce to provide sustainable services that meet community need.
- Expand rehabilitation services across the YNLHN for inpatient and ambulatory patients.
- Support the development of a regional/local plan for a sustainable surgical services.
- Enhance the business model and workforce opportunities to provide sustainable quality allied health and community services.

3.4.4 Digital technology

- Consider the development of an YNLHN digital strategy including:
- Review of local infrastructure, coordination and education of effective use of technology.
- Consistent EMRs including unique UR number across the YNLHN.
- SAVES considering capacity and space to provide virtual clinical support for smaller sites.
- Video/ telehealth triage for out of town transfers.
- Increased bandwidth, wifi access for both patients and staff.
- Use of technology for handover.
- Increase in telehealth where clinically appropriate.
- Use of virtual platforms to support clinical service delivery and continue to expand.
- Increased appropriate telehealth services for lower acuity mental health clients and community health services.
- Digital strategies for theatre.
- Consideration for electronic admission portal and monitoring system for planned admissions.
- Secure messaging platforms when working with GP clinics.
- Consideration to link with specialists in Adelaide (remote access) during surgery, in order to be able to provide specialist advice whilst patients undergoing procedures.
- Expand use of ipads and technology capability of use in the home.
- Electronic kitchen orders including allergies, menus and food likes and dislike.
- Training in technology and equipment for GPs and nursing staff.

Acknowledgments

We acknowledge the Aboriginal Custodians of the Land and Waters within the Footprint of the Yorke and Northern Local Health Network. We respect their spiritual relationship with their country and acknowledge their cultural beliefs are an important focus of the past, present and future. We acknowledge Elders and emerging Leaders.

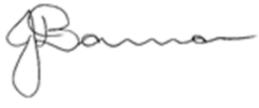
We pay respect to the cultural authority of Aboriginal people who have advised us during the service planning process and who have provided valued cultural consultancy in the development of this service plan.

The Port Pirie and Clare Health Service Planning Steering Group would like to thank the many clinicians, stakeholders and consumers who gave their time, expertise and views to work with us to develop this service plan.

Members of the Port Pirie and Clare Health Service Planning Steering Group

- Roger Kirchner, (Chair), Chief Executive Officer, YNLHN.
- Kendall Jackson, Presiding Member, Port Pirie Health Advisory Council.
- Darryl Venning, Presiding Member, Lower North Health Advisory Council.
- Dr Phillip Gribble, GP Representative.
- Brenda Bradley, Director of Nursing and Midwifery, Clare Hospital.
- Cate Owen, Nurse Unit Manager, Clare Hospital.
- Jodie Bowman, Director of Nursing and Midwifery, Port Pirie Regional Health Service.
- Andrew Taylor, Nurse Unit Manager, staff representative, Port Pirie Regional Health Service.
- Melissa Koch, Executive Director of Community & Allied Health, YNLHN.
- Robert Large/Paul Fahey, Corporate Services, YNLHN.
- Michael Eades, Executive Director of Nursing and Midwifery, YNLHN.
- Elizabeth Bennett, Yorke and Northern Midwifery Group, YNLHN.
- Barb Daw, Team Leader Aboriginal Health, Mid North Team, YNLHN.
- Lucas Milne, Director Mental Health, YNLHN.
- Dr. Viney Joshi, Executive Director of Medical Services, YNLHN.
- Vincent Bellifemini, Chief Finance Officer, YNLHN.
- Michael Davis, Director of People and Culture, YNLHN.
- Tracey Stringer, Senior Project Officer, Planning and Population Health YNLHN.
- Kerry Dix, A/Manager Planning and Population Health, Service Redesign, RSS.
- Dr Philip Gribble, GP/Anaesthetic Advisor, Clare Medical Centre.
- Jo Hall, Administration support, YNLHN (ex-officio).
- Gulsara Kaplan – Corporate Services, YNLHN (ex-officio).

Service Plan Endorsement

Committee/ Responsible Person	Date
Yorke and Northern LHN, Chief Executive Officer, Roger Kirchner	
Executive Director Community & Allied Health, Melissa Koch	
Director Mental Health, Lucas Milne	
Director of Nursing and Midwifery, Jodie Bowman	

Appendix A: Terms of Reference

Clare Hospital and Port Pirie Regional Health Service Steering Group

Scope and Purpose

The purpose of this Steering Group is to provide advice and direction to the Yorke and Northern Local Health Network (YNLHN) Governing Board and Executive to guide the development of a health service plan for Clare Hospital and Port Pirie Regional Health Service (with specific consideration of initial capital place holder bids by November 2020).

Scope of Service Plan

The Service Plan will provide a framework for identifying and evaluating potential future service options for health services in the Port Pirie and Clare catchment to meet the future needs over the next five years and beyond.

Steering Group Role

The Steering Groups primary role is to:

Provide advice to the Yorke and Northern Executive and Governing Board on future scope of services and capacity required based on the data, local knowledge and best practice clinical standards.
Review existing and projected health utilisation data to quantify future service profiles.
Consider existing plans for the Port Pirie and Clare community to determine the future implications for the health service.
Provide advice on future self-sufficiency of the 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.

Reporting

The Port Pirie Regional Health Service and Clare Hospital Steering Group reports to the YNLHN Executive Committee.

Membership and Member Responsibilities

Membership

Membership is to be determined by Chief Executive Officer taking into account LHN needs.

Membership comprises:

Chair:

Roger Kirchner, Chief Executive Officer, YNLHN

Members

Kendall Jackson, Presiding Member, Port Pirie Health Advisory Council
Darryl Venning, Presiding Member, Lower North Health Advisory Council
TBC - GP Representatives

TBC - Visiting Medical Specialists Representatives
Brenda Bradley, Director of Nursing and Midwifery, Clare Hospital
Cate Owen, Nurse Unit Manager, Clare Hospital
Jodie Bowman, Director of Nursing and Midwifery, Port Pirie Regional Health Service
TBC, staff representative, Port Pirie Regional Health Service
Melissa Koch, Executive Director of Community & Allied Health, YNLHN
Robert Large/Paul Fahey, Corporate Services, YNLHN
Michael Eades, Executive Director of Nursing & Midwifery, YNLHN
Elizabeth Bennett, Yorke and Northern Midwifery Group, YNLHN,
Barb Dawe, Team Leader Aboriginal Health, Mid North
Lucas Milne, Director Mental Health, YNLHN
Dr. Viney Joshi, Executive Director of Medical Services, YNLHN
Vincent Bellifemini, Chief Finance Officer, YNLHN
Michael Davis, Director of People and Culture, YNLHN
Tracey Stringer, Senior Project Officer, Planning and Population Health YNLHN
Kerry Dix A/Manager Planning and Population Health, Service Redesign, RSS
Dr Philip Gribble, GP/Anaesthetic Advisor, Clare Medical Centre
Jo Hall, Administration support, YNLHN (Ex-Officio)
Gulsara Kaplan – Corporate Services, YNLHN (Ex-Officio)

Member responsibilities

The Clare Hospital and Health Service & Port Pirie Regional Health Service Planning Steering Group has been established in recognition of the skills, knowledge and experience that the members can bring to the planning process.

All members of the group are to present the views of their respective areas/directorates but make consensus decisions that are in the best interests of the whole of the LHN.

Group members' behaviour is to be in accordance with the SA Public Sector Code of Ethics and relevant SA Health Policies and Directives including those encompassing

Respectful Behaviours
Organisational Development
Employee Relations
Occupational Health Safety and Welfare

The responsibilities of members include:
willingness and ability to attend and participate in meetings of the steering group over a period of approximately six months.
seeking and encouraging input from broader stakeholders.
consider their personal circumstances and declare at the start of meetings any conflict of interest that they may have with any item on the agenda.
adhering to SA Health data protocols, including not publishing, or releasing data to any other party, without appropriate authority.
operating in an environment based on respectful behaviours.

Resources

The Rural Support Service will provide staff to support the Steering Group including:

- preparation and analysis of required data.

- support engagement other stakeholders as required.
- facilitation and leadership of the planning process.
- support organisation and facilitation any clinical engagement workshops.

The LHN will provide support to the Steering Group including:

- staff to lead the planning process with support from the RSS.
- arranging meetings, agendas, note taking (minutes, summary and action items).
- distribution of materials and other administrative functions.
- chairing of the meeting.
- leading clinical engagement and other engagement processes.

Confidentiality

From time to time the group may need to discuss matters 'In Confidence' or hold matters 'In Confidence' until they have been finalised.

The Chair will decide what elements of the discussion should be released.

Action Items and Working Parties

Where Members are tasked with actions between meetings they are required to give due consideration to completing all action items within the agreed timeframes.

If required, Executive Officer/Minute Taker support may be provided through agreement with the Chairperson.

Routine reports, briefs and all documents being prepared by members for the agenda are to be provided to the Executive Officer/Minute Taker not less than 7 days prior to the meeting.

Meeting Procedures

Decision making

Decisions will be made by consensus. If a consensus cannot be reached then the Chairperson will negotiate with the members or make a decision on behalf of the group.

Where consensus cannot be gained and the Chairperson makes a decision on behalf of the members this will be recorded in the minutes.

Meeting Frequency

> Meetings will be monthly on the 2nd week of the month

Location

> Alternate between Clare and Port Pirie

Quorum

A quorum is half of the core members plus one.

Group Functions

Executive Officer/Minute Taker

The Executive Officer/Minute Taker is responsible for

- preparation of the agenda in consultation with the planning team and Chair
- taking of minutes and action items
- distribution of all papers pertaining to the meeting
- co-ordination of guest speakers and other attendees
- meeting room preparation including electronic media use
- catering if required
- providing additional assistance to members and working parties between meetings for action items

Agenda

All routine items and reports for the agenda are to be provided to the Executive Officer/Minute Taker not less than 7 days prior to the meeting.

The agenda shall be prepared and distributed by the Executive Officer/Minute Taker along with all reports and supporting papers at least 5 days prior to the meeting.

The tabling of late items and items on the day of the meeting will be at the discretion of the Chair.

Minutes

Minutes are to be prepared and forwarded to the Chairperson for consideration no more than one week post the meeting date. Minutes will be distributed to all members, providing they did not have a conflict of interest in a matter, along with an action list within 14 calendar days of the meeting.

Meeting Minutes are to be provided to the Chief Executive's Executive Assistant (or other identified person) for the Chief Executive Officer.

The YNLHN Senior Project Officer – Planning & Population Health will maintain all relevant records on behalf of the group and make all records available to the Chief Executive Officer.

Actions

Between meetings the YNLHN Senior Project Officer will liaise with all persons who have responsibility for action items.

The YNLHN Senior Project Officer may, at the discretion of the Chairperson, provide assistance to members in order for them to undertake action items as determined and agreed by the group. Such assistance could include meeting co-ordination, agenda preparation, minor research or collation of data and information.

Communications

The YNLHN Senior Project Officer will undertake or prepare for the Chair formal notifications and advice messages that may be required to other Committees and Executives.

Evaluation

The group will evaluate its performance throughout the process having regard to the principles and requirements of the Terms of Reference and the overall objective of the group's work to gain assurance that the decisions and actions taken and members' progress toward the strategic direction for the LHN as established and determined by the CEO and Executive.

Process Timeline

1st Meeting of Steering Group: • Setting the Scene • Development of Terms of Reference • Initial analysis of demographic and health utilisation data profile and identify other data requirements • Agreement on catchment area • YN discussions with DHW Infrastructure and DHW Planning	**August 2020**
2nd and 3rd Meeting of Steering Group: • SWOT of current and future service • Ongoing analysis of demographic and health utilisation data profile and identify other data requirements • Determination of wider engagement approach • Plan and conduct clinician engagement for both sites • Engage health facility planners/consultants • Develop scope of works for master planning, and procure and engage architect/health facility planning resources for Port Pirie/Clare and Wallaroo • Master planning work commences using demographic and health utilisation data profile available and any preliminary information provided from the steering group	**September/ October 2020**
4th Meeting of Steering Group • Ongoing analysis of demographic and health utilisation data profile and identify other data requirements • Consideration of recommendations / feedback from the clinician engagement workshops - develop a service parameters document and models of care • Conduct community engagement as required • Provide initial capital place holder bids, cost will be calculated and submitted to the Department for the capital works budget process.	**November 2020**
5th Meeting of Steering Group • Ongoing consideration of recommendations / feedback from the clinician engagement workshops and community engagement (service parameter document) and models of care • Co-develop future service options for draft service plan	**December 2020**

6th Meeting of Steering Group:
• Consideration of draft service plan
• Identification of any further analysis required
• Consultants to work with LHN to develop:
  ○ Master plan and facilities brief for endorsement to YNLHN Board
  ○ Develop preliminary business case that includes more detailed infrastructure planning and costing information and submit to Department
	January/Feb 2021

7th Meeting of Steering Group: • Consideration of final draft service plan for endorsement by board • Preliminary business case finalised • Evaluation of approach	**Feb/March 2021**

Appendix B –Clinician attendance list

PRESENT

Last Name	First Name	
McNeil	Cassandra	Acting Community Health Manager
Koch	Melissa	Community Health Manager
Roberts	Tenille	RN – Coordinator Better Care in Community
Reichstein	Hannah	Senior Dietitian
London	Viv	Healthy Living Team, Community Health
Edwards	Alyse	CHAD Coordinator
Walker	Tabatha	Podiatrist
Tyler	Barb	Discharge Planner
Afford	Mikell	Team Leader Environmental Health
Joseph	Edith	Senior Physiotherapist
Lehman	Andrea	Senior Occupational Therapist
Daw	Barb	Patient Journey Team Leader
Bull	Kerri	RN
Puddy	Melissa	RN
Keeley	Jane	RN
Backshall	Kylie	Social Worker Mental Health
Brook-rerecih	Natasha	RN
Taylor	Andrew	RN Accident and Emergency
Connor	Stephanie	RN Medical
Forgan	Guy	RN
Westdrop	Elissa	RN Midwifery
Bennett	Liz	RN Team Leader Midwifery
Zwar	Joyti	University
Crouch	Rosanne	Clinical Risk Manager
Freer	Demi	RN
Skinner	Ray	Pharmacy
Golding	Allan	Central Clinic
Kirchner	Roger	Chief Executive Officer YNLHN
Kaplun	Gulsara	Corporate Support and Project Officer
Stringer	Tracey	Population Health and Planning
Joshi	Viney	EDMS YNLHN
O'Connell	Alice	Occupational Therapist
Gloyn	Kim	RN
Murray	Sharyn	RN
Bateson	Jacqui	RN
Hoskin	Anne Marie	RN Aged Care
Zanker	Sarah	RN
McKenzie	Sue	RN
Monk	Syrus	RN

Griggs	Steve	RN
Hewett	Kim	Rural Support Service

APOLOGIES

Kendall Jackson	Health Advisory Council
Michael Eades	Regional Director of Nursing YNLHN
Erin Martin	Social Worker
Fiona Murray	Senior Podiatrist
Willy Parker	Team Leader Mental Health
Dr Chris Tyson	Specialist
Dr Ral Antic	Specialist
Lucas Milne	Team Leader Mental Health
Mel Fudge	RN
Sue Wilkinson	RN
Sarah Ashby	Team Leader Nursing
Michael Davis	Director of People and Culture
Andrew Jeyaprakash	Terrace Clinic
Alyse Edwards	CHAD Coordinator
Willy Parker	Mental Health Team Leader

Appendix C: Glossary

ABS – Australian Bureau of Statistics

ACAT – Aged Care Assessment Team

ACL – Advanced Clinical Leads

ANUM – Associate Nurse Unit Manager

BCIC – Better Care in the Community

CALD – Culturally and Linguistically Diverse

CAMHS – Child and Adolescent Mental Health Services

CHC – Country Health Connect

CHAD - Child Health and Development

CHSP – Commonwealth Home Support Program

CMHT – Community Mental Health Team

COPD – Chronic Obstructive Pulmonary Disease

CS – Caesarean section

CSCF – SA Health Clinical Services Capability Framework

CT – Computerised Tomography Scan

DASSA – Drug and Alcohol Services South Australia

ED – Emergency Department

EMR- Electronic Medical Record

EOLP – End of Life Programme

ETLS – Emergency Triage and Liaison Service

FTE – Full time equivalent

GP – General Practitioner

HAC- Health Advisory Council

HACC – Home and Community Care

HCP – Home Care Packages

LHN – Local Health Network

MRI – Magnetic Resonance Imaging

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

NDIS – National Disability Insurance Scheme

NLAS – Nurse Led Ambulatory Service

NGO – Non-Government Organisation

NUM- Nurse Unit Manager

ORMIS- Operating Room Management System

O&P – Orthopaedics and Prosthetics

PATS – Patient Assistance Transport Scheme

PEPA- Program of experience in palliative approach

PHaMs – Personal Helpers and Mentors Service

PICC/PORT - peripherally inserted central catheter line/ portacaths

QRSOC – Quality, Risk and Safety Operational Committee

RGCU- Rural Generalist Coordination Unit

RHWS – Rural Health Workforce Strategy

RIBS – Rapid Intensive Brokerage Scheme

RSS – Department for Health and Wellbeing - Rural Support Service

SA – South Australia

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

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

SAAS – South Australian Ambulance Services

SAPOL- South Australian Police

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

SAVES - South Australian Virtual Emergency Services

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

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

Sonder – Non-government organisation

TCP – Transition Care Program

TPP – Transition to professional practice program.

TMS - TelePresence Management Suite

TOR – Terms of Reference

VMO- Visiting Medical Officer

webPAS – Patient Administration System

YNLHN- Yorke and Northern Local Health Network

For more information

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