Government of South Australia

Health
Yorke and Northern
Local Health Network

Balaklava Soldiers' Memorial District Hospital

Service Plan

August 2021

Foreword

On Behalf of the Yorke and Northern Local Health Network (YNLHN) Executive Committee, I am pleased to present the Service Plan for the Balaklava Soldiers' Memorial District Hospital.

This plan covers Balaklava and its surrounding areas and complements the other service plans either completed or in progress for Mid North, Clare, Port Pirie, Wallaroo, Yorke Peninsula, and Community and Allied Health. Future plans covering the remaining locations (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 12-18 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

Acknowledgment

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.

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1. Executive Summary

This Service Plan reflects the overarching future plan for health service provision for the Balaklava Soldiers' Memorial District Hospital (BSMDH) for the next five to ten years. The plan provides a range of information and data from a variety of sources, which highlight recent patterns of service delivery and future population projections. 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 (CSCF), SA Health and Wellbeing Strategy 2020-2025, Yorke and Northern Local Health Network (YNLHN) Strategic Plan 2020-2025, YNLHN Community and Consumer Engagement Strategy, YNLHN Clinician Engagement Strategy 2021-2026 and the National Aboriginal Cultural Respect Framework.

The planning process was led by the Balaklava Service Planning Steering Group, supported by the Rural Support Service (RSS), Planning and Population Health Team and a wide range of clinicians, consumers and other key stakeholders who were engaged through workshops and meetings in late 2020 and the first half of 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 by the steering group for Balaklava were themed into four priority areas:

- **Aged Care**
- **In hospital services** including Accident and Emergency, Medical, Palliative Care and Surgical
- **Out of hospital services** including Community and Allied Health, hospital avoidance, palliative care, Primary Health Care, Transition to Care Packages etc.
- **Mental health**

In addition to these service priority areas, opportunities to strengthen infrastructure and workforce will be key enablers for this plan. A summary of these opportunities considered a priority are listed in Part 4 of the document.

The YNLHN Executive Committee will have oversight of the plan and will report outcomes to the YNLHN Governing Board. Additionally, an implementation plan will be developed and reviewed by the BSMDH Quality Risk and Safety Operation Committee (QRSOC). The four 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. It will be essential to continually strive to work in an integrated way across priority areas to ensure effective quality services are provided.

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

Aged Care

1. Investigate the feasibility of additional Rehabilitation Support Services.
2. Consider future Ira Parker infrastructure and facility upgrades to accommodate aged care specific needs.
3. Partner with Community and Allied Health and other relevant organisations (e.g. Primary Health Network (PHN)) to increase the range of wellness activities provided in the community and residential aged care setting.
4. Support consumers and their carers to navigate the My Aged Care portal and engage providers.
5. Implement recommendations from the Aged Care Royal Commission.

Community and Allied Health

1. Build partnerships and networks with public and private providers to support and improve the health and wellbeing of the community.

2. Redesign infrastructure and increase space for future growth of services.
3. Link with YNLHN communication team to develop a communication and marketing plan for the promotion of services.
4. Continue to explore and review digital technology to enable safe, high quality service provision and care as close to home as possible by increasing the use of telehealth for consultations and clinical support.

Emergency

1. Review the provision of X-ray services.
2. Develop a master plan, redesigning and increasing space/functionality to meet current emergency services standards.
3. Continue to explore and review digital technology to enable safe, high-quality service provision.

Medical Inpatient

1. Provision of a dedicated procedure room for visiting specialists to perform high volume/minor complexity surgeries.
2. Explore opportunities to increase specialties services to meet community need.
3. Strengthen the workforce to provide sustainable services that meet community need.
4. Redesign and increase space/functionality to meet standards and to provide safe accessible services.
5. Explore opportunities to increase expansion of Transitional Care Packages (TCP) and restorative rehabilitation programs.
6. Explore opportunities to positively influence the patient journey and develop models of care supporting care closer to home.
7. Continue to develop strategies to reduce potentially preventable admissions.
8. Strengthen the capability to provide culturally appropriate health services in line with the cultural respect framework.
9. Continue to advocate for enhancement of digital technology to enable safe, high quality service provision.

Mental Health

1 Participate in the development of new service models across the continuum to complement existing mental health services within YNLHN.

2. Build partnerships and networks with public and private providers to support and improve the health and wellbeing of the community.
3. Enhance the infrastructure at Balaklava BSMDH to best meet the needs of clients with mental health conditions.

4 Ensure mental health workforce planning is considered as an integral part of the YNLHN workforce plan.

5 Continue to explore and review digital technology to enable safe, high-quality services.

Palliative Care

1. Continue to build partnerships and networks with public and private providers to support the palliative care journey.
2. Redesign and increase space/functionality to provide safe compassionate care for end-of-life care.
3. Raise the awareness of palliative care services to the Balaklava community.
4. Ensure palliative care services workforce planning is considered as an integral part of the YNLHN workforce plan.

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 Balaklava Soldiers' Memorial District Hospital to meet the needs of the Balaklava catchment over the next five to ten years and beyond.

2.1 Strategic enablers

Several strategic frameworks and enablers have informed and provided strategic direction for the 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 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 BSMDH 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.

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

The Yorke and Northern Local Health Network Strategic Plan 2020-2025 was developed concurrently to this service planning process. The BSMDH Service Planning Steering Group maintained a close connection with the progress of the strategic plan resulting in many of the BSMDH 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.

2.2 Balaklava catchment profile

The Balaklava Soldiers' Memorial District Hospital is physically located within the Australian Bureau of Statistics (ABS) defined Wakefield-Barunga West Statistical Area 2 (SA2). The geographical catchment area for the hospital is part of the Wakefield-Barunga West SA2. This SA2 also extends in the catchment areas for Clare, Port Broughton, Snowtown and Wallaroo.

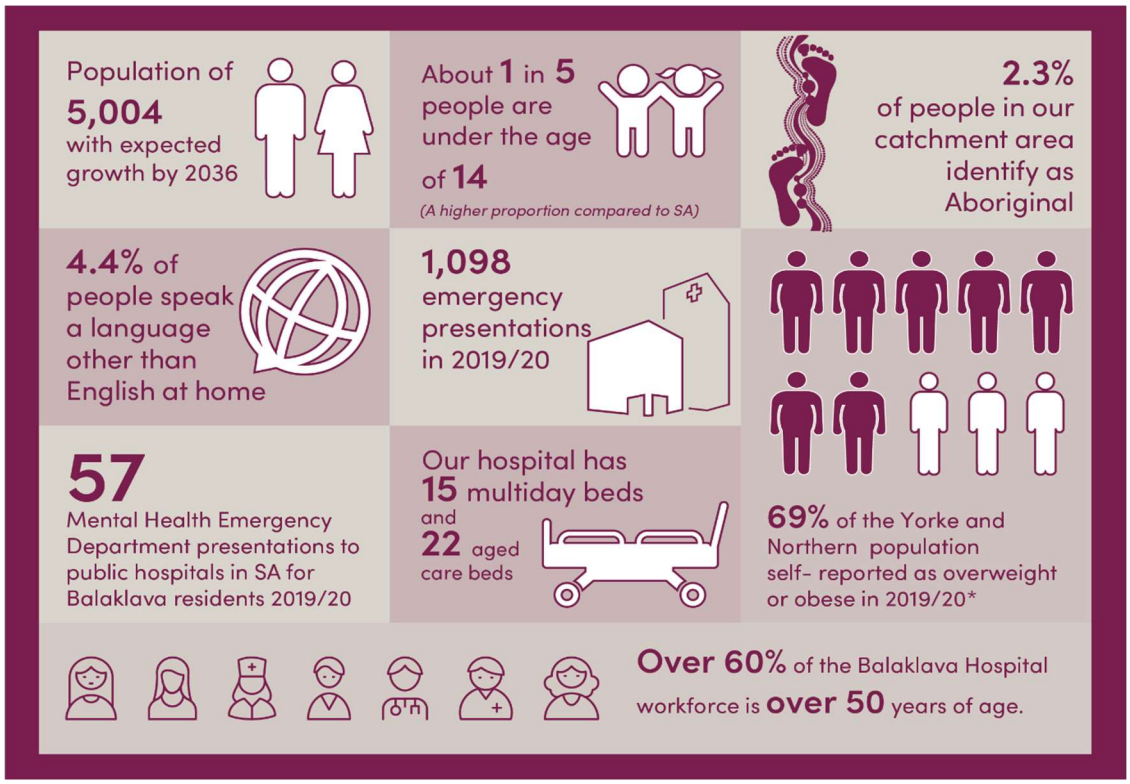
The BSMDH is physically located within the Wakefield-Barunga West Statistical Area 2 (SA2). The geographical catchment area is part of the Wakefield-Barunga West SA2.

The population of the Balaklava catchment is 5,004, with 17.8% of the population aged 14 years and under, and 23.4% aged over 65 years. The Balaklava catchment has a higher proportion of persons aged 65 years and over compared to the SA population. The resident population of the Balaklava catchment is expected to grow by 2036.

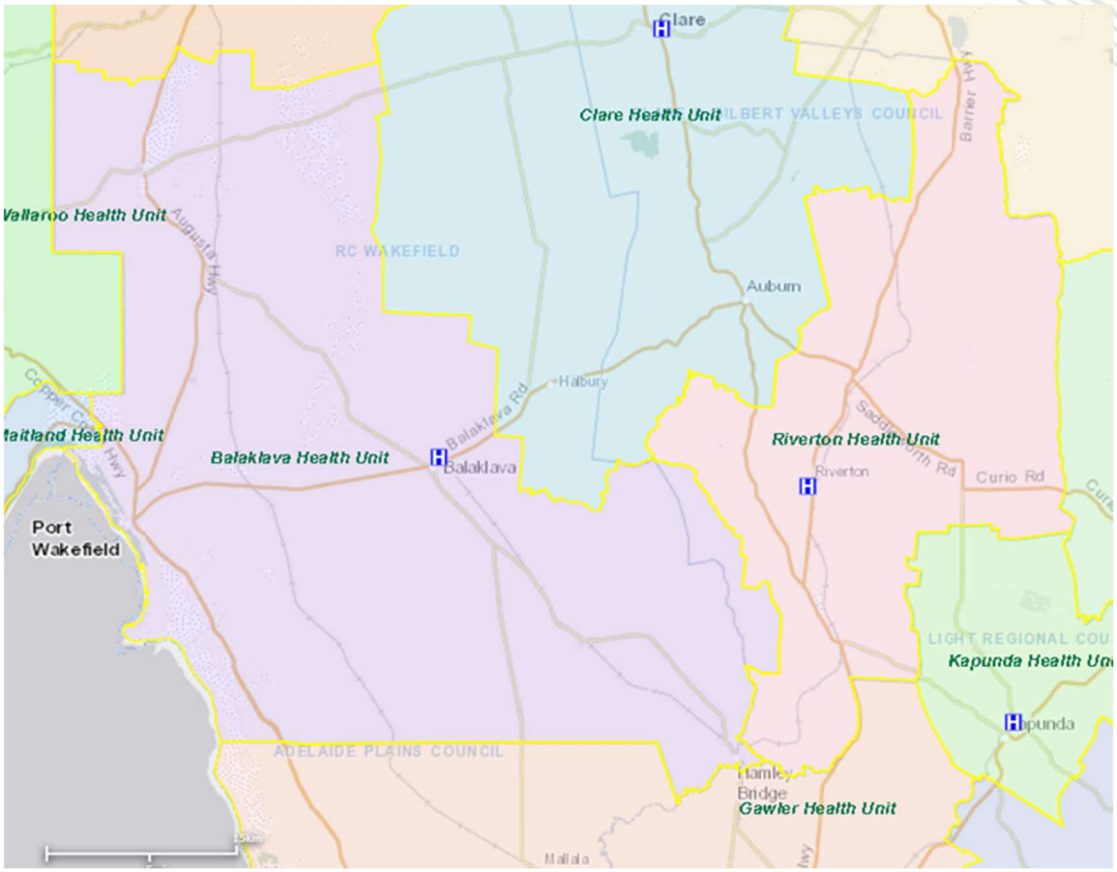
In total, 2.3% of residents in the Balaklava catchment identify as Aboriginal and 4.4% speak a language other than English at home. The Balaklava catchment has a lower proportion of people from a CALD background compared to the SA population.

BSMDH has 15 multi-day beds available, with an average of 3.2 occupied each night in 2019-20. In 2019-20, the top three same-day separation types for residents of the Balaklava catchment at the Balaklava hospital by number of separations were adult medical, adult surgical and paediatric medical. For the same time period, the top three same-day separation types accessed outside of the Balaklava catchment by number of separations were adult medical, adult surgical and dialysis.

In 2019-20, the top three multi-day separation types by number of separations for Balaklava residents at the BSMDH by number of separations were adult medical, adult surgical and mental health. For the same time period, the top three multi-day separation types accessed outside of the Balaklava catchment by number of separations were adult medical, adult surgical and obstetric.



Balaklava Soldiers' Memorial District Hospital catchment map



Source: SA Health Data and Reporting Services Branch, (Balaklava catchment indicated by dark purple shading with a yellow border indicating outline of catchment)

2.3 Service planning process

2.3.1 Overview

The service planning process was led by the BSMDH Service Planning Steering Group. Established in August 2020, the Steering Group met approximately monthly and were supported by the RSS, Planning and Population Health Team in the implementation of 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 to mid 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 Balaklava community and surrounding catchment to determine the future implications for the health service
- provide advice on future self-sufficiency of the BSMDH
- 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 data including:

- health utilisation data for BSMDH and Balaklava catchment residents attending other SA public hospitals
- 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 prepared and distributed.

2.3.2 Engagement

Clinician 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.

A clinician engagement workshop was held on the 30 March 2021 and was attended by a range of clinical stakeholders including YNLHN clinical staff (including nursing, mental health and allied health), aged care providers, the local GP workforce, Balaklava and Riverton Health Advisory Council and YNLHN Executive.

The workshop commenced with dinner and a data gallery. Participants were able to view, discuss and provide comment on a large range of information and statistical data on the current services provided. Participants broke into four small groups to discuss priority areas in greater detail. These groups were:

- Aged Care
- In-hospital services including Accident and Emergency, medical, surgical, and palliative care
- Mental Health.

- out-of-hospital services including palliative care, community and allied health, TCPs, hospital avoidance strategies and primary health care.

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

All participants were able to choose two groups to join, each for a rotation of 30 minutes. The following questions were used to guide the conversations:

- What are our current strengths and challenges?
- What opportunities exist for the future? What will help or hinder?
- What strategic advice would you provide to the Steering Committee?

Community engagement

During the month of May 2021, a range of strategies were implemented to obtain consumer feedback. This included a number of drop-in chat sessions over a three-day period at the town hall, an electronic survey via QR code, a paper-based survey or 1:1 face-to-face/small group or telephone interviews with a member of the planning team. Approximately 90 people attended the drop-in session -, there were 180 respondents for either the electronic or paper-based survey and six 1:1/small group interviews. Key guiding questions for the survey included:

- What Balaklava based health services do you currently utilise to support your health and wellbeing?
- What are the current strengths and challenges or gaps?
- Are there any services in Adelaide or elsewhere that you access?
- What current services do you think you or your family will need access to in the future (next 5-10 years)?
- Is there anything else you would like to tell us?

In response to the low-return rate for young people another survey was developed and distributed to the two high schools in Balaklava targeted at young people 15 years and over on health issues affecting young people. There were 18 respondents to this survey. Key guiding questions for this survey included:

- What Balaklava health services do you currently use to support your health?
- Have you used the Balaklava District Soldiers' Memorial Hospital recently?
- What do you feel are the biggest health issues affecting young people of Balaklava?
- In general, how would you rate your mental health and wellbeing?
- For what health issues do you think you or your friends might need services for in the next 5 years?
- Is there anything else you would like to tell us?

Key guiding question for the drop-in sessions at the town hall:

- Based on the snapshot of strategies and recommendations from our clinicians – which ones do you feel strongly positive about?
- What would you add or change?


Balaklava Soldiers Memorial Hospital
Health Service Planning
Community Engagement Process
The Yorke and Northern Local Health Network has established A Service Planning Steering Group to undertake a service planning process which will identify future needs and service opportunities for the Balaklava Soldiers Memorial Hospital - considering our Hospital, Country Health Connect and Mental Health Services.
An important part of this planning process is to seek perspectives from the people that use our services and our partners who provide valuable services to our community. We believe that working together to better understand the needs of our community is essential in supporting us to achieve optimal health and wellbeing.
We invite you to share your views during the month of April via the following ways:
Complete the paper survey available from Wakefield Plains Medical Clinic, the Wakefield Council (Balaklava) or the Balaklava Soldiers Memorial Hospital.
Attend a "chat session" or pick up a survey at the Balaklava Town Hall on:
17 May from 9am to 3pm
18 April from 9am to 6pm
19 April from 9am to 3pm.
Scan the QR code with your camera, click on the drop box at the top of your screen and you will be taken to an online survey. It will take you less than 5 minutes.
For more information
Yorke and Northern Local Health Network
Balaklava Soldiers Memorial Hospital
16 War Memorial Drive
Balaklava SA 5461
Telephone: (08) 88821400
Health


Out-of-hospital services
Including palliative care
hospital avoidance
The story so far...
Out-of-hospital services
A clinician engagement workshop was held on
A snapshot of strategies and recommendations from our clinicians:
Aged Care
The story so far...
Aged Care
Mental Health
The story so far...
Mental Health
A clinician engagement workshop was held on March 30 2021 as part of the co-design health service planning process for the Balaklava Soldiers' Memorial District Hospital.
A snapshot of strategies and recommendations from our clinicians:
What would you add?
What would you change?

3. Service Plan

3.1 Service capacity

The BSMDH is part of the YNLHN and is a small grant funded hospital providing a range of accident and emergency, acute inpatient, community health, mental health and various associated clinical support services to the community.

Ira Parker is a 22 bed Commonwealth funded Residential Aged Care facility which sits as part of the main hospital building.

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 Balaklava Soldiers' Memorial District Hospital (BSMDH).

3.3 Service priorities

The priority tables below outline the proposed service planning priorities for the BSMDH for the next five years and beyond.

After our recent very intense experience we would plead with SA Health to please maintain and update our hospital so we can be confident that we have access to good doctors, emergency services, specialists, nurses, ambulances for our community which is grown at a rapid rate with many young families and many elderly people. This is a plea I hear nearly every time this discussion comes up. Thank you for what we have and please continue to support it with personnel and infrastructure.

AGED CARE	
Current	**Proposed**
Service Description Summary: Level 2: • Ambulatory and/or inpatient care to clients who are medically stable and who generally require low complexity care. Care may be provided in home or community settings and/or in healthcare facilities, including multipurpose health centres. • Delivered by nurses and/or allied health professionals in partnership or liaison with higher level service. • Capacity to deliver limited multidisciplinary interventions. • May have outreach services from higher level services and could include visiting services and services accessed through telehealth facilities. • Services for clients either referred, transferred or returned from higher level service to continue treatment in their local environment following subacute or acute episode during which more complex care was required. • Inpatient care managed by medical practitioner. • Clear intervention plan developed ensuring care is coordinated if multi-disciplinary care is required. • Service is networked with higher level services to ensure clients have access to other members of the multidisciplinary team and to facilitate patient transfer, if needed. In 2018-19, 52 Aged Care packages were offered (inclusive of 29 Aboriginal/TSI packages).	**Service Description Summary:** Maintain and enhance the services provided by Ira Parker, BSMDH and in the community and seek improvements in the following areas. **AC1. Investigate the feasibility of additional Rehabilitation Support Services including:** • Identifying dedicated appropriate area for rehabilitation services. • Supporting the proposed YNLHN Rehabilitation model. • Identifying funding sources. **AC2. Partner with Community and Allied Health Services and other relevant organisations (e.g. PHN) to increase the range of wellness activities provided in community and residential settings including:** • Increased access to allied health services. • Targeted physical activities. • Day activity programs – Commonwealth Home Support Program. • Primary health care programs. • Chronic disease prevention activities and programs. • Community transport for consumers with complex care needs. • Linking with the Older Persons Rural and Remote Consultation Liaison Service. **AC3. Consider future Ira Parker infrastructure and facility upgrades to accommodate aged care specific needs considering:** • Redeveloping to create single rooms with ensuites for all residents.

Home care packages are provided by both Community and Allied Health and NGOs to residents in Mid North, Northern Yorke and Southern Yorke Peninsula. Lower North Home Care packages are provided by NGOs. Current six to twelve month wait for high care (Level 3/4) packages.

Commonwealth Home Support (CHSP) provided by various providers:

- Base level in home support (up to four hours/fortnight)
  - Allied health and nursing
  - Gardening
  - Domestic assistance
  - Social support (shopping, personal care)
  - Group and individual.

Ira Parker Nursing Home was built in 1982 as an extension of the already existing Balaklava Hospital. It has 22 residential care beds and offers both high and low care.

Current analysis:

- Ira Parker's average bed occupancy is based on 25 beds. In 2019/20 the average occupancy was 14.2 compared with 17.4 in 2018/19 and 17.6 in 2017/18.
- Average beds occupancy could significantly increase (even to full capacity) if rooms were upgraded.
- 23.4% of the Balaklava catchment population is aged over 65 years. The catchment has a higher proportion of persons aged 65 years and over compared to the SA population. The total aged care population in YNLHN is expected to grow at 9% between 2016-26.

- Modernising and refurbishing interior furnishings.
- Provision of safe care environments for clients with dementia in emergency services in line with the Comprehensive Care of Older People Model of Care (CCoOP) roll out.
- Reviewing future demand to increase or decrease bed numbers according to community need and YNLHN aged care planning models and plan for infrastructure changes accordingly. Also consider future staffing models.

AC4. Support consumers and their carers to navigate the My Aged Care portal and engage providers.

- Improve access and raise awareness of services available from Council on the Ageing (COTA SA) and Community and Allied Health Services.
- Engage interim services for consumers waiting for a package.

AC5. Implement recommendations from the Aged Care Royal Commission.

Lots of opportunities for aged care, sustainable partnerships with other providers, sustainable staffing models, opportunities for increased services and increased bed capacity. Community is demanding more services both in residential services and at home.

– participant clinician engagement session

Other considerations

- South Australia's Plan for Ageing Well 2020-2025
- YNLHN Aged Care Planning 2020-2021

COMMUNITY and ALLIED HEALTH SERVICES	
Current	**Proposed**
Service Description Summary: Community and Allied 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. 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. **Current analysis:** In addition to the above services, which are all available throughout the LHN other services include: • Aboriginal health	**Service Description Summary:** Maintain current services while exploring opportunities to grow services to meet future demand by seeking improvements in the following areas: **ACH1. Build partnerships and networks with public and private providers to provide a range of services to support and improve the health and wellbeing of the community considering:** • Mapping chronic condition management services across from public to private to avoid duplication of services. • Supporting public health solutions that address local risk factors contributing to disease. • Continuing to support primary health care initiatives and increase the capacity to support hospital avoidance initiatives. • Investigating opportunities within the community to support patient transport. • Increasing the appropriate access to both Transitional Care Packages and Care Packages. • Identifying possible grant funding opportunities and consider joint applications to provide activity-based projects. • Building a culture that supports multi-agency approaches to addressing population health improvement activities (school, council, DASSA, PHN, public, private). • Collaborating with the Country SA PHN and other agencies for education and primary health care (PHC) activities. • Working with GPs to strengthen knowledge and awareness of services available to enable appropriate referrals and multi-disciplinary input into care plans. • Continuing to monitor demand for NDIS services and identify opportunities for workforce (quantity and type) and specialised skills to support access to quality care.

• Commonwealth Home Support Program (CHSP) • 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) – support from Wallaroo • 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.	• Linking with community partners to seek opportunities for skin cancer checks for community. **ACH2. Redesign infrastructure and increase space for future growth of services considering:** • Redesign of the theatre area to provide additional consulting space to enable Community and Allied Health services to be provided in a "community hub" environment at the health service. • Refurbishing the former Leisure Activity Group room and external area to become a Child Health Hub and increase visibility of these services to the community. • The use of the current 'Health Centre' and upgrade to meet needs. Possibly retain as consultation rooms as part of the "Community Hub" or staff accommodation, including appropriate access and Modernising the exterior. • Relocating the current Board Room to the proposed hub area to be repurposed as a meeting room/community room. • Improve signage, physical accessibility, client comfort and environmental aesthetics. **ACH3: Link with YNLHN communication team to develop a communication and marketing plan for the promotion of services considering:** • Raising community understanding of available services and promotional opportunities to priority groups. • Promote good news stories of quality care provided close to home and new and existing staff profiles and achievements. • Creation of a service directory for Community and Allied Health Services across the YNLHN. **ACH4: Continue to explore and review digital technology to enable safe, high quality service provision and care as close to home as possible by increasing the use of telehealth for consultations and clinical support, considering:** • 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. • Promotion, increased knowledge and improved accessibility of telehealth capabilities with staff, community and other health providers. • Target high need service areas/specialties.

Other considerations:

- Current partnership with SA Health Performance and Commissioning Team to review the intermediate care program.
- YNLHN Community and Allied Health Service Plan

We need infrastructure for multi-purpose such as groups, (indoor and outdoor) for child development, NDIS, Allied Health etc.

= participant clinician engagement session

EMERGENCY	
Current	**Proposed**
Service Description Summary: Level 2: • On-site 24-hour access to emergency registered nursing staff trained in triage and advanced life support (adults and paediatrics) and triage of all presentations. • Capable of providing treatment for minor injuries and illnesses and treatment of acute illnesses and injuries. • Provides resuscitation and stabilisation, prior to admission and/or transfer to higher level service. • Medical practitioner available on-call - 24 hours. **Current Analysis** • A Locum GP is on site from 0700 to 1900 for all presentations. They are available from 1900 to 0700 for category 1 and 2 presentations. • South Australian Virtual Emergency Service (SAVES)is utilised from 1900 to 0700 for category 3, 4 and 5 presentations. There were 1,098 emergency presentations at the Balaklava Hospital in 2019-20. This is broken down by 93 triage 1 or 2 presentations, 404 triage 3 presentations, and 601 triage 4 or 5 presentations Of these 1,098 emergency presentations 807 (73%) had their episode completed (sent home) and 286 (26%) were admitted to the ward,	**Service Description Summary:** Maintain current level 2 services whilst exploring opportunities to meet future demand by seeking improvements in the following areas: **ES1. Review the provision of X-ray services:** • Review X-ray data to ascertain current usage rates. • Consider viability to train/credential and maintain staff to undertake simple x-rays, including regular locum GPs. • Relocation of X-ray equipment into another area of the site, nearer to the day-to-day operational area of the facility. • Advise community of current X-ray service provision and capabilities e.g. emergency X-ray service only, limited emergency X-ray provision, inability for routine appointments for X-rays/scans. **ES2. Develop a master plan, redesigning and increasing space/functionality to meet current emergency services standards considering the following:** • Improving security to support staff and patient safety and allocate a dedicated purpose-built quiet room. • Relocation of X-ray equipment into another area of the site, nearer to the day-to-day operational area of the facility. (as above) • Assess Accident and Emergency area against the SA Health Emergency Department Guidelines. • Provide an on-call accommodation room for GPs/locums.

	• A dedicated procedure room for visiting specialists to perform minor surgeries. • Options for patient entrance to Emergency for South Australian Ambulance Service (SAAS). **ES3. Continue to explore and review digital technology to enable safe, high quality service provision including:** • Locating a computer in Emergency for use by nursing staff, GP's, locums etc. • Consistent Electronic Medical Record (EMR).

Other considerations:

- The Department for Health and Wellbeing (DHW) SA Health Helipad Audit 2021 - to conduct a site audit/inspection and provide an audit summary report of existing helipads across SA Health's regional and metropolitan health facilities to identify all issues and non-compliances. BSMDH helipad may not comply with future regulations introduced by the Civil Aviation Safety Authority (CASA).

As a mother of small children, I just want to know that I have access to a GP at A&E in an emergency.

= Survey participant

MEDICAL INPATIENT SERVICES	
Current	**Proposed**
Service Description Summary: Level 2: • Providing as both an ambulatory and inpatient service, including overnight nursing care and patients under the care of medical practitioners. • Inpatient services usually provided for low to medium acuity, single-system medical conditions with significant but stable co-morbidities. **Current Analysis:** The BSMDH Hospital has 15 multiday beds available, with an average of 3.2 occupied each night in 2019-2020. Rooms 11 and 12 are currently used as TCP (Transitional Care Package) rooms. They are small single rooms with a small shared ensuite. All other rooms are single rooms, with a small shared ensuite. There were 391 hospital admission in 2019-2020. In 2019-20, there were 60 births for women from the Balaklava and Riverton catchment. 87% of these were at public hospitals outside of the YNLHN. Aboriginal separations account for 0.5% of all separations at Balaklava hospital in 2019-20.	**Service Description Summary:** Maintain level 2 medical inpatient services and enhance patient care by seeking improvements in the following areas: **MI1. Provision of a dedicated procedure room for visiting specialists to perform high volume/minor complexity surgeries/procedures considering:** • Redevelopment of area in current community health, identify works required including suitable equipment. **MI2. Explore opportunities to increase specialties 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 community and liaising with current visiting medical specialists re future demand for services. **MI3. Strengthen the workforce to provide sustainable services that meet community need:** • Continue to explore future sustainable medical models of care within acute inpatient care and the emergency department with robust connections with local GP services, enabling a smooth patient experience. • Work with the Rural Health Workforce Strategy to investigate medical workforce models to ensure sustainable services. • Consider basic level radiology training for nursing staff, ensuring appropriate accreditation criteria and accessibility to suitable equipment to support. • Map the current staffing skill set and identify future areas of demand/need in order to support additional training and development of local staff to reduce the reliance on agency nurses.

Not many specialists visit now. Challenges is the running down of surgery means less staff, Drs keen to stay here to work. We are expected to go elsewhere for specialists. Can be difficult. e.g. travelling to Clare for 7.00am admission because that is closest to us. This we need to do regularly, along with numbers of others who are aging. Volunteer drivers are in short supply.

= survey respondent

- Collaborate with Community and Allied Health services to attract and retain appropriate allied health professionals to sustain in-reach support services.
- Continue to support and promote BSMDH as a valuable location to provide rural student training through work placements.

MI4. Redesign and increase space/functionality to meet standards and to provide safe accessible services considering:

- Single patient rooms to be upgraded to include compliant wet areas/ensuites
- Meeting/education room to be located to the new Community Hub (previously theatre) including heating and cooling and installation of Video Conferencing (VC) and telehealth equipment.
- The Leisure Activity Group (LAG) room to be refurbished including entrance point upgraded to include wheelchair access. This will serve as a multifunction space/education centre for staff/room for Allied Health e.g. Occupational Therapists (OTs) that require a larger space.
- Install soundproofing to consulting rooms with access to computers (within the new Community Hub), a dedicated quiet space, secure clinical and non-clinical storage areas and improve space for nursing education (LAG and Community Hub meeting room as detailed above).

MI5. Explore opportunities to increase expansion of Transitional Care Packages (TCP) and restorative rehabilitation programs:

- Identify opportunities for the development of a TCP suite using one of the existing double rooms or rooms 11 and 12.
- Upgrade of former Leisure Activity Room to support therapy for restorative care activities including kitchenette, group room and external area to simulate transition to home activities.

MI6. Explore opportunities to positively influence the patient journey and develop a model of care to support care closer to home:

TCP and restorative type services are a big opportunity for growth in our area along with rehab type services.

= Clinician engagement participant

- Increase linkages with metropolitan LHNs to support the patient journey including metropolitan discharge planning, including equipment and timely discharge summaries.
- Link with NGOs and Home Care Package providers to support patients with transport needs.

MI7. Continue to develop strategies to reduce potentially preventable admissions:

- Continue to work with Community and Allied Health to expand and grow integrated ambulatory chronic disease prevention and management programs.
- Develop primary health messages for communication to the public.
- Continue to re-evaluate discharge-planning and co design effective models to support discharge.

MI8. 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.
- Consider indigenous artwork/décor, to make environments welcoming to Aboriginal people including the new meeting room in the Community Hub.

MI9. Continue to advocate for enhancement of 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.

MENTAL HEALTH	
Current	**Proposed**
Service Description Summary: Level 2: • Capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health consumers. • Provides general healthcare and some limited mental health care 24 hours a day, delivered predominantly by team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds. • Medical services provided on-site or in close proximity to provide rapid response at all times. • Service provision typically includes assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate. • 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.	**Service Description Summary:** Maintain level 2 mental health inpatient and Level 5 ambulatory mental health services and enhance patient care by seeking improvements in the following areas: **MH1. Participate in the development of new service models across the continuum to complement existing mental health services within YNLHN:** • Increase access to specialist mental health services in the general hospital acute service setting. • Establish access to sub-acute services (stepdown care from hospital to the community). • Increase mental health lived experience workforce capability and develop new service models inclusive of lived experience workforce. • Improve access to out-of-hours' support, explore extended hours and days of community mental health team operation. • Increase access to geriatrician services and increase the number of older person's mental health clinicians. • 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). • Regional telehealth to support extended hours of operation. **MH2. Build partnerships and networks with public and private providers to support and improve the health and wellbeing of the community considering:**

Current analysis:

Mental health separations account for 3.3% of all separations, and drug and alcohol separations account for 1.5% of all separations at Balaklava hospital in 2019-20.

There were 29 separations for Balaklava residents for Mental Health at other public hospitals within South Australia in 2019-20. There were 36 Emergency presentations at BSMDH with a mental health diagnosis in 2019-20.

Community Mental Health Team (CMHT) Ambulatory services

Provides Level 5 services:

The Lower North CMHT catchment covers the Balaklava, Burra, Clare, Jamestown, Riverton and Snowtown health unit catchment areas.

- 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 131465.

An average of 25 people per month living in the Balaklava catchment received mental health services from the Lower North Community Mental Health team (not admitted to hospital) in 2019/2020.

- Advocating with DASSA for enhanced services for consumers presenting with alcohol and other drug issues.
- Increasing stakeholder engagement to enhance the awareness of services available, appropriate referral pathways and streamline administrative tasks.
- Advocating for increased NGOs psychosocial support services.
- Advocating with Child and Adolescent Mental Health Services (CAMHS) for increased youth mental health services for young people.
- Partnering with Country SA PHN to advocate for more Primary Care Mental Health Services
- 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 systems of care.

MH3. Enhance the infrastructure at BMDH to best meet the needs of clients with mental health issues considering:

- Access for Mental health staff and consumers to comfortable consultation rooms within a warm and welcoming environment.
- Quiet room adjacent to Emergency Department to support de-escalation of mental health patients in crisis
- Dedicated mental health patient bedroom with reduced ligature risks and furniture that encourages collaboration and low stimulus activity

MH4. Ensure mental health workforce planning is considered as an integral part of the YNLHN workforce plan considering:

- Develop upskilling and training programs for staff (considering scholarships) including specialist portfolios for mental health services team, generalist mental health nurse training and identify mental health champions in acute and accident and emergency.

There were approximately 900 client contacts for Balaklava residents to the Lower North Community Mental Health team in 2019/2020.	• Increasing education opportunities for country general hospitals and South Australia Ambulance Service. • Opportunities to advocate for inpatient mental health consultation-liaison clinician roles within YNLHN to improve patient care and integration between hospital and community mental health. • Ensure adequate balance between experienced and graduate staff with effective support and structures in place for new staff. • Initiatives to recruit mental health workforce. • Develop innovative service models and career progression opportunities that help attract and retain Allied Health and Nursing staff **MH5. Continue to explore and review digital technology to enable safe, high quality services:** • Increase in telehealth where clinically appropriate to reduce travel burden. • Review of local infrastructure, coordination and education for effective use of technology. • Telehealth triage support for out-of-town transfers and (low acuity).
Other considerations: • South Australia Mental Health Services Plan 2020-2025.	

A&E can be a stimulating environment for emergency presentations, the space we use is shared with palliative care, so when we have a pall care patient where do we put a mental health presentation? Need a lower stimulus area that could also double as v/c or telehealth to Adelaide.

= clinician engagement respondent

PALLIATIVE CARE	
Current	**Proposed**
Service Description Summary: Level 1: Quality end-of-life care including assessment, triage, care coordination and clinical management, bereavement risk assessment and bereavement care for patients with uncomplicated needs associated with end-of-life care. • Services provided in the home, community, hospital or residential aged care facility. • Provided primarily by primary and acute care teams. • Has formal links with a palliative care services for purposes of referral, consultation and access to specialist care as necessary. **Current analysis:** The health service has no such dedicated palliative care funding. Patients have access to end-of-life packages which include additional care to stay at home. These services include nursing care, domestic assistance, personal care and other services and are provided by community health nursing staff. • The area is a dual purpose quiet space for both end-of-life care and mental health, however not purpose built for both services. In home services and community services are also provided by nursing staff.	**Service Description Summary:** Maintain level 1 palliative care services and explore opportunities to grow services by seeking improvements in the following areas. **PC1: Continue to build partnerships and networks with public and private providers to support the palliative care journey by:** • Maintaining strong links with the Palliative Care Consultant at Lyell McEwin Hospital. • Identifying early referral and transition pathways for oncology patients and patients living with a chronic condition. • Partnering with NGOs for transport for consumers and their families. • Developing private/public partnerships to support the patient journey. • Developing formal links with Wallaroo and Port Pirie health services. • Accessing community vehicles and volunteer drivers to assist with consumers transport to appointments. • **PC2: Redesign space/functionality to provide safe compassionate care for end-of-life care considering:** • Upgrading the ensuite in the current Special Care Unit (SCU). • Use of two-way glass to increase supervision from the adjoining nurse's station. • A dedicated lockable end-of-life kitchen area for both patients and visitors.

	PC3: Raise the awareness of the palliative care service to the Balaklava community by: • Linking with YNHN communications team to develop a marketing plan for the promotion of all services including the palliative care service. **PC4: Ensure palliative care services workforce planning is considered as an integral part of the YNLHN workforce plan considering:** • Advocate for skilled workforce working across acute and community with prescribing rights for end-of-life care throughout the YNLHN. • RN3 clinical practice consultant role to co-ordinate services throughout the LHN and provide mentorship and education to generalist nurses and other service providers. • Investigating opportunities to utilise expertise across the YNLHN. • Sustainable access to palliative care consultants to meet growing demand including telehealth services. • A seven-day Community Nursing service to support palliative care with support and dedicated training (through Nurse Practitioner role) to upskill generalist ENs and RNs.
Other considerations: • Investing in Specialist Palliative Care Services – commissioning report 2021 – YNLHN • YNLHN Last Days of Life Project, aims to improve the end-of-life care in the acute setting across the LHN.	

We have a very good and reliable palliative care service, with lovely staff.

= survey respondent

CLINICAL SUPPORT SERVICES		
Service and CSCF descriptor level	**Service Capacity**	**Proposed service improvements**
Diagnostic Medical Imaging Level 1	• Provides low-risk ambulatory care services during business hours and may provide some limited after-hours services if locum has a license to use the X-ray machine. • Involves a mobile general x-ray unit and is predominantly delivered by X-ray operators. • Computed radiography equipment is available to acquire images and facilitate image transfer. • Must be able to provide resuscitation and stabilisation of patient emergencies until transfer or retrieval to a back-up health facility. • Must have documented processes with a public or suitably licensed private health facility for patient referral and transfer to/from a higher level of service. • Transfer occurs within 24 hours.	• Relocation of X-ray equipment into another area of the site, nearer to the day-to-day operational area of the facility. • Consider viability to train/credential and maintain staff to undertake simple X-rays, including regular locum GP's. • Advise community of current X-ray service e.g. emergency X-ray service only not routine appointments.
Pathology Level 2	• No on-site laboratory but has access to point-of-care testing. • Qualified staff available to collect and transport specimens via a SA Pathology courier to nearest laboratory. • May have on-site blood storage, but cross-matched blood - managed by off-site laboratory - is available locally, where this is applicable to the facility.	Maintain pathology services - only available if associated with presentation/admission.
Pharmacy Level 1	• Provides services to ambulatory populations with low medication risk. • Prescriptions can be filled at local pharmacy at Balaklava and Port Wakefield.	• Maintain existing arrangements. • Continue supply of medication out-of-hours via Rural and Remote medication Policy and Procedure.

4. Other factors for consideration

The following documents were developed and endorsed by the Steering Group as part of the service planning process:

- Balaklava Service Profile (August 2020)
- BSMDH Workforce Profile (October 2020)
- Balaklava Service Profile – Mental Health Addendum (March 2021)
- YNLHN – Community Health Addendum (October 2020)
- Clinician Engagement Write Up (March 2021)
- Community Engagement Findings (May 2021)

Other key state and network documents, which will need to be considered in the implementation phase of the Service Plan include the following:

- Rural Health Workforce Strategy (RHWS)
    - The SA Rural Medical Workforce Plan 2019-2024
    - The SA Rural Allied Health and Scientific Workforce Plan 2021-2026
    - The SA Rural Nursing and Midwifery Workforce Plan 2021-2026
    - The SA Rural Aboriginal Health Workforce Plan (under development)
    - The SA Rural Ambulance Services Workforce Plan 2020-2025
- The SA Mental Health Services Plan 2020-2025
- ZED Managing and Consulting Aged Care – YNLHN aged care review
- Clare, Wallaroo, Yorke Peninsula and Port Pirie Hospital and Health Services Service Plans
- YNLHN Community and Allied Health Service Plan
- Digital Health SA, Regional Analysis, YNLHN.

4.1 Infrastructure, assets and equipment

A summary of the priorities from the service plan that have infrastructure and capital implications is provided below. This may assist in informing future planning for BSMDH.

Aged Care

- Single patient rooms to be upgraded to include compliant wet areas/ensuites.
- Single rooms with ensuites for all Ira Parker residents and modernise and refurbish interior furnishings.

Community and Allied Health

- Redesign of the current theatre area to provide additional consulting space.
- Refurbish and update the former Leisure Activity Group room and external area.
- Relocating the current Board Room to the proposed hub area behind admin to be repurposed as a meeting room/community room including v/c and telehealth facilities.
- The use of the current ‘Health Centre’ and upgrade to meet needs. Possibly retain as consultation rooms as part of the ‘Community Hub’ or staff accommodation, including appropriate access and modernising the exterior.

- Improve signage, physical accessibility and client comfort and environmental aesthetics.
- Meeting/education room in the proposed Community Hub requires heating and cooling.
- The Leisure Activity Group (LAG) room to be refurbished.

Emergency

- Options for entrance to Emergency Department for South Australian Ambulance Service (SAAS).
- Provide an on-call accommodation room for GPs/locums.
- Relocation of x-ray equipment.
- Dedicated procedure room.

Inpatient

- Identify dedicated appropriate area for rehabilitation services.
- Development of a TCP suite.
- Use of two-way glass to increase supervision from the adjoining nurse's station.

Mental Health

- Adequate soundproof consulting rooms.
- Access for Mental Health staff and consumers to comfortable consultation rooms with dual egress.
- Quiet room adjacent to Emergency Department.
- Dedicated mental health patient bedroom.

Palliative Care

- Upgrade ensuite in the current Special Care Unit (SCU).

- **Other**
- Appropriate residential short term and long-term accommodation to attract professionals and students.

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:

Aged Care

- Review of future demand to increase or decrease bed numbers according to community need and YNLHN aged care planning models and plan for future staffing models.

Community and Allied Health

- Collaborate with Community and Allied Health services to attract and retain appropriate allied health professionals.

Emergency

- Consider basic level radiology training for nursing staff.

Inpatient

- Map the current staffing skill set and identify future areas of demand/need in order to support additional training and development of local staff to reduce the reliance on agency nurses.

Mental health

- Develop upskilling and training programs for staff including specialist portfolios for mental health services team, generalist mental health nurse training and identify mental health champions in acute and accident and emergency.
- Increasing mental health education opportunities for staff.
- Opportunities to develop inpatient mental health consultation-liaison clinician roles within YNLHN.
- Ensure adequate balance between experienced and graduate staff with effective support and structures in place for new staff.
- Initiatives to recruit mental health workforce.

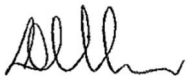
Palliative Care

- Advocacy of skilled workforce working across acute and community with prescribing rights for end-of-life care throughout the YNLHN.
- RN3 clinical practice palliative consultant for co-ordination of the services throughout the LHN and provide mentorship and education to generalist nurses and other service providers.
- A seven-day community nursing service to support Palliative Care with support and dedicated training (through Nurse Practitioner role) to upskill generalist ENs and RNs.

Other

- Continue to explore future sustainable medical models of care within acute inpatient care and the emergency department with robust connections with local GP services to enable a smooth patient experience.
- Work with the Rural Health Workforce Strategy to investigate medical workforce models to ensure sustainable services.
- Continue to support and promote Balaklava Hospital as valuable location to provide rural student training.
- Partner with medical specialists to enhance services to meet evolving community needs.
- Continue to roll out appropriate cultural competence training for all staff.
- Develop innovative service models and career progression opportunities that help attract and retain Allied Health and Nursing staff.

5. Service Plan Endorsement

Responsible Person	Signature
YNLHN **Chief Executive Officer,** **Roger Kirchner**	 **8/9/2021**
YNLHN **Executive Director,** **Community and Allied Health,** **Melissa Koch**	 **8/9/2021**
YNLHN **Director Mental Health,** **Lucas Milne**	 **9/9/2021**
YNLHN **Executive Director/Nursing and Midwifery,** **Michael Eades**	 **10/9/2021**
BSMDH **Executive Officer/ Director of Nursing,** **Robyn Lavrencic**	 **16/09/2021**

6. Appendices

Appendix A: Terms of Reference

Balaklava Soldiers' Memorial District Hospital Health Service Steering Group

Scope and Purpose

The purpose of the Balaklava Soldiers' Memorial District Hospital 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 Balaklava Soldiers' Memorial District Hospital.

Scope of Service Plan

The service plan will provide a framework for identifying and evaluating potential future service options for health services in the Balaklava catchment to meet the future needs over the next five years and beyond.

Steering Group Role

The Balaklava Soldiers' Memorial District Hospital Steering Group's 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 Balaklava 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 Balaklava Soldiers' Memorial District 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

- Brian Stevens, Presiding Member Balaklava and Riverton Health Advisory Council
- Representative TBC, Balaklava and Riverton Health Advisory Council
- Dr Tom Lemon, Wakefield Plains Medical Clinic

- Robyn Lavrencic, Executive Officer/Director of Nursing, Balaklava Soldiers' Memorial District Hospital
- Tanya Riddle/Mona McCarthur, Staff Representative, Balaklava Soldiers' Memorial District Hospital
- Melissa Koch/Cass McNeil, Community and Allied Health, YNLHN
- Paul Fahey/Robert Large, Corporate Services, YNLHN
- Michael Eades, Executive Director Nursing and Midwifery, YNLHN
- Robert Wastell/Lucas Milne, Clare Community Mental Health Team, YNLHN
- Rodney Reid, Mayor, Wakefield Regional Council
- Malcolm May, Balaklava Care Group
- Dr Viney Joshi, Executive Director Medical Services, YNLHN
- Tracey Stringer, Senior Project Officer, Planning and Population Health, YNLHN
- Kerry Dix, Planning and Population Health, Rural Support Service
- Hon Geoff Brock, Member for Frome

Ex-officio

- Nicolle Loftes, Business Support Officer, YNLHN – (Executive Officer/Minute Taker)
- Dr Mark Inglis, Visiting Medical Specialist
- Dr Bernard Carney, Visiting Medical Specialist

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

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

Member responsibilities

The Balaklava Soldiers' Memorial District Hospital 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:

- a willingness and ability to attend and participate in meetings of the Steering Group over a period of approximately nine 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
- contribute to meetings according to the principles of transparency and ethical responsibility, accountability, and monitoring/evaluating of performance based on evidence and outcomes

- 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
- engaging other stakeholders as required
- facilitation and leadership of the planning process
- organising and facilitating any clinical engagement workshops

The LHN will provide support to the steering group including:

- arranging meetings, agendas, note taking (minutes, summary and action items)
- distribution of materials and other administrative functions
- chairing of the meeting
- administration support for clinical engagement and other stakeholder engagement processes.

Confidentiality

- From time to time the steering 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 and when.

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 seven days prior to the meeting.

Meeting Procedures

Decision making

Decisions will be made by consensus about recommendations to be made to YNLHN. If a consensus cannot be reached then the Chairperson will negotiate with the steering group or make a decision on behalf of the steering group.

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

Meeting Frequency

Meeting frequency and location TBC.

Quorum

A quorum is half of the core members plus one.

Steering 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 seven 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 five 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 Executive Officer/Minute Taker on behalf of the group and make all records available to the Chief Executive Officer or delegate.

Actions

Between meetings the Executive Officer/Minute Taker will liaise with all persons who have responsibility for action items.

The Executive Officer/Minute Taker 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 Executive Officer/Minute Taker will undertake or prepare for the Chair formal notifications and advice messages that may be required to other Committees, Executives or Chief Executive Officer.

Evaluation

The steering 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.

Appendix B: Glossary

ABS – Australian Bureau of Statistics
ACAT – Aged Care Assessment Team
ACL – Advanced Clinical Leads
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
CSCF – SA Health Clinical Services Capability Framework
DASSA – Drug and Alcohol Services South Australia
ED – Emergency Department
EMR- Electronic Medical Record
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
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
QRSOC – Quality, Risk and Safety Operational Committee
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
TCP – Transition Care Program
TPP – Transition to professional practice program.
TOR – Terms of Reference
VMO- Visiting Medical Officer
webPAS – Patient Administration System

For more information

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