



Eyre and Far North Local Health Network

# Port Lincoln Health Services Service Plan

2021 - 2026



**Health**  
Eyre and Far North  
Local Health Network



## Acknowledgements

The Eyre and Far North Local Health Network acknowledges the traditional owners of the lands on which we deliver health and wellbeing services.

We honour Elders past, present and emerging. We recognise Aboriginal cultural authority, and the ongoing spiritual connection to country.

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 Lincoln Health Services - 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.

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

*April 2021*

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*Note: All members who contributed across the planning process are listed above, including temporary membership.*

## Foreword



**Michele Smith**

Chairperson

Eyre and Far North  
Local Health Network  
Governing Board

On behalf of the Eyre and Far North Local Health Network (EFNLHN) Governing Board, I am very pleased to present this Service Plan for Port Lincoln Health Services 2021 - 2026; the first in a series of service plans for EFNLHN which will guide our future clinical service provision in an evidence-informed and collaborative manner, with people at heart.

We are committed to providing community-focused and connected health services that are accountable and caring. The service planning process shows that by being responsive to our local communities and working together we can progress our vision to be a trusted provider of accessible, responsive, and innovative health, disability, and aged care services to support the wellbeing of our diverse communities.

I would very much like to thank the Steering Group for the enormous amount of energy and time in overseeing this planning project as well as the many clinicians, consumers and stakeholders who contributed their valued input to shape this plan.





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This service plan identifies a range of service initiatives which will support the provision of safe, quality services closer to home and is underpinned by a number of key strategic drivers.

## 1. Executive summary

Port Lincoln Health Services (PLHS) is part of the Eyre and Far North Local Health Network (EFNLHN). The service is comprised of a large casemix funded hospital with 48 multi-day beds and 18 same-day beds; acting as a hub hospital for the EFNLHN, along with co-located allied health, specialty nursing and multidisciplinary community health services. PLHS supports the community through access to 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, medium complexity chemotherapy, and renal dialysis. Additional clinical support services are located on site including medical imaging, pharmacy, pathology and dental services.

Port Lincoln Health Services is located within the Port Lincoln catchment with a population of over 18,000. As a hub hospital within EFNLHN, Port Lincoln Health Services provides services to a greater number of the Eyre and Far North population than the Port Lincoln catchment alone. Service flows have been comprehensively considered as part of this service plan.

This service plan considers a range of information and data from a variety of sources, which highlight recent patterns of service delivery and consumer experience of health care. The plan will assist in alignment with the Department of Health and Wellbeing's desire to deliver a commissioning program which is strategic, collaborative and focused on population health outcomes. Implementation of key initiatives within the service plan will require an ongoing collaborative approach with other key service providers in order to shape services to meet the needs of the catchment population in the medium to long term.

This service plan identifies a range of service initiatives which will support the provision of safe, quality services closer to home and is underpinned by a number of key strategic drivers, including the SA Health and Wellbeing Strategy 2020-2025 and Eyre and Far North Local Health Network Strategic Plan 2020-2025.

The planning process was led by the Port Lincoln Health Services Planning Steering Group (the Steering Group), supported by the Rural Support Service Planning and Population Health Team with input from a wide range of clinicians, consumers and stakeholders who were engaged through workshops, surveys, interviews and focus groups in 2020.

The specific service priority areas identified for Port Lincoln Health Services include:

- emergency services
- general medical (inpatient)
- maternity and neonate
- surgical services
- allied health
- specialty nursing and multi-disciplinary care
- mental health services
- cancer services
- renal services.

Detailed improvement opportunities for these services are outlined from page 22.

In addition to these service priority areas, opportunities to strengthen workforce and infrastructure will be key enablers for this plan. A summary of infrastructure and workforce enablers is captured on pages 49-50.

The EFNLHN Board will have governing oversight of the plan and the EFNLHN executive leadership group will have an operational oversight role in the implementation and monitoring of this plan.

## High priority service developments

The following table highlights the high priority service development opportunities for Port Lincoln Health Services over the next 5 – 10 years, and their alignment with the Eyre and Far North LHN (EFNLHN) Strategic Plan priorities. The full range of service improvement priorities are outlined in the tables beginning on page 22.

(Note: these priorities also appear in their respective clinical service priority tables in the service plan section of this document starting page 21).

Priority table no.	Service improvement priority	Link to strategic plan priorities				
		Responsive services and care	Skilled, supported and sustainable workforce	Aboriginal health is everyone's business	Interconnected mental health services	Vibrant aged and disability Care
E2.1	Consider the viability of an MRI service on site including appropriate liaison with Dr Jones and Partners.	X				
E3.1	Investigate options for enlarging and improving the emergency department including: <ul style="list-style-type: none"> <li>the ability to isolate respiratory patients</li> <li>bed visibility from the nurses' station</li> <li>specific mental health assessment space</li> <li>private / confidential examination space</li> <li>space for non-clinical tasks</li> <li>telehealth equipment for every bed.</li> </ul>	X				
E3.2	Explore the expansion of hospital avoidance opportunities within Accident and Emergency through nurse-led/ multi-disciplinary clinics that provide assessment, treatment and early connection to out of hospital programs considering: <ul style="list-style-type: none"> <li>establishment of a remote fracture clinic via telehealth with physiotherapist input</li> <li>after hours mental health team consultations</li> <li>establishment of targeted services within Accident and Emergency for identified preventable admissions.</li> </ul>	X	X		X	
M1.1	Implement a salaried medical officer model of care within acute inpatient care and the emergency department with robust connections with local GP services to enable a smooth patient experience.	X	X			
M4.1	Link with state-wide digital health services to explore an integrated and comprehensive electronic medical record, with linkages and connections to existing platforms, which can auto-generate letters and discharge summaries and is accessible to all.	X	X			

S2.1	Develop a step up / step down model of care for vulnerable and socially isolated people having surgery at Port Lincoln Health Services.	X		X	X	X
S4.1	Investigate opportunities for hip and knee replacement surgery to be performed at Port Lincoln. Quantify and establish relevant workforce and appropriate restorative care services.	X	X			
SP2.1	Develop a business case for the establishment of a dedicated rehabilitation inpatient and ambulatory service that is appropriately staffed to provide interdisciplinary services in relation to stroke care, orthopaedics and amputee care, geriatric evaluation and management, and other specialist rehabilitation (e.g. neurology) that support services across the LHN. This includes establishment of 7-day allied health services and 24/7 community nursing services to work across a range of service areas.	X				
SP2.2	Investigate opportunities for commissioning a local multidisciplinary paediatric service to restore the service previously provided by WCHN Child Development Unit as part of the paediatric outpatient service as a whole, including improved access to paediatrician.	X	X			
RS1.1	Investigate the opportunity to create an LHN-wide Aboriginal Care Coordinator role within the renal dialysis unit in partnership with PLAHS, inspired by the Aboriginal Maternal and Infant Care (AMIC) model.	X		X		
MN1.1	Develop a maternity support model for women / families who are unable to deliver in Port Lincoln due to BMI and complexity and must go to metropolitan Adelaide, with a focus on supporting the cultural needs of Aboriginal women and families.	X		X		
MN2.1	Establish a comprehensive perinatal mental health service.	X	X		X	
MN5.1	Explore the clinical governance around the maternity shared care model (GP/Midwife/Obstetrician) with a view to implementation.	X	X			
MN6.1	Review and improve IT infrastructure for maternity and neonate services (reciprocal with other LHNs and metropolitan hospitals).	X				
MH1.1	Explore options for continuity of mental health services across developmental stages to adulthood and aged by mapping out joined-up, whole-of-life service pathways across non-government organisations (NGO), government and ACCHO, proactively identifying service gaps.	X	X	X	X	X
MH4.1	Expand access to paediatric mental health services ensuring integration and appropriate transitions between life stages.	X	X			



## 2. Planning 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 localised service planning is performed with adequate consideration of, and integration with, the system as a whole. Local health service planning affords us the opportunity to build on the broad strategic directions of the health system, investigate local health service data, examine local service 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 Port Lincoln Health Services to meet the needs of the Port Lincoln catchment over the next 5 years and beyond.

### 2.1 Strategic enablers

Several strategic frameworks and enablers have informed and provided strategic direction for the Port Lincoln Health Services 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.



## **Eyre and Far North Local Health Network Strategic Plan 2020-2025**

The Eyre and Far North Local Health Network Strategic Plan 2020-2025 was developed concurrent to the service planning process for Port Lincoln Health Services. The service planning steering group for Port Lincoln Health Services 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 EFNLHN strategic plan;

### *Our Purpose*

To drive exceptional health and aged care services across the Eyre and Far North.

### *Our Vision*

A trusted provider of accessible, responsive, and innovative health, disability, and aged care services to support the wellbeing of our diverse communities.

### *Strategic priorities*

- Responsive Services and Care
- Skilled, Supported and Sustainable Workforce
- Aboriginal Health is Everyone's Business
- Interconnected Mental Health Services
- Vibrant Aged and Disability Care

### *Strategic enablers*

- Resilient Partnerships
- Community Connection
- Appropriate Infrastructure
- Digital Transformation
- Financial Sustainability



### **Other strategic enablers that informed the service plan**

Several other frameworks, plans and forums have been connected with the development of the Port Lincoln Health Services 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.

### **Commonwealth and Department of Health and Wellbeing directions**

From time to time, Commonwealth or State Departments may direct changes to services within regional South Australia. Our service planning framework aims to be sufficiently agile to enable us to respond to these directions and optimise the outcomes for our local population.

## 2.2 Port Lincoln catchment profile - a snapshot

**4.9%** of people in the catchment area identify as **Aboriginal and/or Torres Strait Islander**



**3.4%** of people speak a language other than English at home



About **1 in 5** people are under the age of 14  
*(a higher proportion compared to SA)*



There were **7,281** emergency presentations in 2018/19



We serve a core catchment population of

**18,305**

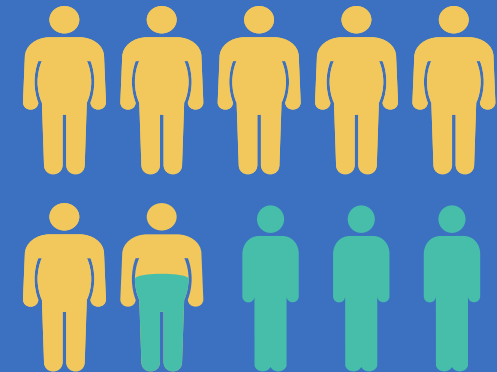
*with growth expected by 2036*



**86%** of Port Lincoln residents who needed same day hospital care were able to access it at the Port Lincoln Hospital



There are **48** multi-day beds at the Port Lincoln Hospital



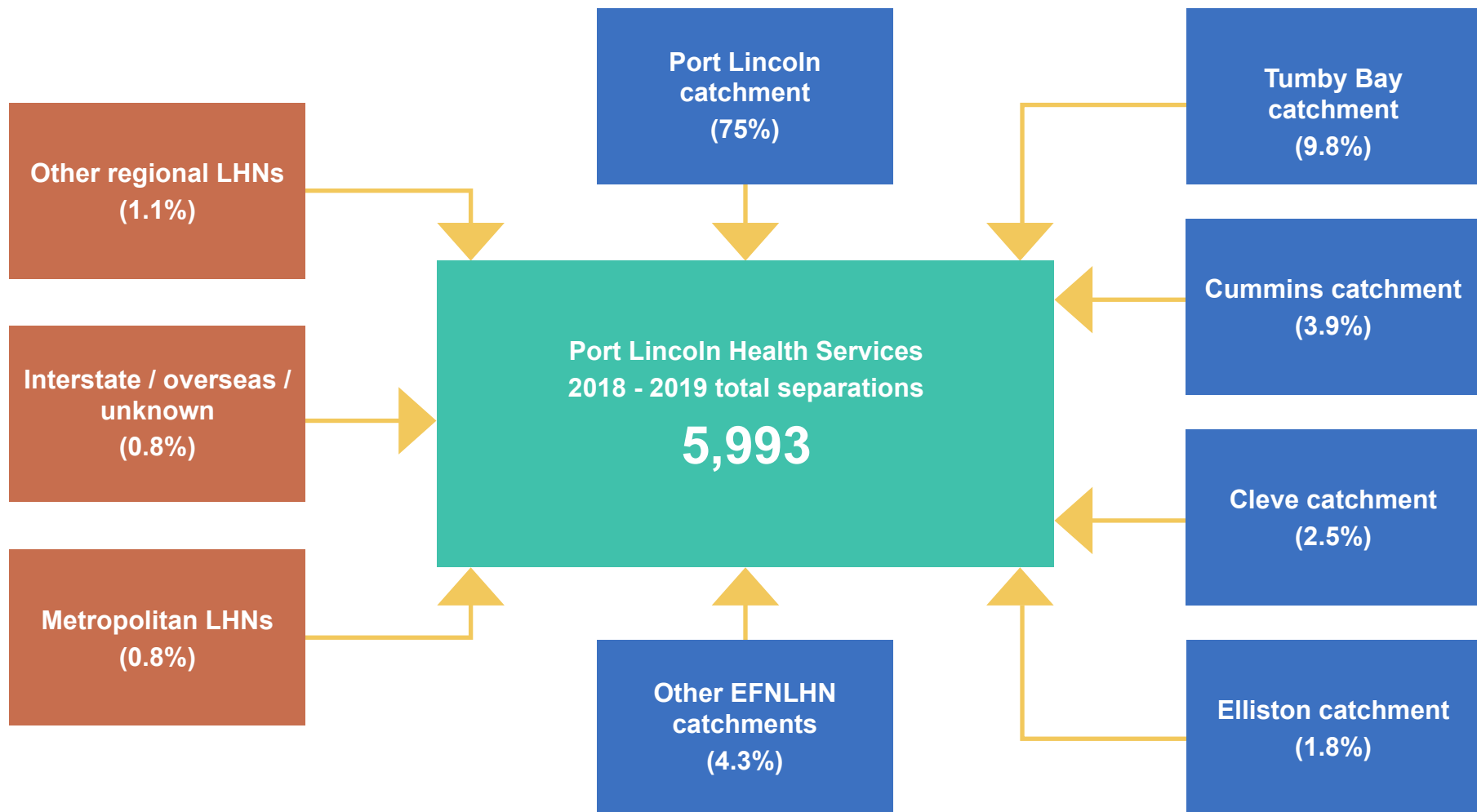
**67%** of the Eyre and Far North LHN population self-reported as overweight or obese in 2017

Source: Port Lincoln Service Profile for the Port Lincoln Health Services - Service Planning Process. Version 4.0 – February 2020

## Port Lincoln catchment profile - in detail

- The population of the Port Lincoln catchment is 18,305, with 19.7% aged under 14 years, and 18.6% aged over 65 years. The Port Lincoln catchment has a higher proportion of persons aged under 14 years compared to the SA population.
- Port Lincoln Health Services is a hub hospital within EFNLHN and provides services to consumers beyond the proclaimed catchment area in other areas of EFNLHN:

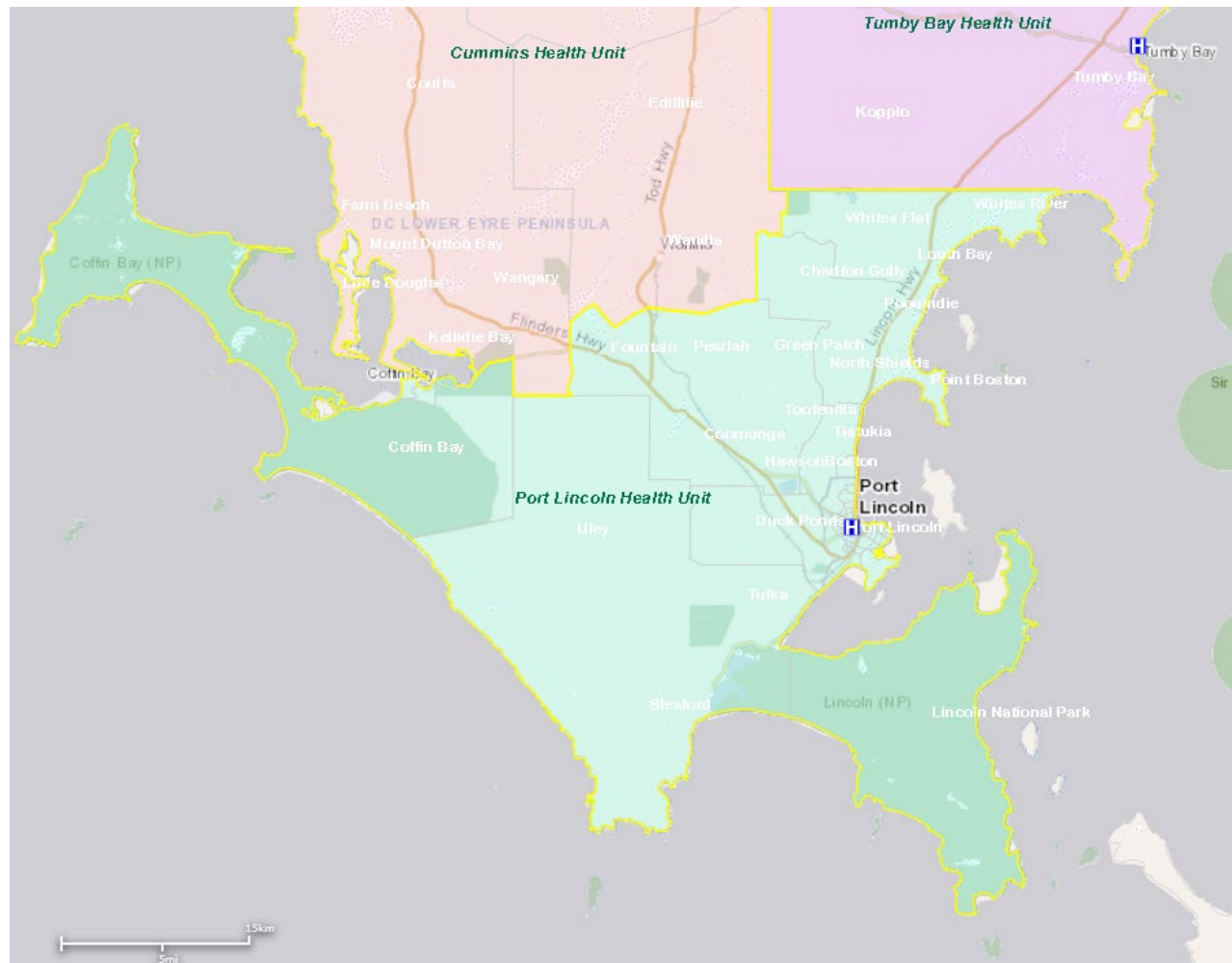
### Separations (%) at Port Lincoln Health Services by patient residence, 2018-19.



Source: Port Lincoln Service Profile for the Port Lincoln Health Services - Service Planning Process. Version 4.0 – February 2020

- 4.9% of residents in the Port Lincoln catchment identify as Aboriginal and 3.4% speak a language other than English at home. The Port Lincoln catchment has a higher proportion of Aboriginal persons and a lower proportion of people from a CALD background compared to the SA population.
- The resident population of Port Lincoln catchment is expected to grow by 2036.
- Port Lincoln Health Services has 48 multiday beds available, with an average of 27.1 occupied each night in 2018/19.
- In 2018-19, the top 5 same-day separation types at Port Lincoln Health Services for Port Lincoln catchment residents by total number of separations were Adult Surgical, Dialysis, Adult Medical, Paediatric Surgical and Mental Health. For the same time period, the top 5 same-day separation types accessed outside of the catchment for Port Lincoln residents were Adult Medical, Adult Surgical, Paediatric Medical, Paediatric Surgical and Mental Health.
- In 2018-19, the top 5 multi-day separation types at Port Lincoln Health Services for Port Lincoln residents by total number of separations were Adult Medical, Adult Surgical, Obstetric, Paediatric Medical and Mental Health. For the same time period, the top 5 multi-day separation types accessed outside of the catchment for Port Lincoln residents were Adult Surgical, Adult Medical, Obstetric, Paediatric Surgical and Paediatric Medical.
- There were 7,281 emergency presentations at Port Lincoln Health Services in 2018-19. This is broken down by 345 triage 1 or 2, 1,528 triage 3, and 5,408 triage 4 or 5 presentations.
- In 2018-19, there were 223 births for women from the Port Lincoln catchment. Of this number, 22.0% were at public hospitals outside of the EFN Region.
- The Port Lincoln catchment area is geographically aligned to the Port Lincoln Statistical Area 2 (SA2), and extends into the Eyre Peninsula SA2 – sharing the Eyre Peninsula SA2 with the Cummins, and Tumby Bay catchments. Port Lincoln Health Services is located within the Port Lincoln catchment.

**Map 1: Port Lincoln catchment area**



Source: SA Health Data & Reporting Services Branch  
(Port Lincoln catchment indicated by green shading)





## 2.3 Service planning process

The service planning process was led by the Port Lincoln Health Services Planning Steering Group (membership listed on page 3). Established in October 2019, 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.

The role of the steering group was to:

- provide advice to the LHN 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 Lincoln community and surrounding catchment to determine the future implications for the Health Service.
- provide advice on future self-sufficiency of the Port Lincoln Health Services.
- provide feedback on recommendations and priorities as they are developed.
- identify and engage other stakeholders as required to contribute to the service planning process.
- receive ideas, advice and recommendations from any consultation processes and ensure its consideration in the development of the Service Plan.

The steering group analysed a range of:

- health utilisation data
- population trends
- patient journey trends
- key influencing factors.

The steering group endorsed a 'service profile' containing a large amount of data which provided the foundation for the data gallery at the clinician engagement workshop.

Following each meeting, a brief meeting summary outlining discussion points, issues and actions was distributed to PLHS staff and the Port Lincoln Health Advisory Council (HAC).

## 2.4 Clinician, consumer and stakeholder engagement

A variety of engagement methods were 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.

### Clinician engagement workshop

A clinician engagement workshop was held on the 17 September 2020 and was attended by a range of clinical stakeholders including Eyre and Far North Local Health Network (EFNLHN) clinical staff (nursing, midwifery and allied health), local GP workforce, SA Ambulance Service (SAAS), SA Pathology, visiting specialists, the Port Lincoln Health Advisory Council and EFNLHN executive. There were 46 attendees.

A brief introduction and overview of the emerging strategic planning priorities was provided by EFNLHN CEO, Verity Paterson. The planning process was briefly explained by Acting Manager Planning and Population Health, Kerry Dix who also facilitated the workshop. Participants then broke into 6 small groups, each with a facilitator, to discuss priority areas in greater detail. These groups were:

- Accident and Emergency (including SAAS and Medical Imaging).
- General Medical (including maintenance care and monitoring).
- Maternity and Neonate.
- Mental Health.
- Specialised Services (including chemo, renal, palliative care, allied health and specialty nursing).
- Surgical Services.

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

All participants were able to choose 2 groups to join across the evening with the following questions 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?

All data from the clinician workshop has been analysed by the steering group and has heavily informed the development of the service plan. A report from this workshop can be found in Appendix 2.

## **Consumer engagement**

Seven in-depth local consumer interviews were conducted and transcribed, providing rich qualitative data about the consumer experience across the full spectrum of the health system including interactions with;

- accident and emergency / urgent care (including SAAS)
- inpatient medical
- visiting specialists
- cancer care / chemotherapy
- community nursing and allied health
- rehabilitation (or lack of)
- metropolitan health services
- general practice and primary care

While the health system may regard a person as a consumer of a single service e.g. “a renal patient” or “a community health client”, the reality is that the consumer is the only true holder of the full experience, navigating their way between acute and community health services, regional and metropolitan health services, primary and secondary care. Consumer insights can point to system level improvements on a scale that cannot be seen from the inside.

Consumer insights collected have been included in the development of the service plan priorities and quotes from the interviews conducted have been used to illustrate the human face of the priority areas. Consent has been granted by the consumers to apply their de-identified voice in this way.

## **Aboriginal Community Controlled Health Organisation**

A focus group was held on 9 October 2020 with Port Lincoln Aboriginal Health Service (PLAHS) to seek perspectives about priorities for future services for Port Lincoln Health Services. This meeting provided meaningful insights including opportunities for future partnerships, building on current successful models (such as the Aboriginal Maternal and Infant Care (AMIC) practitioners), affordable access to specialists and improvement in communication between the hospital and PLAHS. These insights have shaped the priority areas within this service plan.

## **Stakeholder and community engagement**

A survey was used to gather data from a wider group of stakeholders including community partner organisations, clinicians who were unable to attend the clinician engagement workshop and PLHS staff. Feedback gathered from the survey has shaped the priorities included in the service plan.

Community engagement data from the recent strategic planning engagement was examined and relevant feedback considered by the steering group to inform the service plan. With engagement fatigue a concern, it was decided not to implement another broad community engagement approach for the service plan so soon after the strategic planning engagement and that a focus on consumer experience was a priority for the service planning process. It should be noted that the Presiding Member of the Port Lincoln HAC, Mr Harry Miller, was a member of the steering group.





### 3. Service plan

#### 3.1 Current service capacity

Port Lincoln Health Services is a large casemix funded hospital with 48 multi-day beds and 18 same-day beds.

PLHS 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, medium complexity chemotherapy and renal dialysis. Additional services located onsite are radiology (Dr Jones and Partners), SA Pathology, clinical pharmacy and SA Dental. Hospital services are co-located with community health, allied health and specialty nursing services.

Eyre and Far North Country Health Connect (CHC) services provide a range of centre-based and community-based multidisciplinary, allied health, specialty nursing, aged care and disability services.

Accident and emergency medical and inpatient medical services are provided by locum GPs, obstetric and anaesthetic services are provided by local GP proceduralists and surgical services are provided via a contractual arrangement with a metropolitan hospital.

#### 3.2 Clinical Services Capability Framework

The SA Health Clinical Services Capability Framework (CSCF) 2016 [updated 2020] 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 Lincoln Health Services.



### 3.3 Service improvement priorities

The priority tables below outline the proposed service improvements for Port Lincoln Health Services for the next 5 years and beyond, organised by clinical stream.

The key priorities that are highlighted in the executive summary table are included in their respective tables below in *blue italics*.

#### Emergency Services (including SA Ambulance Service (SAAS) and medical imaging)

Current service description summary (from Clinical Services Capability Framework)		
Port Lincoln provides:		
<ul style="list-style-type: none"><li>• Level 3 emergency services providing on-site, 24-hour access to designated emergency nursing staff and triage of all presentations.</li><li>• Capable of providing initial treatment and care for all presentations, and advanced resuscitation and stabilisation, including short-term assisted ventilation prior to transfer to higher level service.</li><li>• Ability to assist in care of minor trauma and provide interim care to enable rapid transfer of major trauma. Transfer will require early liaison with SAAS.</li></ul>		
Current service capacity summary		
<ul style="list-style-type: none"><li>• 24/7 Emergency service</li><li>• Service delivery by locums – ED roster 24/7</li><li>• Consistent higher complex presentations</li><li>• Support from local Mental Health team (Monday to Friday in business hours)</li><li>• Radiology provider adjacent to ED – emergency support 24/7</li><li>• SA Pathology on site – emergency support 24/7</li><li>• Telehealth capability</li></ul>		
<b>Proposed future service:</b>		
Maintain level 3 emergency services with potential facility expansion and innovation in service delivery to enhance patient care.		
Summary of proposed service improvements		
<b>E1. Strengthen our workforce to provide sustainable emergency services that meet community need.</b>		
	E1.1	Explore options for access to allied health services after hours in the Emergency Department (ED).
	E1.2	Consider establishing a sustainable Extended Care Paramedic workforce.
	E1.3	Develop an evidence-based and systematic process for debriefing following trauma.
	E1.4	Extend the skills and confidence of nursing and medical staff by providing increased opportunities for education around contemporary emergency and urgent care services.

**E2. Expand the range and functionality of medical imaging services.**

	E2.1	<i>Consider the viability of an MRI service on site including appropriate liaison with Dr Jones and Partners.</i>
	E2.2	Consider the viability of modified barium swallow imaging service.
	E2.3	Investigate the capacity for a Registered Nurse (RN) to accompany patients for medical imaging.
	E2.4	Liaise with Dr Jones and Partners to improve CT equipment.
	E2.5	Explore options to enlarge the medical imaging space for patients.

**E3. Innovate to improve the quality and safety of emergency services for patients and staff.**

	E3.1	<i>Investigate options for enlarging and improving the emergency department including:</i> <ul style="list-style-type: none"><li><i>• the ability to isolate respiratory patients</i></li><li><i>• bed visibility from the nurses station</i></li><li><i>• specific mental health assessment space</i></li><li><i>• private / confidential examination space</i></li><li><i>• space for non-clinical tasks</i></li><li><i>• telehealth equipment for every bed.</i></li></ul>
	E3.2	<i>Explore the expansion of hospital avoidance opportunities within Accident and Emergency through nurse-led/multi-disciplinary clinics that provide assessment, treatment and early connection to out of hospital programs considering:</i> <ul style="list-style-type: none"><li><i>• establishment of a remote fracture clinic via telehealth with physiotherapist input</i></li><li><i>• after hours mental health team consultations</i></li><li><i>• establishment of targeted services within Accident and Emergency for identified preventable admissions.</i></li></ul>
	E3.3	Investigate the viability of a Medical Assessment Unit (MAU) - a separately staffed short stay unit attached to Accident and Emergency to facilitate trial of treatment, infusions and reduce preventable hospital admissions.
	E3.4	Improve safety and security for ED staff and patients by exploring contemporary ED environment design and security system requirements.

**E4. Enhance the patient journey through integrated partnerships.**

	E4.1	Systemise referral pathways in order to broaden the support provided to families following an Accident and Emergency referral e.g. domestic / family violence and psychosocial issues.
	E4.2	Develop appropriate pathways for Aboriginal consumers accessing Accident and Emergency including appropriate engagement and partnership with PLAHS.

**E5. Continue to review and integrate medical records systems to enable safe, high quality service provision.**

	E5.1	Link with state-wide services to explore a platform for integration of Accident and Emergency medical records (currently paper) CCCME, Chiron, OACIS and My Health Record for access by all.
	E5.2	Provide space for SAAS case card within Accident and Emergency medical record.

*“As soon as I got into A&E they were straight onto it... they said ‘you’ll be fixed very shortly.’”*

- PLHS consumer

*“I’ll tell you what they need [at the health service]: an MRI machine. I speak to so many people who have to travel to get an MRI, it would be great to have that service locally...”*

– Pt Lincoln community member

## General medical services

### Current service description summary (from Clinical Services Capability Framework)

Port Lincoln provides:

- level 3 service; provides ambulatory and inpatient care that may require subspecialty referral.
- patients do not require complex diagnostic investigation.
- patients under care of medical practitioner or visiting medical officer who may be registered medical specialist (consultant physician).
- inpatient services usually provided for medium-acuity, single-system medical conditions with significant but stable 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 service capacity summary

- Special Care Unit for cardiac monitoring up to 8 beds – complex unstable cohort short term
- Admissions by locums, GPs, surgeons and Physician
- Complex inpatient cohort

### Proposed future service:

Maintain level 3 medical inpatient services, identify service improvement opportunities and strategically build the future workforce.

### Summary of proposed service improvements

#### M1. Strengthen our workforce to provide sustainable services that meet community need.

	M1.1	<i>Implement a salaried medical officer model of care within acute inpatient care and the emergency department with robust connections with local GP services to enable a smooth patient experience.</i>
	M1.2	Advocate for a positive weighting to be applied to allocation of local Transition to Professional Practice Program (TPPP) candidates to enhance retention of staff.
	M1.3	Increase Aboriginal workforce in all roles.

#### M2. Improve the physical environment to support safe, high quality service provision.

	M2.1	Create an appropriate space, adjacent to the wards, for staff debriefing.
	M2.2	Investigate and quantify the increasing bariatric needs of consumers including the equipment, resources and training required for safe health service provision.

<b>M3. Explore service improvement opportunities and growth of new services in identified priority areas to meet community need</b>		
	M3.1	Explore expansion of telehealth to improve the patient journey for paediatric outpatient services.
	M3.2	Consider the development of a publicly run hospice.
<b>M4. Increase collaboration and inter-agency approaches</b>		
	M4.1	<i>Link with state-wide digital health services to explore an integrated and comprehensive electronic medical record, with linkages and connections to existing platforms, which can auto-generate letters and discharge summaries and is accessible to all.</i>
	M4.2	Develop an ongoing mechanism for Port Lincoln Aboriginal Health Service (PLAHS) and Port Lincoln Health Services to connect (at least 4 monthly).
	M4.3	Investigate options for real-time prescribing.
	M4.4	Explore ways to communicate complex community care pathways to stakeholders and consumers.
<b>M5. Strengthen the capability to provide culturally appropriate health services</b>		
	M5.1	Deepen cultural competence training for all staff.
	M5.2	Enhance reciprocal knowledge of services offered by PLAHS / PLHS.
	M5.3	Create a culturally appropriate space for grief and loss for Aboriginal community.
	M5.4	Investigate the consumer journey of different language groups, including access to interpreters, with a view to improvement.
	M5.5	Systemise the appropriate use of traditional healers across cultures, including Ngangkari, as usual practice.
	M5.6	Investigate opportunities for an Aboriginal Liaison Officer to be located at the hospital, rather than at PLAHS, as a mechanism to strengthen the partnership.

*“she (allied health professional) said she could not look after me because I wasn’t referred properly...there was some sort of protocol that had to be...I had to be referred somehow or other else...I can’t exactly remember...there seems to be a lot of red tape...a lot of hard work to get anywhere....to see anyone, to talk to anyone...”*

- PLHS consumer

*“Nursing was all good...in Lincoln...their manner towards me was just...they were brilliant.”*

- PLHS consumer

*“When I left hospital they organised an appointment to see my doctor...I went in and he said “What do you want?”...I said “I don’t know. You’ve got an appointment to see me”... “Oh have I? Oh yeah yeah...what’s it about?” There had been no communication”*

- PLHS consumer



## Surgical services

### Current service description summary (from Clinical Services Capability Framework)

Port Lincoln provides Level 3 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
- level 4 endoscopy services are provided

### Current service capacity summary

- 24/7 GP/anaesthetists on call
- 24/7 Surgeon on call
- Operating Rooms Nursing/midwifery available 24/7
- Multiple visiting surgical specialties – procedural and OPDs
- Endoscopy service
- CSSD on site
- Day surgery
- Day of surgery admission (DOSA) clinic
- Provides retrieval service support

### Proposed future service:

Maintain current level 3 surgical and anaesthetic services and grow the range and frequency of surgical service provided.

### Summary of proposed service improvements

#### S1. Ensure infrastructure, facilities and equipment enables quality surgical services to be delivered safely and effectively

	S1.1	<i>Explore the need for, and viability of, a High Dependency Unit (HDU) or a Close Observation Unit (HDU level care, not available 365 days / year).</i>
	S1.2	Investigate the ability to increase bandwidth to support the delivery of surgical and supporting services.

<b>S2. Enhance pre and post-surgical support services to improve the patient journey</b>		
	<i>S2.1</i>	<i>Develop a step up / step down model of care for vulnerable and socially isolated people having surgery at Port Lincoln Health Services.</i>
	S2.2	Engage with PLAHS in the development of a model to link Aboriginal consumers with appropriate pre-surgical admission support and necessary post-surgical services using the Aboriginal Maternal and Infant Care (AMIC) model as an exemplar.
	S2.3	Enable the pre-surgical work up to be completed via telehealth, accompanied by a nurse.
	S2.4	Provide support for surgical outreach clinics to Cummins and Tumby Bay via a combination of face to face and telehealth service provision.
	S2.5	Investigate the most appropriate and cost-effective solution for low acuity patient escort and transport; private ambulance / salaried ambulance or SAAS.
<b>S3. Strengthen our surgical workforce and plan for sustainability</b>		
	S3.1	Provide continued support for visiting specialists and investigate opportunities to expand the type of specialist services offered locally.
	S3.2	Maintain a strong relationship with the Queen Elizabeth Hospital for surgery and training.
<b>S4. Explore improvement opportunities and growth of new surgical services to meet community need</b>		
	<i>S4.1</i>	<i>Investigate opportunities for hip and knee replacement surgery to be performed at Port Lincoln. Quantify and establish relevant workforce and appropriate restorative care services.</i>
	S4.2	Grow surgical services in ophthalmology, ENT and urology.
	S4.3	Consider the provision of interventional radiology services locally e.g. liver or lung biopsy.
	S4.4	Develop a system to monitor waiting lists in order to tailor future services.
	S4.5	Work with the Activity-Based Funding (ABF) team to explore opportunities to optimise appropriate activity.

*“I had to have major surgery to have 20cm of my bowel removed. I guess one difficult thing with that is that I had it done here...which is fine...I mean everyone, the nurses were wonderful, the surgeon absolutely saved my life but he did say that I could have it done by keyhole but I would have to go to Adelaide. I mean recovery would have been a lot quicker but you’ve got the costs involved...I wouldn’t have had the support in Adelaide... so that was probably a bit of a challenge. It’s not necessarily a criticism but that’s one thing I would probably say...”*

- PLHS consumer

## Specialised services - allied health, specialist nursing and multidisciplinary care

### Current service description summary

Port Lincoln Health Services provides a comprehensive range of inpatient, outpatient, disability, rehabilitation and aged care services. Work is performed across health care settings; inpatient, community & residential aged care.

### Current service capacity summary

- Allied health currently provide a 5 day a week service.
- Specialist Nurses provide clinical treatment and care to clients in the community setting. Specialist areas of nursing include palliative care, chronic disease management, cardiac and pulmonary rehabilitation, wound management, stomal therapy, diabetes, breast cancer, prostate cancer, medication management, aged care, and restorative and reablement.
- Port Lincoln offers a 7 day a week service 8.30am-5:00pm for community specialist nursing services (wound management, medication management) all other specialist services are Monday to Friday 8.30am to 5pm.
- Access to services is through a central intake process, all referrals are assessed and prioritised by a Registered Nurse.

### Proposed future service:

Expand and integrate allied health, specialist nursing and multidisciplinary care across the inpatient, ambulatory and community care spectrum to enhance consumer experience and enable care closer to home.

### Summary of proposed service improvements

#### SP1. Support and grow a local workforce to provide sustainable, high quality specialised services and enhance the consumer experience

	SP1.1	Explore models, other than fly in fly out (FIFO), for paediatrician, geriatrician and psychologists.
	SP1.2	Establish and grow nurse practitioner roles. Explore opportunities to partner with PLAHS in the establishment of these roles.

#### SP2. Investigate service improvements in identified priority areas to enhance access to the most appropriate care closer to home

	SP2.1	<i>Develop a business case for the establishment of a dedicated rehabilitation inpatient and ambulatory service that is appropriately staffed to provide interdisciplinary services in relation to stroke care, orthopaedics and amputee care, geriatric evaluation and management, and other specialist rehabilitation (e.g. neurology) that support services across the LHN. This includes establishment of 7-day allied health services and 24/7 community nursing services to work across a range of service areas.</i>
	SP2.2	<i>Investigate opportunities for commissioning a local multidisciplinary paediatric service to restore the service previously provided by WCHN Child Development Unit as part of the paediatric outpatient service as a whole, including improved access to paediatrician.</i>
	SP2.3	Work with SA Pathology to explore the ability to expand home-based pathology collection.

	SP2.4	Investigate accessing 19(2) exemption to expand service / funding capability for a range of areas including locums, allied health and private practitioner workforce.
	SP2.5	Explore opportunities to increase Drug and Alcohol Services SA (DASSA) services locally including local detox services.
	SP2.6	Establish an infusion unit for non-chemotherapy infusions.
	SP2.7	Investigate expansion of Tier 2 outpatient clinics in order to be able to provide more specialised nursing and allied health outpatient clinics, using stoma therapy as an exemplar.
	SP2.8	Re-establish a local women's health service to provide continence and other women's health services.
	SP2.9	Improve affordable access to visiting specialists, especially for vulnerable clients, to improve patient journey.
<b>SP3. Improve systems and technology to enhance service delivery and future planning</b>		
	SP3.1	Explore a readily accessible system to view all outpatient services, waiting lists and demand.
	SP3.2	Investigate and optimise telehealth pathways, and invest in the necessary infrastructure, to enable access to a wider range of specialists, providing care for consumers as close to home as possible.
	SP3.3	Ensure telehealth consultations throughout the site can be completed with adequate privacy and confidentiality.
	SP3.4	Review and improve workforce access to vehicles, contemporary technology hardware and software to enhance service delivery.
<b>SP4. Optimise funding models</b>		
	SP4.1	Explore opportunities to use funding models more flexibly to enable improved access to multidisciplinary programs.



*“[the telemed] is in the chemo unit but it is just like a little room with glass doors and you just shut the doors, I mean....you can still hear...but everyone is in there for the same reason...well similar reason. It’s good for anyone who gets a good result, it’s pretty bad for someone that doesn’t I guess.”*

- PLHS consumer



*“He had no problems, they were wonderful to him and wonderful in Adelaide and operated and sent him home the next day...but I suppose there really needs to be serious follow up... he should’ve had physio very soon after his surgery and nobody organised it.... now it looks like he’s got a permanent issue”*

- PLHS consumer

*“It’s \$200+ for a [outpatient specialist] consult here. It is cheaper to send people to Adelaide [with travel reimbursement] than for people to be seen here due to upfront fees”*

- Stakeholder

*“My liver and my kidneys were failing....and they were concerned about my heart...just from all the fluid...I have been able to get into see specialists here...I’ve got one next month...scans on my heart again...good that I can get that here in Lincoln and not have to travel to Adelaide.”*

- PLHS consumer

## Cancer services

### Current service description summary (from Clinical Services Capability Framework)

Port Lincoln Health Services is a Level 3 medical oncology service;

- provides low-risk ambulatory and/or inpatient diagnostic, consultation and treatment service with access to limited support services.
- provides chemotherapy under supervision of a registered Medical Oncologist who reviews patients locally or at a higher level service.
- services delivered predominantly by medical practitioners, registered nurses and visiting day-only / telehealth specialist medical services.
- administers conventional doses of relatively low-risk systemic therapy under protocols not normally expected to produce severe acute reactions or prolonged neutropenia.
- provides support before, during and after medical oncology treatment provision.

### Current service capacity summary

- Provision of chemotherapy trained nurses
- Chemotherapy services Monday to Friday
- Infusion service Monday to Friday
- Commencement of selected medium complexity Chemotherapy from February 2021

### Proposed future service:

Support the implementation of providing medium complexity cancer services and enhance patient care.

### Summary of proposed service improvements

#### CS1. Culturally appropriate services

	CS1.1	Explore how to improve cultural sensitivity of cancer services.
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#### CS2. Integration of care

	CS2.1	Investigate opportunities to integrate allied health, specialty nursing and other multi-disciplinary care into the chemotherapy and cancer care journey.
	CS2.2	Optimise the use of telehealth for oncologist reviews to enhance the consumer experience.



*"I then had to go to Whyalla to see the oncologist up there, I guess that was a bit of a challenge financially and personally...its time out of your day, you've got to drive..."*

- PLHS consumer

## Renal services

### Current service description summary (from Clinical Services Capability Framework)

Port Lincoln Health Services is a Level 3 renal service:

- provides care to patients on maintenance dialysis.
- may not offer full spectrum of dialysis modalities, such as home renal replacement therapies.
- dialysis provided in designated dialysis area for patients with end-stage kidney disease (ESKD) who require assistance of registered nurse.

### Current service capacity summary

- Provision of renal trained nurses
- Renal dialysis services 6 days per week
- Travellers able to seek dialysis as available

### Proposed future service:

Maintain the level 3 renal services at Port Lincoln Health Services and enhance patient care.

### Summary of proposed service improvements

#### RS1. Maximise opportunity for concurrent care and enhance the consumer journey

	RS1.1	<i>Investigate the opportunity to create an LHN-wide Aboriginal Care Coordinator role within the renal dialysis unit in partnership with PLAHS, inspired by the Aboriginal Maternal and Infant Care (AMIC) model.</i>
	RS1.2	Explore and expand the services that can be provided in concert with renal dialysis including allied health services, wound dressings and chronic disease management support.

*“[telemed] was good. I guess you’re sort of on a time limit and a lot of people don’t really think to write down their questions beforehand so you feel like you’re rushing because you know they’ve got other patients to see but the staff here were wonderful...”*

- PLHS consumer

*“...wound dressings, immunisations, check for diabetics...why can’t these be done up at the hospital while they are having dialysis rather than making an extra trip?”*

- Stakeholder

## Maternity and neonatal services

### Current service description summary (from Clinical Services Capability Framework)

Port Lincoln provides a level 3 service for maternal and neonatal care.

#### Maternal

- Capacity to provide safe care for the woman with a singleton pregnancy with identified as 'low risk' at a gestation  $\geq 37$  weeks.
- Will provide a range of models of maternity care that complement the demographics and needs of the local community: these may include the South Australian GP Obstetric Shared Care Program<sup>11</sup> and midwifery led models of care.
- Will have formal policy/ protocols to guide staff, in the safe, appropriate, local management of the obstetric woman Will have access to a community midwifery service.
- Will have access to a breastfeeding support.

#### Neonatal

- Capacity to provide safe care for the singleton neonate that weighs  $\geq 2500\text{g}$  at birth and the neonate requiring convalescent care  $\geq 36$ (corrected gestation) weeks, who weighs  $>2000\text{g}$  when supported by Neonatologist/Paediatrician consultant advice from a Level 4,5 or 6 service.
- Will have formal policy/ protocols to guide staff, in the safe, appropriate, local management of the neonate with a birth weight  $\geq 2500\text{g}$ , and the neonate requiring convalescent care convalescent care  $\geq 36$ (corrected gestation) weeks, who weighs  $>2000\text{g}$  when supported by Neonatologist/Paediatrician consultant advice from a Level 4,5 or 6 service.
- Will have formal policy/ protocols to guide staff, in the safe, appropriate, local management of the neonate with a birth weight Local registered medical practitioner(s) available in the area for the management of the healthy newborn baby who has no identified risk factors.
- In some instances, the healthy newborn may be supported by a community midwifery service.

### Current service capacity summary

- 24/7 emergency surgical response available
- 24/7 anaesthetic support available
- GP/Obstetricians provide birthing service
- Over 200 births per annum
- Ante natal clinic service
- Community Midwifery service 7 days / 52 weeks per year
- Regional birthing site
- Nursery facility
- Collaborative AMIC program through the Port Lincoln Aboriginal Health Service

#### Proposed future service:

Maintain existing level 3 maternal and neonatal services, identify service improvement opportunities and strategically build the future workforce.



<b>Summary of proposed service improvements</b>		
<b>MN1. Explore support services to enhance the patient journey</b>		
	MN1.1	<i>Develop a maternity support model for women / families who are unable to deliver in Port Lincoln due to BMI and complexity and must go to metropolitan Adelaide, with a focus on supporting the cultural needs of Aboriginal women and families.</i>
	MN1.2	Investigate the ability to provide accommodation and family support for people who live outside of Port Lincoln but deliver at Port Lincoln Health Services.
<b>MN2. Explore ways to enhance the effectiveness and sustainability of maternity services</b>		
	MN2.1	<i>Establish a comprehensive perinatal mental health service.</i>
	MN2.2	Investigate contemporary rural models of care for maternity services, including a Midwifery Group Practice model with a view to replacing the current model.
	MN2.3	Expand the Aboriginal Family Birthing program within the hospital.
	MN2.4	Build on the partnership with Port Lincoln Aboriginal Health Service (PLAHS) to enhance care of Aboriginal families.
<b>MN3. Expand the use of telehealth services to support quality clinical care and enable care provision as close to home as possible</b>		
	MN3.1	Maximise and coordinate the appropriate use of Health Direct and telehealth for assessments.
<b>MN4. Strengthen our workforce to provide sustainable services that meet community need</b>		
	MN4.1	Partner with the Women's and Children's Hospital to develop opportunities to sustain the local medical workforce to provide maternity services.
	MN4.2	Ensure sustainable funding for Aboriginal Maternal and Infant Care (AMIC) practitioners.
	MN4.3	Develop a local network collaborative where Port Lincoln doctors and midwives can provide input into strategic issues.
	MN4.4	Explore opportunities to increase the Aboriginal workforce e.g. midwives.
	MN4.5	Increase access to neonatologist services (including via telehealth).

Maternity and neonate continued next page

	MN4.6	Collaborate with Universities to maximise opportunities to recruit medical and midwife students and for mentorship /supports.
	MN4.7	Explore opportunities for junior doctors to have access to additional training in maternity and neonatal services, providing a collaborative work culture and supporting the retention and sustainability of the workforce.
<b>MN5. Strengthen clinical governance around maternity and neonatal services</b>		
	<i>MN5.1</i>	<i>Explore the clinical governance around the maternity shared care model (GP/Midwife/Obstetrician) with a view to implementation.</i>
	MN5.2	Articulate the clinical governance of a cohesive community midwifery service for the whole LHN.
	MN5.3	Develop a clinical model and networks that enable the Port Lincoln hub to support sustainable birthing services for the whole LHN.
<b>MN6. Ensure the infrastructure, facilities and equipment enables quality services to be delivered safely</b>		
	<i>MN6.1</i>	<i>Review and improve IT infrastructure for maternity and neonate services (reciprocal with other LHNs and metropolitan hospitals).</i>
	MN6.2	Review and improve birthing facilities to meet contemporary standards.

*“...the AMIC practitioner model works really well...”*

- Stakeholder

## Mental health services

### Current service description summary (from Clinical Services Capability Framework)

Port Lincoln Health Services provides level 2 adult acute inpatient mental health services based on the Clinical Services Capability Framework (CSCF):

- 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.

The Eyre and Far North Community Mental Health Team (ambulatory) provides level 4 adult ambulatory services based on the CSCF:

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

### Current service capacity summary

Eyre Mental Health services provides community mental health services for people 16 years and over in the context of moderate to severe mental illness.

The service operates during usual business hours Monday to Friday 8:30 to 4:30pm.

Referrals are directed to the team via fax, letter or phone contact and are triaged via the daily duty worker.

The service is located at the Port Lincoln Health Services with outreach services throughout the EFN LHN region to Ceduna, Wudinna, Elliston, Cowell, Cleve and Kimba.

### Proposed future service:

Maintain the level 2 mental health inpatient care provided by the hospital and the level 4 ambulatory care provided by the Eyre and Far North Community Mental Health Team, proactively increase internal and external integration.

## Summary of proposed service improvements

### MH1. Build mental health services that are integrated across the system and across the lifespan.

	MH1.1	<i>Explore options for continuity of mental health services across developmental stages to adulthood and aged by mapping out joined-up, whole-of-life service pathways across non-government organisations (NGO), government and ACCHO, proactively identifying service gaps.</i>
	MH1.2	Build and lead mechanisms for inter-agency collaboration and mental health service development including connection with prevention and early intervention services; working across the system to address gaps.

### MH 2. Extend the skills and confidence of the workforce to manage mental health presentations/ admissions

	MH2.1	Provide training to assist in identifying and responding to mental health presentations for: <ul style="list-style-type: none"><li>• First responders (including volunteer ambulance workforce)</li><li>• GPs</li><li>• Aboriginal Community Controlled Health Organisations (ACCHO)</li><li>• Hospital and community-based staff</li></ul>
	MH2.2	Develop a peer framework to support mental health RNs, GPs and others across the system.

### MH 3. Improve mental health literacy for consumers and the community

	MH3.1	Consider a collaborative integrated mental health services marketing campaign to assist consumers in navigating services.
	MH3.2	Develop clear and easily accessible information for service providers about the mental health services provided by Port Lincoln Health Services.

MH 4. Explore mental health service improvement opportunities and growth of new services to meet community need		
	MH4.1	<i>Expand access to paediatric mental health services ensuring integration and appropriate transitions between life stages.</i>
	MH4.2	Investigate the ability to create a password protected e-mental health plan to assist with consumer care in ED.
	MH4.3	Increase access to allied health services for mental health.
	MH4.4	Explore increased access to local psychology services.
	MH4.5	Develop an after-hours support pathway to address lower acuity mental health needs.
	MH4.6	Review access to mental health services for neighbouring towns with a view to enhancing the patient journey and patient reported outcomes.
	MH4.7	Explore opportunities to provide access to mental health clinicians in the hospital, after hours.

*“One of our clients...a man with schizophrenia...was turned away from A&E. They called [the Aboriginal Liaison Officer]. They should have called the police. There needs to be more understanding about what’s appropriate.”*

- Stakeholder

## Clinical support services

Medical Imaging	
Current	Proposed
<p><b>Current service description summary:</b>            Medical Imaging services at Port Lincoln Health Services are provided by contractual arrangement with Dr Jones and Partners.            The service is classified as a Level 4 service for medical imaging according to the Clinical Services Capability Framework which outlines that the service:</p> <ul style="list-style-type: none"> <li>• may provide services under sedation/anaesthesia.</li> <li>• may provide fixed-room fluoroscopy, on-site CT services, complex ultrasound, interventional radiology Tier A, and mammography and interventional breast imaging services but not all modalities described in this section will be provided in all services; however, where they are, minimum requirements for provision of safe imaging service are described.</li> <li>• may provide CT services with appropriate clinical support and preferably with a supervising radiologist on-site and must develop documented CT processes with radiologist to provide necessary level of supervision and support to the service.</li> <li>• protocols also required that identify:               <ul style="list-style-type: none"> <li>- clinical indications for conducting CT</li> <li>- indications for administration of contrast</li> <li>- acquisition of images and timely interpretation.</li> </ul> </li> <li>• similarly, if facility or service wishes to provide fluoroscopy services, radiographer and radiologist and/or suitably authorised, qualified and experienced health professional must be in attendance during procedure.</li> </ul> <p><b>Current service capacity summary:</b></p> <ul style="list-style-type: none"> <li>• 8:30am-5:00pm, Monday to Friday</li> <li>• 24/7 on-call access</li> <li>• X-Ray, Fluoroscopy, Mammography, Ultrasound &amp; CT</li> <li>• 24/7 access to X-ray, CT and Ultrasound</li> <li>• Staffed locally with a visiting specialist one day per week</li> </ul>	<p><b>Summary of proposed service improvements identified as part of the service planning process:</b>  <b>(Note: to be considered in collaboration with Dr Jones and Partners)</b></p> <ul style="list-style-type: none"> <li>• Consider viability of an MRI service on site.</li> <li>• Investigate the capacity for a Registered Nurse to accompany patients for medical imaging.</li> <li>• Liaise with Dr Jones and Partners to improve CT equipment.</li> <li>• Consider viability of modified barium swallow imaging service.</li> <li>• Explore options to enlarge the medical imaging space for patients.</li> </ul>



## Pathology

Current	Proposed
<p><b>Current service description summary:</b> Pathology at Port Lincoln Health Services is provided by SA Pathology and is classified as a Level 3 service for pathology according to the Clinical Services Capability Framework which outlines:</p> <ul style="list-style-type: none"> <li>• access to point of care testing (PoCT).</li> <li>• qualified staff available to collect and transport specimens to nearest appropriate laboratory.</li> <li>• 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.</li> <li>• initial operating theatre frozen sections performed.</li> <li>• will usually provide limited range of approved tests and has ability to manage emergency pathology specimens until transfer to higher level available.</li> <li>• more complex testing usually accessible via higher level pathology services, mainly through electronic distributions, which return results promptly to requesting laboratories / practitioner.</li> </ul> <p><b>Current service capacity summary:</b></p> <ul style="list-style-type: none"> <li>• Mon-Fri 8 am to 9:30 pm, Sat 8 am to 5 pm, Sun 9 am to 5 pm</li> <li>• Emergency support 24/7</li> </ul>	<p><b>Summary of proposed service improvements identified as part of the service planning process:</b> (Note: to be considered in collaboration with SA Pathology)</p> <ul style="list-style-type: none"> <li>• Work with SA Pathology to explore the ability to expand home-based pathology collection</li> </ul>

## SA Dental

Current	Proposed
<p><b>Current service description summary:</b> SA Dental provides a range of dental services for all children under 18 years and eligible adults at clinics throughout South Australia.</p> <p><b>Current service capacity summary:</b></p> <ul style="list-style-type: none"> <li>• Port Lincoln Community Dental clinic is co-located with Port Lincoln Health Services and is a combined child and adult dental service.</li> <li>• All children and young people under 18 years are eligible for dental care at SA Dental school dental clinics.</li> <li>• Adults who have a current Health Care Card or Pensioner Concession Card are eligible for dental care at SA Dental community dental clinics.</li> <li>• Dental education partnership agreement with University of Adelaide; clinical placements for undergraduate students.</li> <li>• Services are provided Monday to Friday 8.30 am to 4.30 pm</li> </ul>	<p><b>Summary of proposed service improvements identified as part of the service planning process:</b></p> <ul style="list-style-type: none"> <li>• Partnering with SA Dental to work on collaborative initiatives that address the link between oral health and general health.</li> <li>• Partnering with SA Dental to maintain the quality and safety of infrastructure</li> <li>• Partnering with SA Dental to maintain access to dental services for rural and remote consumers.</li> </ul>

## Pharmacy

Current	Proposed
<p><b>Current service description summary:</b> Pharmacy services at Port Lincoln Health Services are classified as a Level 3 service according to the Clinical Services Capability Framework which outlines:</p> <ul style="list-style-type: none"> <li>• provides clinical pharmacy and distribution services on weekdays through on-site pharmacy or contracted service, and includes out-of-hours medication mechanism and access to pharmacist for emergency advice 24 hour/s.</li> <li>• provides medication service to patients with medication risk.</li> <li>• predominantly provided to inpatients and outreach services but may include limited hours of service to dispense medication to ambulatory patients.</li> </ul> <p><b>Current service capacity summary:</b></p> <ul style="list-style-type: none"> <li>• New SA Pharmacy service established in 2016 based at Port Lincoln Health Services.</li> <li>• Business hours are Monday to Friday 8 to 5 pm organised in two shifts to provide ward cover.</li> <li>• On-call service after 5 pm weekdays and on weekends and public holidays.</li> <li>• Pharmacy services are provided by three (3) registered Pharmacists and an Intern Pharmacist and two (2) senior technicians (3 part time positions). Recent increase in activity and complexity of patient cohort has not been accompanied by increase in funding or FTE.</li> <li>• Stock forecasting service. Negotiated contracts apply with suppliers.</li> <li>• PBS business rules implemented by SA Pharmacy and apply at all SA Pharmacy services.</li> <li>• Pharmacy provides distribution services and clinical support services to inpatients on the wards, in theatre and emergency department. The Pharmacy also delivers Pre-Admission Clinic services.</li> <li>• The Pharmacy provides outpatients dispensing to patients seen by visiting specialists during business hours.</li> <li>• The Lead Regional Pharmacist contributes to medication safety and quality programs and forums at local and regional levels.</li> <li>• Limited outreach services from Port Lincoln (Coober Pedy level 1 outreach).</li> <li>• Medium complexity chemotherapy has increased demand for current FTE in pharmacist time and stock forecasting resulting in reduced capacity for clinical support on the wards.</li> </ul>	<p><b>Summary of proposed service improvements identified as part of the service planning process:</b> <b>(Note: to be considered in collaboration with SA Pharmacy)</b></p> <ul style="list-style-type: none"> <li>• Investigate options for real-time prescribing in the acute inpatient setting.</li> <li>• Explore investment in hospital pharmacist workforce including recruitment and retention strategies.</li> <li>• Investigate ward-based pharmacy technician-led bedside medication management.</li> <li>• Investigate telehealth capabilities for chemotherapy patients, cardiac and pulmonary rehab services for Ceduna and smaller sites.</li> <li>• Investigate automated distribution cabinets to improve safety and stock management.</li> </ul>

### 3.4 Other factors for consideration

#### Infrastructure and capital summary

A summary of the priorities from the service plan that have infrastructure and capital implications is provided below. This summary may assist in informing future master planning for Port Lincoln Health Services:

- Explore options to enlarge the medical imaging space for patients.
- Investigate options for enlarging and improving the emergency department including:
  - the ability to isolate respiratory patients
  - bed visibility from the nurses station
  - specific mental health assessment space
  - private / confidential examination space
  - space for non-clinical tasks
  - telehealth equipment for every bed.
- Improve safety and security for ED staff and patients by exploring contemporary ED environment design and security system requirements.
- Review and improve storage with particular consideration of workflow and equipment storage for allied health staff on the wards.
- Create an appropriate space, adjacent to the wards, for staff debriefing.
- Create a culturally appropriate space for grief and loss for Aboriginal community.
- Explore the need for, and viability of, a High Dependency Unit (HDU) or a Close Observation Unit (HDU level care, not available 365 days / year).
- Investigate the ability to increase bandwidth to support the delivery of surgical and supporting services.
- Establish an infusion unit for non-chemotherapy infusions.
- Review and improve workforce access to vehicles, contemporary technology hardware and software to enhance service delivery.
- Investigate and optimise telehealth pathways and invest in the necessary infrastructure to enable access to a wider range of specialists, providing care for consumers as close to home as possible.
- Ensure telehealth consultations throughout the site can be completed with adequate privacy and confidentiality.
- Investigate the ability to provide accommodation and family support for people who live outside of Port Lincoln but deliver at Port Lincoln Health Service.
- Review and improve IT infrastructure for maternity and neonate services (reciprocal with other LHNs and metropolitan hospitals).
- Review and improve birthing facilities to meet contemporary standards.

## Workforce enablers

Several points raised throughout the service planning process are relevant across clinical streams to support a sustainable and engaged workforce. These workforce enablers will complement the proposed service improvements:

- Collaborate with staff to identify relevant training and development needs and support equitable access to professional development.
- Link with the Rural Health Workforce Strategy team to maximise the effect of local workforce sustainability strategies.
- Build the confidence of the workforce to provide person-centred care for consumers in the face of unfamiliar life circumstances or choices including uncommon beliefs, values, sexuality, behaviours, practices, roles and relationships across the age continuum.





## 4. Appendix

### Appendix 1

#### Acronyms

A&E	Accident and emergency
AMIC	Aboriginal Maternal and Infant Care
CHC	Country Health Connect
CSCF	Clinical Services Capability Framework
CT	Computed Tomography
ED	Emergency department
EFNLHN	Eyre and Far North Local Health Network
GP	General Practitioner
MI	Medical imaging
MRI	Magnetic Resonance Imaging
PLAHS	Port Lincoln Aboriginal Health Service
PLHS	Port Lincoln Health Services
PoCT.	Point of care testing
RN	Registered Nurse
SAAS	South Australian Ambulance Service



## For more information

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