Far North

10 Year Local Health Service Plan

2011 – 2020

Far North Health Advisory Council
Far North Health & Aged Care
Coober Pedy Hospital and Health Service
Oodnadatta Health Services
Country Health SA Local Health Network
# 10 Year Local Health Service Plan

**Far North Health & Aged Care**  
**Coober Pedy Hospital and Health Service**  
**Oodnadatta Health Services**  

2011 - 2020

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Date: 17 October 2011
1. Executive Summary

The Far North Health Service has taken the lead and determining role in the development of the 10 Year Health Service Plan, with the support of the Country Health SA Local Health Network (CHSALHN) Planning Projects Team. The Far North Health Advisory Council (HAC) has worked closely with the Far North Health Service in the planning and implementation of the community consultation and oversight of the planning process. A Local Liaison Planning Officer was appointed to support the community, staff and stakeholder consultations and the needs analysis.

The catchment area for the Far North Health Service, includes Coober Pedy Hospital and Health Service and Oodnadatta Health Services. Support is also provided to the Marla Health Clinic operated by Frontier Services and partially funded by the SA Government. This includes the District Council of Coober Pedy and encompasses the townships of Oodnadatta to the north east and Mintabie / Marla to the north. The Anangu Pitjantjatjara Yankunytjatjara (APY) Lands are located outside the western side of the catchment boundary. Given the transience of the population residing on the APY Lands, this population should also be acknowledged when considering the profile of the Far North Health Services. Coober Pedy is located 850 kilometres from Adelaide and 540 kilometres from Port Augusta. The catchment experiences a high degree of isolation in relation to local and intrastate transport options.

The resident population for the Far North catchment is 2,427 (DPLG, Population Projections 2011). People from Aboriginal and Torres Strait Islander backgrounds comprise approximately 15% of the total population. A higher proportion of men is observed, a slightly lower proportion of the population in the 0-14 and 15-24 year age groups, and a higher proportion in the middle and older age group 45-64 years. The age structure of the Aboriginal population is younger than the total catchment population with approximately one-third of the population under the age of 19 years. Coober Pedy is one of the most multicultural communities in South Australia with an estimated 45 nationalities. Approximately 20% of the population speak a language other than English at home. The projected population for the catchment area is estimated to increase by 9% by the year 2021. Tourism is a significant industry for Coober Pedy and the broader outback region attracts an average of 226,000 overnight visitors per annum. The catchment reflects a high level of socioeconomic disadvantage.

The Far North Health Service undertook the needs analysis by making inferences about the health needs. The needs analysis has included the findings from a community/staff survey, existing forward planning / service delivery commitments previously developed to support Multipurpose Service (MPS) and Rural Primary Health Service (RPHS) funding submissions and analysis of the service profile and other relevant data. 54 individual community survey responses were received. The needs analysis process identified priority areas including:

- Attract and retain a strong health and medical workforce.
- Clinical care to be provided as close to home as possible.
- Reduce the significant impact of remoteness and isolation from other acute services.
- Responding to an increasing rate of chronic disease and prevalence of lifestyle and behaviour risk factors.
- Security of existing acute services, including 24/7 Accident and Emergency and acute inpatient care.
- Meeting the ongoing aged care needs of an ageing population.
- Drug and alcohol related issues in the communities.
- Importance of access to mental health services.
- Improved access to general practitioner (GP) services, specialists and dental service.

This final 10 Year Plan sets out to sustain and strengthen its existing core services including 24 hour, 7 day/week emergency and acute care, medical services, community and allied health, aged care and other core services. This works closely with Far North’s role as a MPS and its MPS Service Delivery Plan. The MPS model supports an improved access to a mix of health and aged care services that is flexible and responsive to meet community needs. The Plan aims to expand into areas including:
• Improve the patient journey through enhanced local services, increased utilisation of telehealth (particularly for specialist consultations) and exploring transport options.
• Improve mental health services.
• Enhanced use of information communication technologies (ICT).
• Continue to strengthen primary health care models promoting early intervention and greater consumer / community awareness.
• Recruit and retain a visiting ophthalmologist.
• Improve integration, referral pathways and systems with expanded specialist services in the Country General Hospital at Whyalla.
• Explore outreach community health services to remote communities in the catchment such as Oodnadatta, Marla and Mintabie.
• Investigate funding opportunities to enhance and expand residential aged care.
• Develop transport options for children and adults from Oodnadatta to access dentist in Coober Pedy.
2. Catchment Summary

Introduction

Coober Pedy is located within the District Council of Coober Pedy, approximately 850 kilometres from Adelaide and 540 kilometres from Port Augusta. The catchment area for the Far North Health Services which incorporates Coober Pedy Hospital and Health Service and Oodnadatta Health Services encompasses the townships of Oodnadatta to the north east and Mintabie / Marla to the north. The Anangu Pitjantjatjara Yankunytjatjara (APY) Lands are located outside the western side of the catchment boundary. Given the transiency of the population residing on the APY Lands, this population should also be acknowledged when considering the profile of the Far North Health Services.

Population

When compared with other country South Australian populations, the Far North catchment population, including Coober Pedy, Oodnadatta and the pastoral stations, reveals some unique dimensions. Of the total population of 2,427 persons, a higher proportion of men is observed, a slightly lower proportion of the population in the 0-14 and 15-24 year age groups, and a higher proportion in the middle and older age group 45-64 years. People from Aboriginal and Torres Strait Islander backgrounds comprise a relatively large proportion of the total population (15%) compared with 3.1% across country South Australia. The age structure of the Aboriginal population is younger than the total catchment population with approximately one-third of the population under the age of 19 years. Coober Pedy is one of the most multicultural communities in South Australia with an estimated 45 nationalities. Approximately 20% of the population speak a language other than English at home, compared with 9.9% across country South Australia.
The projected population for the catchment is estimated to increase by 9% by the year 2021. The fertility rate for the region (average 2.1) is slightly above replacement level and higher than the South Australian rate (1.82). The average indirect standardised death rate for the region (10.6) is considerably higher than the South Australian rate (6.1).

The broader Outback catchment area attracts approximately 226,000 overnight visitors and 31,000 domestic same day visitors. Tourism is a significant industry for Coober Pedy.

### Table 1: Far North catchment population

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
<th>Country SA</th>
<th>South Australia %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>2,427</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>1,370</td>
<td>56.5%</td>
<td>50.5%</td>
<td>49.4%</td>
</tr>
<tr>
<td>Females</td>
<td>1,057</td>
<td>43.5%</td>
<td>49.5%</td>
<td>50.6%</td>
</tr>
<tr>
<td>0-14 years of age</td>
<td>397</td>
<td>16.3%</td>
<td>20.4%</td>
<td>18.5%</td>
</tr>
<tr>
<td>15-24 years</td>
<td>244</td>
<td>10.1%</td>
<td>11.4%</td>
<td>13.3%</td>
</tr>
<tr>
<td>25-44 years</td>
<td>669</td>
<td>27.5%</td>
<td>25.1%</td>
<td>26.7%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>777</td>
<td>32.0%</td>
<td>27.3%</td>
<td>26.1%</td>
</tr>
<tr>
<td>65-84 years</td>
<td>335</td>
<td>13.8%</td>
<td>13.9%</td>
<td>13.4%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>6</td>
<td>0.2%</td>
<td>1.8%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander*</td>
<td>385</td>
<td>15.3%</td>
<td>3.1%</td>
<td>1.7%</td>
</tr>
<tr>
<td>CALD (Speaks a language other than English at home)*</td>
<td>502</td>
<td>19.9%</td>
<td>3.9%</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

*Source: Projected population by age and sex – SLAs in South Australia, 30 June 2011, Department of Planning and Local Government

**Socioeconomic factors**

The Far North catchment is considered very remote. The region experiences a high to moderate level of socioeconomic disadvantage including lower than South Australian average median individual, family and household incomes. The prevalence of chronic disease for people aged 16 years and over in the North and Far Western region of South Australia (including Coober Pedy and Oodnadatta) is considerably higher for diabetes than country and total South Australia. In addition, the North and Far Western region demonstrates higher risk factors than country and total South Australia for high and risky alcohol consumption (in both the short and long term), blood pressure, obesity, ex-smokers and smoking.

The Northern region of South Australia (also known as the Flinders Ranges and Outback) is one of Australia’s most highly concentrated mining and exploration regions, including opal mining in Coober Pedy and Mintabie. Tourism is also a major growth industry for the region with more than 100,000 Australian and international tourists visiting Coober Pedy each year. In the Far North catchment area, mining accounts for 20% of total employment, followed by agriculture (11%), accommodation and food services (10%), and public administration and safety (10%). The catchment area is part of a large proportion of the state which has designated drought affected status.

The Far North catchment area experiences a very high degree of isolation with minimal intrastate transport options. The Greyhound Australia Bus Service operates a service from Adelaide to Alice...
Springs return, 7 days a week, stopping in Coober Pedy. Rex Airlines operates one flight per day, six days a week from Coober Pedy to Adelaide return.

3. Needs Analysis Summary

Coober Pedy Hospital & Health Service Executive members completed a needs analysis using the SWOT (strengths, weaknesses, opportunities, threats) methodology to identify possible service delivery directions that should be considered over the next 10 years.

This analysis was applied to the prescribed minimum services for local area health units as detailed in Appendix A of the Country Health Care Plan Taskforce Service Delineation Framework for Country Health Services (December 2008).

In developing agreed priorities, the community identified priorities (as presented to Executive through the local Health Advisory Council) were taken into account; along with existing forward planning / service delivery commitments previously developed to support MPS and RPHS funding submissions.

In broad terms the agreed priorities for Coober Pedy Hospital and Health Services are to:
- Maintain existing 24/7 emergency services.
- Maintain existing 24/7 acute inpatient medical services.
- Continue to provide aged care services.
- Improve the patient journey.
- Improve mental health services.
- Enhanced use of ICT.
- Continue to strengthen primary health care models promoting early intervention and greater consumer / community awareness.

Source documents providing supportive evidence for the above priorities include the following:
- 2008 – 2010 Rural Primary Health Services Plan.
- 2009 CHSALHN Hospital and Health Service Profile – Coober Pedy.
4. Local Implications of Statewide plans

The Strategy for Planning Country Health Services in South Australia, endorsed in December 2008, builds on the vision in South Australia’s Health Care Plan 2007-2016, South Australia’s Strategic Plan, and the SA Health Aboriginal Cultural Respect Framework and sets out how to achieve an integrated country health care system so that a greater range of services are available in the country, meaning fewer country residents will need to travel to Adelaide for health care.

The Strategy identifies the need for significant changes to achieve a sustainable health system that addresses the contemporary challenges facing the health system. The main factors contributing to an increasingly unsustainable health system include the ageing population, increasing prevalence of chronic diseases, disability and injury, poorer health of Aboriginal people and people of lower socioeconomic status, and increasing risks to society from communicable diseases, biological threats, natural disasters and climate change.

A number of Statewide Clinical Service Plans have been developed, or are currently under development, providing specific clinical direction in the planning of services. Interpreting these plans for country South Australia and specific health units is an important element of the planning process for Country Health SA. The enabling factors which are demonstrated across the statewide clinical plans include:

- Multi-disciplinary teams across and external to the public health system.
- Patient focused care.
- Care as close to home as possible.
- Teaching and research integrated in service models.
- Integrated service model across the continuum of care.
- Streamlining access to specialist consultations.
- Increasing use of telehealth.
- Improving Aboriginal health services.
- Focus on safety and quality.
- Recruiting and developing a workforce to meet future service models.
- Engaging closely with consumers and community.
- Developing the infrastructure to meet future service models.
- Clinical networking and leadership.
- Connect local patients with pathways to higher level care needs.
- Reduce progression to chronic disease for at risk populations.

Strategies within the Statewide Clinical Service Plans which support the achievement of local needs have been integrated through the 10 Year Local Health Service Plans.
5. Planning Principles

The Strategy for Planning Country Health Services in South Australia set out important principles which have been used to guide the local planning which include:

1. Focusing on the needs of patients, carers and their families utilising a holistic care approach.

2. Ensuring sustainability of country health service provision.

3. Ensuring effective engagement with local communities and service providers.

4. Improving Aboriginal health status.

5. Contributing to equity in health outcomes.

6. Strengthening the IT infrastructure.

7. Providing a focus on safety and quality.

8. Recognising that each health service is part of a total health care system.

9. Maximising the best use of resources.

10. Adapting to changing needs.
## 6. Service Delivery Plan

### 6.1 Core Services to be Sustained

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Description</th>
<th>Target Group</th>
<th>Directions over next 10 years</th>
</tr>
</thead>
</table>
| Community and Allied Health | - Local primary health care and health promotion initiatives, chronic disease self-management programs, Domiciliary Care services, community nursing services, general counselling and day care activities  
- Specific GP Plus strategies  
- Access to Aboriginal, drug and alcohol and child and youth health services  
- Access to visiting allied health services | All people in catchment with focus on:  
- Aboriginal people  
- Early childhood  
- Youth  
- Frail / Aged | - Improve clinician knowledge and usage of annual adult health check and chronic disease management plans  
- Maintaining excellent and supportive working relationships with external providers  
- Facilitate community development strategies, in partnership with local stakeholders  
- Build community capacity through increased information  
- Explore outreach services to remote communities in the catchment such as Oodnadatta, Marla and Mintabie  
- Work with community and Frontier Health Services to plan for local health services in Marla and Mintabie into the future |

| Emergency Service | - 24 hour, 7 day/week emergency triage and assessment; emergency trauma and resuscitation, including mental health triage and assessment  
- Appropriately staffed and supported by medical and nursing staff  
- Treatment for/management of appropriate (non-life threatening) conditions, and minor surgical procedures  
- Telehealth facilities in emergency rooms | All people in, or visit, the catchment | - Maintain access to 24 hour, 7 day/week emergency services  
- Recruit and retain appropriately trained staff  
- Increase utilisation of telehealth facilities, including iCCnet and Rural and Remote Mental Health Service to access remote advice in emergency diagnosis and treatment  
- Improve transition of clients from A&E to short stay admissions |

| Acute Inpatient Care | - Admissions for management of minor (lower risk) assessments and treatments; Intermediate care including recuperative care  
- Access to General Practitioner Practice service to provide both acute illness management and general practitioner consulting for less severe | All people in, or visit, the catchment | - Maintain acute inpatient services  
- Develop referral pathways with cluster tertiary hospital and Adelaide hospitals to facilitate the early return of appropriate post operative and medical patients  
- Investigate external accommodation options for a Step Down Unit for Coober Pedy  
- Expand GP Plus service strategies |

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1 Chronic Disease Action Plan for South Australia 2009-2018
<table>
<thead>
<tr>
<th>Services</th>
<th>Focus Areas</th>
<th>Role</th>
</tr>
</thead>
</table>
| Elective Surgical                    | • Not available                                                               | • Develop referral pathways designed to allow clients to access services in as shorter time frame as possible  
• Develop patient pathways to assist with transport  
• Explore referral pathways with consumers and local doctors |
| Maternal & Birthing Services         | • Antenatal and postnatal care  
• Community midwifery and parenting programs                                  | • Continue to build and strengthen existing antenatal, postnatal and community midwifery services  
• Build workforce capacity to support emergency antenatal, birthing and postnatal care |
| Medical Specialist Services          | • Access to visiting medical specialist consultations                         | • Recruit and retain a visiting ophthalmologist  
• Increase utilisation of video conferencing to enable clients to access more services locally  
• Continue to seek opportunities to increase visiting services to address community needs and requirements |
| Mental Health                        | • Community mental health (adult and child)                                  | • Establish Local Mental Health Network  
• Implement the provisions of the new Mental Health Act from 1st July 2010  
• Strengthened primary mental health care services through improved partnerships with general practice and other primary care providers  
• Continue local voluntary admissions for mental health care  
• Improved access to specialist mental health services through increased visiting services and utilisation of telehealth network for video conferencing consultations and assessments, particularly community treatment orders and psychiatrist consultations  
• Development of a low stimulus room at the hospital for acute presentations and voluntary admissions  
• Development of clinical support network to support mental health practitioners working in isolation |
| Rehabilitation                       | • Provide respite services and accept referral when appropriate.              | • Improve integration, referral pathways and systems with expanded specialist rehabilitation services in the Country General Hospital at Whyalla² |

² Statewide Rehabilitation Service Plan 2009-2017
<table>
<thead>
<tr>
<th>Health Service</th>
<th>Focus Areas</th>
<th>Goals and Objectives</th>
</tr>
</thead>
</table>
| **Respite Services** | Access to residential and hospital respite | All people in catchment with focus on:  
  - Aboriginal people  
  - Frail / Aged  
  - People with a disability  
  - Develop a diversional therapy program which meets the needs of residents  
  - Further develop options to resource respite in hospital |
| **Aged Care** | Domiciliary Care in home and the community  
  - Inpatient admissions for elderly, including respite care  
  - High care residential aged care  
  - Access to community aged care packages | Frail / Aged  
  - Investigate funding opportunities to enhance and expand residential aged care  
  - Implement diversional therapy program for aged care residents  
  - Develop a Memorandum of Understanding (MOU) with Dunjiba Aged Care to formalise range of support services provided |
| **Palliative Care** | Palliative care support and admission available  
  - In-home support | All people in catchment with focus on:  
  - Aboriginal people  
  - Frail/Aged  
  - Maintain palliative care in both the hospital and community  
  - Further develop a formal relationship with Palliative Care Team to ensure best practice  
  - Promote GP Plus strategies to the community |
| **Clinical Support Services** | Point of care testing  
  - Access to pathology testing facilities  
  - Access to visiting pharmacy services  
  - Access to basic X-ray capabilities | All people in, or visit, the catchment  
  - Maintain existing clinical support services  
  - Train and develop staff to achieve x-ray license  
  - Consolidate Coober Pedy and Oodnadatta Pharmacy contracts  
  - Enhance point of care testing  
  - Explore advances in technology to increase local access to clinical support services |
| **Oral Health** | SA Dental Service clinic | All people in catchment with focus on:  
  - Aboriginal people  
  - Early childhood  
  - Develop transport options for children and adults from Oodnadatta to access dentist in Coober Pedy |

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1. Health Services Framework for Older People 2009-2016
2. Palliative Care Services Plan 2009-2016
6.2 Strategies for new / expanded services

See section 6.1 for the sustainment and enhancement of existing services.
### 7. Key Requirements for Supporting Services

#### 7.1 Safety & Quality

**Objective:** Deliver sustainable best practice based services in a continuous improvement environment that fosters confidence in the quality and safety of those services by patients, staff, visitors and the community at large

**Critical milestones:** Achievement of Australian Council on Health Care Standards, EQuIP 4

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Continual improvement and patient-centred approach underpinning service delivery | • Ongoing accreditation of health service  
• Provide access to appropriate high quality safe care across the continuum  
• Actively engage with consumers  
• Promote population health  
• Effectively manage clinical and corporate risk  
• Appropriately manage human resources  
• Enhance information management and communication technologies  
• Monitor the organisation’s strategic direction  
• Maintain a safe environment for employees, consumers / patients and visitors | • Re-align accreditation process with CHSALHN / ACHS ‘hub and spoke’ model  
• Re-align OHS&W requirements with CHSALHN Injury Prevention and Management structure  
• Implement Department Health 2008 Risk Management Framework  
• Participate in WEEFN cluster-wide internal audit program and expand benchmarking opportunities  
• Develop the consumer role in safety |
| Sustainable skilled employment models in place to deliver the local service profile | • Continue to build the skills of clinicians to deliver the service profile  
• Recruit and retain qualified staff (medical, nursing and allied health) | • Enhance clinician involvement in clinical governance leadership  
• Development and implementation of Clinical Orientation Handbook for GPs  
• Implementation of medical director system |
| Integrated access across the health system | • 24 hr access to remote specialist support particularly in the areas of obstetrics, paediatrics, stroke services and cardiology (iCCnet)  
• Access to perinatal practice guidelines and maternal and neonatal standards which ensure the provision of evidence based care  
• Maintain inter-agency agreement for Keeping Them Safe protocols | • Improve systems to implement Keeping Them Safe strategy  
• Further expansion of statewide and Country Health SA clinical networks  
• Improve the use of knowledge, information management and technology to increase quality and safety |
### Objective: Increase the accessibility of the health system to reduce the impact on the patient journey

**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Access to safe and quality care near home    | • Maintain pastoral station visits provided by the Oodnadatta Health Clinic  
• Implement the MPS Delivery Plan to provide flexible and responsive care                      | • Develop referral pathways with the Country General Hospital in Whyalla, the Port Augusta Hospital and Adelaide hospitals to facilitate the early return of appropriate post operative and medical patients  
• Promote GP Plus strategies to the community as options  
• Support visiting medical specialists to provide consultations in Coober Pedy  
• Explore outreach community health services to remote communities in the catchment such as Oodnadatta, Marla and Mintabie |
| Provide a smooth and supported journey when people do need to travel to access services |                                                                                               | • Define clear referral pathways in consultation with statewide services  
• Strengthen transport options to both Adelaide and the hospitals in Whyalla and Port Augusta for patient pathways  
• Support paid drivers to transport clients from Oodnadatta to Coober Pedy |
### 7.3 Cultural Respect

**Objective:** Increase capacity to contribute to the priority of closing the gap in Aboriginal health life expectancy  
**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Provide a culturally safe and accessible health service | • Maintain staff training in cultural awareness, particularly to contribute to their roles within the health service  
• Maintain close ties with Umoona Tjutagku Health Service  
• Maintain and strengthen relationship with Umoona Aged Care  
• Continue to strengthen awareness of Aboriginal culture, especially around prevention  
• Support utilisation of alternative therapies such as traditional healers  
• Strengthen relationship with the Northern Aboriginal Health Advisory Committee | • Develop effective utilisation of Aboriginal Liaison Officer and Discharge Planning Services  
• Increase the uptake of Aboriginal Health Impact Statements  
• Engage closely with Aboriginal communities within the catchment to improve uptake of services that are available  
• Ensure all health service programs have an understanding of the specific needs of the Aboriginal community  
• Employ and train more Aboriginal people across all levels of the workforce  
• Expand both formal/informal links with Aboriginal health services  
• Support and promote the Aboriginal Pathways Project Officer position within the Far North |
7.4 Engaging with our community

**Objective:** Increase the capacity for the community to contribute to the planning, implementation and evaluation of services  
**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Health service needs of the community are understood | • Support the Far North Health Advisory Council to implement their ongoing role of engaging with their community and local stakeholders | • Explore opportunities for ongoing and meaningful discussion and feedback with the community  
• Actively engage community participation in primary health promotions  
• Build awareness in community of programs that have been established and how they are accessible  
• Facilitate, in partnership with other key stakeholders community development strategies  
• Coordinate and promote volunteer program across all services |
### 7.5 Local Clinical Networks

**Objective:** Enhance relationships with other services locally, regionally and Statewide

**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Formal ties with health service organisations in the catchment | • Maintain and strengthen ties with local services such as Umoona Tjutagku Health Service, Umoona Aged Care Aboriginal Corporation, Flinders and Far North Division of GPs, locally based Mental Health Team, local SA Ambulance team, Child & Youth Health team and local Drug & Alcohol Services team  
• Maintaining excellent and supportive working relationships with visiting providers such as Child and Adolescent Mental Health Service and mental health professionals  
• Maintain extensive support to Dunjiba Aged Care from the Oodnadatta Clinic staff  
• Facilitate multi-disciplinary Discharge Planning Focus  
• Support GP locums who work across hospital and community providing 24/7 coverage  
• Implement the MPS Delivery Plan to provide flexible and responsive care across the acute, aged and community health settings | • Review and define Deed of Agreement between Coober Pedy Hospital and Health Services and Umoona Aged Care Aboriginal Corporation  
• Establish MOU to formalise support provided to Dunjiba Aged Care  
• Develop effective utilisation of Aboriginal Liaison Officer, Aboriginal Pathways Project Officer and Discharge Planning Services  
• Strengthen multi-disciplinary relationships with external agencies  
• Develop a clinical support network to support mental health practitioners working in isolation  
• Build a close working relationship with the Education Department to implement school screening in Oodnadatta  
• Further develop relationship with Frontier Services which provide health clinic services to Marla and Mintabie |
| Formal ties with state-wide and Country Health SA clinical networks | • Strengthen networks with metropolitan and Statewide services to sustain access to iCCnet, MedStar, Rural and Remote Mental Health Service and other clinical services | • Develop and strengthen processes with the Country General Hospital in Whyalla for a seamless referral system and enhanced access to expanding services |
## 8. Resources Strategy

### 8.1 Workforce

**Objective:** Improve our ability to recruit, develop and retain a skilled health workforce  
**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Highly skilled and qualified workforce   | • Integration of specialised clinical positions located in Community Health to enhance the knowledge and skill level in A&E | • Conduct in house education for GP Plus strategy Programs  
• Improve clinician knowledge and usage of annual adult health check and chronic disease management plans |
| Recruitment and retention of the workforce to support the service profile | • Recruitment and retention of suitably skilled staff                                      | • Recruitment and retention of permanent GP                                              |
| Expanded proportion of Aboriginal people employed in the health service | • Aboriginal health workers employed at both sites                                         | • Support and actively recruit Aboriginal staff where appropriate                        |

### 8.2 Infrastructure

**Objective:** Increase the capability of the infrastructure to support the planned service levels are provided and maintained within local communities  
**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure and equipment that meets standards and supports existing and future service delivery</td>
<td></td>
<td>• Develop an equipment replacement/upgrade plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Explore staff accommodation options for short and long term recruitment options</td>
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<td></td>
<td></td>
<td>• Plan for the development of a low stimulus room at the hospital for acute presentations and voluntary admissions</td>
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<tr>
<td></td>
<td></td>
<td>• Investigate funding opportunities to enhance and expand residential aged care wing including additional lounge, kitchen and activities areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Explore residential aged care to be dementia safe</td>
</tr>
</tbody>
</table>
### 8.3 Finance

**Objective:** Increase the efficiency and effectiveness in the allocation of resources, balanced with the provision of services as close to home as possible  
**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Sustainable funding to achieve the planned service profile | • Maintain funding to support the existing services to be sustained.  
• Evaluate grant funded programs such as RPHS to ensure that financial sustainability is achieved to maintain existing successful initiatives  
• Implement the MPS Delivery Plan to provide flexible and responsive care across the acute, aged and community health settings | • Develop business cases to seek funding to implement new services or ease demand pressures on existing services  
• Actively seek new packages of care funding |

### 8.4 Information Technology

**Objective** Increase access to communication and information technology systems to strengthen health care  
**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Access to specialised services through telehealth and video conferencing | • Maintain and strengthen telehealth facility in emergency rooms  
• Maintain access to video-conferencing for review and development of treatment orders | • Increased utilisation of telehealth facilities  
• Develop closer relationship with Medstar and utilise videoconferencing facilities fully  
• Provide staff education on use of telehealth and video conferencing facilities  
• Increased utilisation of telehealth facilities will result in faster evaluation of clients under the Mental Health Act, community treatment orders, psychiatry consultations and trauma support for GPs and locums |
| Information system which is integrated within operational monitoring, planning and implementation | • Strengthen partnerships with Statewide Services to increase the effectiveness of the digital upgrade of processor for x-ray unit | • Further develop use of IT to support mental health  
• Introduce access to pathology results on line |
## 8.5 Risk Analysis

**Objective** Identify and manage the risks associated with implementation of the planned strategies

**Critical milestones:** NA

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Existing Strategies Sustained</th>
<th>Strategies for the Future</th>
</tr>
</thead>
</table>
| Successful implementation of the service directions identified in the 10 Year Health Service Plan | • Risk Register  
• Hospital and health service accreditation | • Develop an implementation, monitoring and review strategy for the 10 Year Health Service Plan – early identification of risks  
• Ongoing contribution and participation in the CHSALHN Risk Management policy framework  
• Ongoing participation and contribution to other CHSALHN nominated Risk Management activities |
9. Appendix

9.1 Leadership Structure

The following provides the structure of the Leadership Team which supported the development of the 10 Year Local Health Service Plan.
9.2 Methodology

April 09  Health Advisory Council members and Health Service Executive participated in Emily Jenke community engagement training

May 09  Preliminary planning began with a presentation of proposed milestones and timeframes to members of the Far North Health Advisory Council

July 09  Liaison Officer appointed

Aug - Sept 09  Health Advisory Council consider strategies for promotion of the Health Advisory Council and its role in engaging the community

October 09  Health Advisory Council considers community survey options

November 09  Media campaign conducted aimed at raising awareness within the community of the role HACs have to play in planning health services and the impending community consultation and subsequent development of 10 Year Health Service Plans

December 09  Health Advisory Council conducted community consultation including information sheet and survey placed at strategic locations: eg. Umoona Council, Coober Pedy Council, Miners Store and Post Office

January 2010  Survey responses collated, summarised and results presented to HAC members for their consideration

All local and visiting health professionals invited to input into the planning process

February 2010  Health Advisory Council endorses set of community priorities

March 2010  Coober Pedy Hospital and Health Services Executive group undertake needs analysis against service categories as per the Country Health Care Plan Taskforce Service Delineation Framework for Country Health Services and develop priorities taking into consideration:

- Current service delivery funding obligations
- Previous planning outcomes/commitments
- Identified strengths, weaknesses, opportunities and threats
- Health Advisory Council identified community priorities

April 2010  CHSALHN Project Planning Team and Far North Executive develops draft 10 Year Local Health Service Plan based on identified priorities outlined in the needs analysis

Health Advisory Council review and endorse for release for wider community and stakeholder consultation

May – June 2010  Health Advisory Council leads community and stakeholder consultation and approval process

June 2010  Health Advisory Council considers feedback from community and makes representation to Far North Executive on any recommended improvements

Far North Executive and Health Advisory Council endorse final draft

Final Plan submitted by 30 June 2010

9.3 Review Process

The monitoring and evaluation strategy for this Plan will be developed for the Final version. Feedback is sought through the consultation phase for this Plan.
### 9.4 Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>24/7</td>
<td>24 hour – 7 days/week</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACHS</td>
<td>Australian Council on Healthcare Standards</td>
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<tr>
<td>APY</td>
<td>Anangu Pitjantjatjara Yankunytjatjara</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CHSALHN</td>
<td>Country Health SA Local Health Network</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HAC</td>
<td>Health Advisory Council</td>
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<tr>
<td>iCCnet</td>
<td>Integrated Cardiovascular Clinical Network of South Australia</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>MPS</td>
<td>Multipurpose Service</td>
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<tr>
<td>OHS&amp;W</td>
<td>Occupational Health Safety &amp; Welfare</td>
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<tr>
<td>RPHS</td>
<td>Regional Primary Health Service – Commonwealth funded primary health care services</td>
</tr>
<tr>
<td>SA</td>
<td>South Australia</td>
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<tr>
<td>SLA</td>
<td>Statistical Local Area</td>
</tr>
<tr>
<td>SWOT analysis</td>
<td>Strategy development tool which identifies strengths, weaknesses, opportunities, threats</td>
</tr>
<tr>
<td>Telehealth</td>
<td>Access to clinicians by video-conference or phone</td>
</tr>
<tr>
<td>WEEFN</td>
<td>Whyalla Easter Eyre and Far North (cluster)</td>
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</tbody>
</table>