



Health
Yorke and Northern
Local Health Network

Clare Hospital & Health Services Service Plan

May 2021



Foreword

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

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

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

Yours sincerely

Roger Kirchner
Chief Executive Officer
Yorke and Northern Local Health Network

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Disclaimer:

Document prepared by Yorke and Northern Local Health Network (YNLHN) in partnership with the Rural Support Service (RSS), Planning and Population Health Team to assist the Port Pirie and Clare Steering group with future planning for Clare Hospital and Health Service.

This document has been developed to support planning within the Yorke & Northern Local Health Network (YNLHN). The data may not be published, or released to any other party, without appropriate authority from the Department for Health and Wellbeing.

While care has been taken to ensure that the material contained in this document is up-to-date and accurate, the RSS and YNLHN accepts no responsibility for the accuracy or completeness of the material, or for outcomes related to use of the material.

1. Executive Summary

This Service Plan reflects the overarching future plan for health service provision for Clare Hospital for the next five to 10 years. The plan provides a range of information and data from a variety of sources, which highlight recent patterns of service delivery. Analysis will continue to inform a collaborative approach with other key service providers to plan and develop services to meet the changing needs of the catchment population in the medium term.

The Service Plan identifies a range of service initiatives which will support the provision of safe, quality services closer to home and is underpinned by a number of key strategic drivers, including: [Clinical Services Capability Framework](#), [SA Health and Wellbeing Strategy 2020-2025](#), [Yorke and Northern Local Health Network Strategic Plan 2020-2025](#) and [Yorke and Northern Community and Consumer Engagement Strategy. A Partnership Framework for Health Advisory Councils and Country Health SA](#) and the [National Aboriginal Cultural Respect Framework](#).

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

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

In addition to these service priority areas, opportunities to strengthen workforce, digital technology and infrastructure will be key enablers for this plan. A summary of these opportunities considered a priority are on pages 41-50.

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

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

Emergency Services

Maintain the level 2 services and explore opportunities to grow services to meet future demand, by seeking improvements in the following areas:

- Redesign and increase functionality of emergency and inclusion in the development of a master plan.
- Sustainable workforce including a YNLHN workforce plan.
- Strengthen partnerships with external partners.
- Explore and review digital technology.

Medical Inpatient Services

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

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

Maternal, Neonatal and Paediatric Services

Maintain level 3 maternity and neonate services, increase birthing participation at Clare Hospital by seeking improvements in the following areas.

- Upgrade and redesign facilities infrastructure.
- Develop a sustainable workforce plan.
- Evaluate current models of care to grow maternity services.
- Positively influence the patient journey.
- Grow and promote services.
- Explore opportunities to increase paediatric services.
- Explore and review digital technology.

Surgical and Anaesthetic Services

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

- Review and improve infrastructure.
- Support the development of a sustainable workforce plan.
- Define surgical services to best meet the needs of the community.
- Explore and review digital technology to enhance surgical services.

Mental Health Services

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

- Enhance and improve infrastructure.
- Develop sustainable and effective workforce.
- Develop efficient and effective workforce practices.
- Develop new service models across the continuum to complement existing mental health services within YNLHN.

- Expansion of digital technology.

Cancer Services

Maintain the level 3 medical oncology services and explore opportunities to grow services by seeking improvements in the following areas:

- Redesign infrastructure.
- Develop sustainable workforce.
- Coordinated cancer service across the YNLHN.
- Improve patient journey.
- Expansion of digital technology.

Renal Services

Maintain the level 3 services and enhance patient care by seeking improvements in the following areas:

- Redesign and increase infrastructure.
- Develop a sustainable workforce.
- Develop culturally safe and appropriate services for Aboriginal patients.
- Continue to grow specialist services offered locally.
- Review and improve digital technology.

Palliative Care

Maintain the level 2 palliative care services and explore opportunities to grow services with a focus on the following areas:

- Redesign and increase space for palliative care suite and services.
- Develop a sustainable and effective workforce.
- Improve the patient journey.
- Explore and review digital technology.

Allied Health and Community Services

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

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

2. Project background and context

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

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

The aim of this service plan is to provide a framework for identifying and evaluating potential future service options for the Clare Hospital to meet the needs of the Clare catchment over the next five years and beyond.

2.1 Strategic enablers

Several strategic frameworks and enablers have informed and provided strategic direction for the Clare Hospital and Health Service plan. These include:

SA Health and Wellbeing Strategy 2020-2025

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

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

The goals of the Health and Wellbeing Strategy are to:

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

Other strategic enablers that informed the service plan

Several other frameworks, plans and forums have been connected with the development of the Clare Hospital Service Plan and will continue to be essential during implementation:

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

2.2 Yorke and Northern Strategic Plan 2020-2025.

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

Our Purpose

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

Our vision

To be leaders in exceptional rural health care.

Our values

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

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

Care – We treat people with respect and dignity.

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

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

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

Our network

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

Our services

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

Our staff

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

Our partnerships

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

Our future

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

[Yorke and Northern Local Health Network \(YNLHN\) 2020-2025 Strategic Plan](#)

2.3 Clare catchment Profile

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

The Clare Hospital is physically located in the Clare Statistical Area 2 (SA2). The geographical catchment area for the Clare Hospital is the Clare SA2, and also extends into the Gilbert Valley SA2 (shared with Riverton catchment), Jamestown SA2 (shared with Crystal Brook, Jamestown and Laura catchments) and the Wakefield - Barunga West SA2 (shared with the Balaklava, Port Broughton, Snowtown and Wallaroo catchments).

Therefore, for the purposes of defining the geographic core catchment area of the Clare Hospital, the following ABS defined Statistical Area 1 (SA1s) have been used for the Gilbert Valley, Jamestown and Wakefield – Barunga West SA2s:

Gilbert Valley SA2	Jamestown SA2	Wakefield – Barunga West SA2
4111701	4112006	4111902
4111702	4112016*	4111903
4111703		4111904
4111704		4111905
4111708		
4111713		

** 50% of this SA1 only, remaining 50% in the Jamestown catchment*

The population of the Clare catchment is 8,032, with 18.1% aged under 14 years, and 22.8% aged over 65 years. The Clare catchment has a slightly higher proportion of persons aged 65 years and over compared to the SA population.

In total 1.4% of residents in the Clare catchment identify as Aboriginal and 2.2% speak a language other than English at home. The Clare catchment has a lower proportion of Aboriginal persons and a lower proportion of people from a CALD background compared to the SA population.

The resident population of Clare catchment is expected to grow by 2036.

The Clare Hospital has 23 multiday beds available, with an average of 7.2 occupied each night in 2018-19.

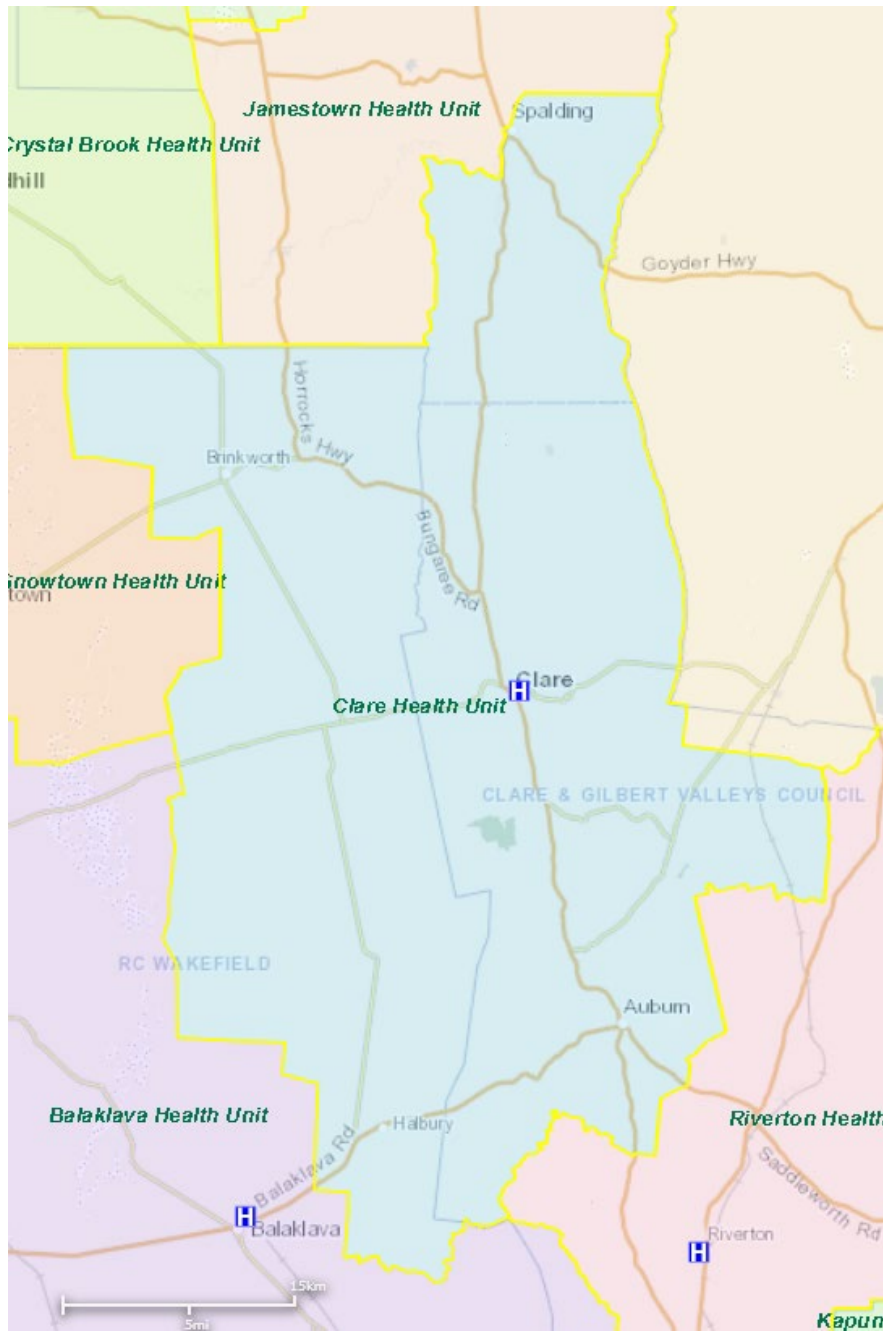
In 2019-20, the top five same-day separation types for residents of the Clare catchment at the Clare Hospital by number of separation types were adult medical, adult surgical, dialysis, mental health and obstetric. For the same time period, the top five same-day separation types accessed outside of the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

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

There were 2,358 emergency presentations at the Clare Hospital in 2019-20. This is broken down by 139 triage 1 or 2, 387 triage 3, and 1,832 triage 4 or 5 presentations.

In 2019-20, there were 72 births for women from the catchment. Of this number, 31% were at public hospitals outside of the YNLHN.

Clare Hospital catchment map



Source: SA Health Data & Reporting Services Branch,
Clare catchment indicated by blue shading with a yellow border indicating outline of catchment

2.4 Service planning process

2.4.1 Overview

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

The role of the Steering Group was to:

- provide advice to the YNLHN executive and the Board on future scope of services and capacity required based on the data, local knowledge and best practice clinical standards
- review existing and projected health utilisation data to quantify future service profiles
- consider existing plans for the Clare community and surrounding catchment to determine the future implications for the Health Service
- provide advice on future self-sufficiency of the Clare Hospital
- provide feedback on recommendations and priorities as they are developed
- identify and engage other stakeholders as required to contribute to the service planning process
- receive ideas, advice and recommendations from any consultation processes and ensure its consideration in the development of the Service Plan.

The steering group analysed a range of:

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

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

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

2.4.2 Clinician, consumer and stakeholder engagement

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

2.4.3 Clinician engagement workshop

A clinician engagement workshop was held on 20 October 2020 for Clare Hospital as part of the co-design health service planning process with the Rural Support Service. It was attended by a range of clinical stakeholders including YNLHN clinical staff, (nursing, midwifery and allied health), local general practitioner (GP) workforce, SA Ambulance Service (SAAS) and the YNLHN executive. A survey was also used to gather data from a wider group of stakeholders including community, partner organisations, and clinicians who were unable to attend the clinician engagement workshop.

The following priority areas were identified by the Steering Group:

- Emergency (including Medical Imaging)
- General medical
- Maternity, neonate and early childhood
- Mental health
- Specialist services (including chemotherapy and cancer, renal, palliative care and pain management)
- Surgical services
- Hospital avoidance.

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

All participants were able to choose two groups to join, each for a rotation of 35 minutes. The following questions were used to guide the conversations:

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

Following the evening clarification and further detail was gathered from key leads and teams within the health service to further develop the priority areas.

2.4.4 Community engagement

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

General community Feedback

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

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

Key guiding questions used within focus groups include the following:

- What services do you currently utilise to support your health and well-being?
- Of those services that you currently utilise, are there any challenges?
- What current services do you think you or your family will need access to in the future (next 5 -10 years)?
- Overall, what is your level of satisfaction with health and wellbeing services that we have here at Port Pirie Hospital and Health Service or Clare Hospital and Health Service?
- Is there anything else you would like to tell us?

A survey was distributed via three methods for both Port Pirie and Clare service planning processes with a total of thirty responses.

Survey links via Facebook were posted for a two-week period, along with options to respond to a YNLHN email or access hard copies of the survey.

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

CLARE HOSPITAL AND HEALTH SERVICE PLAN
Have Your Say!

OUR PRIORITIES

- Accident and Emergency
- Mental Health
- Maternity, Neonatal and Paediatric Services
- Medical and Surgical Services
- Community and Allied Health Services
- Palliative Care
- Renal Services
- Pain Management
- Cancer and Chemotherapy Services
- Medical Imaging

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

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

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

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

“Need specialty services and follow up care closer to home. Often you need to go to Adelaide for follow up and it is 5 minute appointment, consider alternative options such as telehealth”.

Community Health (n=17)

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

“HCP and CHSP wait lists are increasing and hard to access when you need”.

Positive feedback (n=16)

- Positive comments related to staff, service and facilities.

“I have experienced having to travel to Adelaide to deliver my 1st baby and it was horrendous compared to my other two babies. The care we receive in country hospitals is second to none and the more services we keep local the better”

Medical Inpatients (n=11)

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

“Rehabilitation closer to home, intense and ongoing is needed”.

Medical imaging (n=9)

- Improved waiting times, reduction in need to travel outside of town for services (e.g. catscan) and access to MRI services.

“Need to increase medical imaging services e.g. CT scan, ended up needing to go to Adelaide as waiting lists too long”.

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

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

“Link with Council to have a directory of local services, it could be multi-purpose with all services”.

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

Aboriginal Health Feedback

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

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

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

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

Community Health (n=11)

- Expanding Aboriginal Health Practitioner roles, increasing telehealth services and more Aboriginal specific roles.

“Expanding telehealth services including expansion of ipads to support communities that are unable to come into services”.

Emergency, medical and surgical services (n=8)

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

“Need to continue to have services closer to home where appropriate”.

Mental Health (n=7)

- Greater accessibility and increased availability of mental health services.

“Increase Psychologist/Counsellor services so support ongoing mental health issues”.

Affordability (n=6)

- Affordable health care options.

“People aren’t comfortable to request not to pay gap as shame is attached to asking”.

Cultural safety (n=6)

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

“Cultural competence - how can we improve and deliver this in orientation for new staff”.

Transport and Patient Assistance Transport Scheme (n=5)

- Difficulties in accessing transport for appointments.

“Can’t get PATS upfront makes it difficult for Aboriginal people”.

Specialist and General Practice services (n=5)

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

“Grow opportunities to have specialist services and consider bulk-billing options”.

Partnerships and promotion of services (n=5)

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

“Continue to build formal links with partner organisations to ensure clients are not falling through the gaps”.

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

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

3. Service Plan

3.1 Service capacity

The Clare Hospital is part of the YNLHN. The Hospital is a medium sized casemix funded site, which supports the region by providing emergency, acute inpatient care, surgical and outpatient services. Clare Hospital is a 23 acute bed facility. Kara House is aligned with the hospital, which has 25 residential aged care beds.

Clare Hospital provides 24 hours a day, seven days a week (24/7) accident and emergency service, acute inpatient care, maternal and neonatal services, elective surgery, 24/7 palliative care, low complexity chemotherapy and renal dialysis. Radiology is located onsite (5 days a week with no on call service). Additional services located offsite include SA Pathology and Pharmacy.

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

Accident and emergency medical services, inpatient medical, obstetric medical and all anaesthetic and surgical services are provided via a contractual arrangement with local General Practitioners (GPs).

3.2 Clinical Services Capability Framework

The SA Health Clinical Services Capability Framework (CSCF) 2016 has been designed to guide a coordinated and integrated approach to health service planning and delivery in South Australia.

The CSCF is a set of 30 service modules for clinical service areas. The modules detail the minimum service and workforce requirements, risk considerations and support services to provide safe and quality care at South Australian hospitals. It is an important tool for state-wide planning by defining the criteria and capabilities required for health services to achieve safe and supported clinical service delivery. It also provides planners and clinicians with a consistent approach to the way clinical services are described and identifies interdependencies that exist between clinical areas. For regional LHNs it helps to plan what services can safely and reasonably be provided close to home and what services will need to involve travel to, and partnership with, a metropolitan-based tertiary health service.

The information in the service priority tables below is articulated with regard to the CSCF level criteria currently assigned to Clare Hospital.

3.3 Service Priorities

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

Emergency services

Current	Proposed
<p>Service description summary:</p> <p>Clare provides Level 2 Emergency Services providing on-site, 24-hour access to emergency registered nursing staff trained in triage and advanced life support (adults) and triage of all presentations.</p> <ul style="list-style-type: none"> • Capable of providing treatment for minor injuries and illnesses and treatment of acute illnesses and injuries. • Provides resuscitation and stabilisation, prior to admission and/or transfer to higher level service. • Medical practitioner available 24 hours/day. <p>Current capacity:</p> <ul style="list-style-type: none"> • 24/7 Service. • Meeting triage times. • GP led on call service. 	<p>Service Description Summary:</p> <p>Maintain the level 2 services and explore opportunities to grow services to meet future demand by seeking improvements in the following areas:</p> <p>Service improvement summary:</p> <p>ED1: Redesign and increase space/functionality to meet standards of emergency, developing a master plan considering the following:</p> <ul style="list-style-type: none"> • Improve security to support staff and patient safety including dedicated air lock at Ambulance entrance to assist with security and swipe card entrance for all staff. • Expansion of footprint to meet current standards, dedicated purpose-built quiet rooms, increased space for short stay patients, private spaces to undertake appropriate assessment and patient friendly reception area. • Dedicated privacy for patient loading and unloading in Ambulance area and sheltered drop off and pick up at front of hospital. • Additional space for specialist outpatient services and digital telehealth hub. • Clinical space for resuscitation, storage space, negative pressure room capability for isolation requirements and appropriate up to date equipment. <p>ED2: Ensure emergency services workforce planning is considered as an integral part of the YNLHN workforce plan considering:</p> <ul style="list-style-type: none"> • Development of recruitment and retention strategies including professional development and training, permanent positions, clinical support, mentorship, supervision options and university linkages to increase capacity to enable student placements. • Promotional information of the Clare and Gilbert Valley for nursing and allied health prospective staff. • Consider rural generalist positions in the hospital (salaried medical officers– opportunities for registrars and intern working alongside local GPs). • Incentives for GP to work in rural communities e.g. housing. • Continue to upskill staff, identify opportunities to access ongoing training and scholarships and continue to acknowledge and utilise skills of local workforce.

- Dedicated accident and emergency department staff - medical/nursing and administrative role to support with admissions including volunteer concierge role to support patient presentations.

- Develop nurse practitioner role for fast track ambulatory care to reduce preventable admissions.

ED3: Strengthen partnerships with community and allied health, SAAS, Primary Health Network (PHN) and other relevant providers to prevent avoidable emergency presentations and hospital admissions considering:

- Increase staff awareness of Rapid Intensive Brokerage Service (RIBS) to support hospital avoidance.
- Investigate options for the development of a multi-disciplinary team to support discharge planning and prevent re-presentations including additional allied and community nursing supports particularly for out of hours services.
- Increase linkages with metropolitan hospitals to support patient journey including timely discharge summaries.
- Advocate for SAAS to investigate opportunities for paramedics to conduct home assessments.
- Develop culturally appropriate pathways for Aboriginal consumers accessing accident and emergency including appropriate engagement of the Aboriginal Liaison Officer.
- Identify partnership opportunities to improve stroke medical management, diagnosis and treatment pathway including access to timely rehabilitation.

ED4: Improve community awareness of services available considering:

- Developing a communication plan to support community knowledge and education regarding prevention of avoidable emergency presentations.

ED5: Continue to explore and review digital technology to enable safe, high quality services:

- Link with state-wide services to explore options for integration of electronic medical records, secure communication/messaging to share electronic reporting with medical imaging and GPs.
- Training in technology and equipment for GPs and nursing staff.
- Consider electronic journey boards and care plans.
- Enhancement of the use of SAVES including consideration for capacity, space and telehealth video triage support for out of town transfer.
- Develop a communication strategy between nursing staff and GPs other than personal mobiles.

Other considerations:

Medical inpatient

Current	Proposed
<p>Service description summary:</p> <p>Clare Hospital provides Level 2 Service</p> <ul style="list-style-type: none"> • Service provided as both an ambulatory and inpatient service, including overnight nursing care and patients under the care of medical practitioners. • Inpatient services usually provided for low to medium acuity, single-system medical conditions with significant but stable comorbidities. • Patients with pre-existing significant comorbidities are typically not admitted at this service level except in palliative care situations. • Outreach service and hospital services and residential aged care. <p>Current capacity:</p> <ul style="list-style-type: none"> • There are three medical practices in Clare - two have admitting rights to the Clare Hospital; Clare Medical Clinic (CMC) and Victoria Road Medical clinic (VRMC). 	<p>Service Description Summary:</p> <p>Maintain the level 2 services and enhance patient care seeking improvements in the following areas:</p> <p>Service improvement summary:</p> <p>MI 1: Review, improve and redesign facilities infrastructure to provide safe accessible service considering:</p> <ul style="list-style-type: none"> • Adequate soundproof consulting rooms with access to computers, dedicated quiet spaces, secure clinical and non-clinical storage areas and improve space for nursing education. • Consider accommodation options for patients/ family and visitors. • Improve patient flow including welcome entrance, upgrading waiting rooms and nurse's station, dedicated space for close monitoring beds, palliative care suite and facilities to meet bariatric medical admissions. <p>MI 2: Ensure medical inpatients workforce planning is considered as an integral part of the YNLHN workforce plan considering:</p> <ul style="list-style-type: none"> • Development of recruitment and retention strategies including clinical support, mentorship and supervision options. • Staff accommodation supports. • Link with the Rural Health Workforce Strategy Implementation Manager to consider strategies that support ongoing training and development. • Work closely with Port Pirie, Wallaroo and surrounding smaller health services to share and support resources and expertise. • Consider developing portfolio leads in aged care, diabetes and chronic condition management. • Continue to link and build on the local council work to assist attracting rural generalists to work and live in rural communities. • Plan to re-introduce administration support. <p>MI 3: Explore opportunities to increase specialties services and introduce new models of care to meet community need:</p> <ul style="list-style-type: none"> • Planned approach to attracting visiting medical officers (VMOs) and specialists to meet the needs of our community (e.g. endocrinologist, palliative care gerontologist, physician, medical oncology services, paediatrician) across the YNLHN.

<ul style="list-style-type: none"> • GPs are individually credentialed and scope of practice approved by the Executive Director Medical Services for YNLHN. 	<ul style="list-style-type: none"> • Develop new LHN wide prehab/rehabilitation models – including opportunities for restorative care involving integrated multi-disciplinary team to improve health outcomes, functional capacity and quality of life to the individual by providing early rehabilitation opportunities closer to home. • Develop pre anaesthetic clinics with input from all providers leading to a multi-disciplinary team approach. <p>MI 4: Explore opportunities to positively influence the patient journey and develop models of care to support care closer to home:</p> <ul style="list-style-type: none"> • Increase linkages with metropolitan units to support patient journey including timely discharge summaries. • Improve collaboration and integration with community and allied health service to support consumers to access comprehensive care. • Link with non-government organisations (NGOs) and Home Care Package providers to support patients with transport. • Formalise link with NALHN – identify clear delineation of communication including identifying the key people to contact such as cardiac, renal, oncology. • Improve management of patients awaiting residential aged care placements and or Transitional Care Packages. • Explore opportunities to streamline administrative tasks, admission processes and forms to avoid duplication. <p>MI 5: Continue to develop strategies to reduce potentially preventable admissions:</p> <ul style="list-style-type: none"> • Continue to re-evaluate discharge planning and co design effective models to support discharge. • Promote home tele-monitoring for people with chronic disease (Virtual Clinical Care). • Investigate opportunities to expand a collaborative chronic condition model of care. <p>MI 6: Improve community awareness of services available considering:</p> <ul style="list-style-type: none"> • Link with YNLHN communications team to promote and develop primary health messages for communication to the public. • Investigate links with council to develop a directory of services. <p>MI 7: Improve support and management for patients with drug and alcohol issues considering:</p> <ul style="list-style-type: none"> • Investigate a YNLHN model of care for alcohol and other drugs withdrawal in negotiation with metropolitan units and Drug and Alcohol Services SA (DASSA) (consider developing a business case for commissioned beds within YNLHN). • Strengthen linkages with DASSA and advocate where appropriate for additional services to enhance service availability and support staff to increase skills to work with patients with drug and alcohol withdrawal. • Additional in reach social supports for inpatient mental health/drug and alcohol patients.
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MI 8: Strengthen the capability to provide culturally appropriate health services

- Continue to roll out appropriate cultural competence training for all staff.
- Enhance knowledge of services offered by Aboriginal Health Team.
- Create a culturally appropriate space for grief and loss for Aboriginal community.
- Investigate the patient journey with a view to improve services for Aboriginal people.
- Explore opportunities to increase Aboriginal health workforce and work collaboratively with the Aboriginal Health Team.
- Work closely with the newly appointed Aboriginal Health Liaison Service who will support GPs to develop comprehensive care plans to improve the health outcomes of Aboriginal consumers with complex care needs.

MI 9: Continue to explore and review digital technology to enable safe, high quality services:

- Consistent Electronic Medical Record (EMR) including unique UR number across the LHN.
- Increased bandwidth, hospital wide wifi access for both patients and staff.
- Consideration of electronic admission portal and integrated patient management system for planned admissions.e.g. (Webpas).
- Use of virtual platforms to support clinical service delivery including medical handover and continue to expand including telehealth where clinically appropriate.
- Electronic kitchen orders including allergies, menus and food likes and dislike.

Other considerations:

Maternal, neonatal and paediatric services

Current	Proposed
<p>Service description summary:</p> <p>Clare Hospital provides Maternity and Neonate Services Level 3.</p> <ul style="list-style-type: none"> Level 3 maternal and neonatal services providing low risk births ≥ 37 weeks' gestation; safe care for singleton neonate ≥ 2.5kg at birth, convalescent care for neonate ≥ 36 weeks (corrected gestation) who weighs ≥ 2 kg, when supported by neonatologist/ paediatrician consultant advice from Level 4-6 service. Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available. Capacity to provide emergency care to support the sick neonate until the retrieval service arrives. Capacity to manage the care of the 'low risk' pregnant woman during the antenatal and postnatal periods. <p>Current capacity:</p> <ul style="list-style-type: none"> Approximately 450 births per year for YNLHN and 90 at Clare Hospital. Facilities and workforce for elective caesarean section (CS) and Category 1CS. 	<p>Service Description summary:</p> <p>Maintain level 3 maternity and neonate services, increase birthing participation at Clare Hospital by seeking improvements in the following areas:</p> <p>Service improvement summary:</p> <p>MN1: Ensure sustainable maternal and neonatal services by upgrading and redesigning facilities considering contemporary practices:</p> <ul style="list-style-type: none"> Consider patient flow - appropriate location to theatre/labour ward/nursery, paediatric space and child/family friendly space, upgrade labour ward. Consider options for short term/overnight accommodation for travelling families including upgrading nursing home. Opportunity for a café on site. Improved space for allied health in the acute setting to improve patient journey and multi-disciplinary approach for services. <p>MN2: Ensure maternity and neonate workforce planning is considered as an integral part of the YNLHN workforce plan:</p> <ul style="list-style-type: none"> Development of recruitment and retention strategies, adequate professional development and consideration for education portfolios, permanent positions, rostering flexibility to enable social and community connections, increase in salaried workforce and promotion to attract staff and their families to the area. Partner with universities for research and recruitment opportunities. Ensure models of care provide opportunities for qualified GP obstetrician/specialist obstetricians to be recruited and retained to contribute to service provision in Clare. <p>MN3: Explore opportunities to promote and grow the maternity services provided in Clare in line with the clinical services capability framework considering:</p> <ul style="list-style-type: none"> Increased and timely access to specialist services/specialties, maternity, neonate, pediatrician services, considering tele health opportunities. Continuing to have sustainable robust anaesthetic service and sustainable access to GP obstetricians. Implementing the recommendations from current Midwifery Group Practice Program Evaluation.

<ul style="list-style-type: none"> Local GP Obstetrician linking with Women's and Children's hospital for advice and support. 	<ul style="list-style-type: none"> Developing and growing multi-disciplinary gestational diabetes clinic model. Increasing allied health supports both in-reach to hospital and the community. Investigate opportunities for continence and well women's clinics. Review self-sufficiency data to maintain and increase the number of births close to home to support maintenance of skills and experience and reduce unnecessary patient flow out to metropolitan hospitals. Develop culturally appropriate pathways for Aboriginal women accessing maternity services including engagement of the Aboriginal health team. <p>M4: Explore opportunities to further develop and positively influence the patient journey:</p> <ul style="list-style-type: none"> Partner with NGOs to support the patient journey across the continuum for complex clients. Increase links with Aboriginal health workers, collaboration, improve cultural education and opportunities to work together. Increase links with allied health to support the multi-disciplinary team in supporting the patient journey. Streamline administrative systems and processes. Improve metropolitan understanding and support to mitigate rural challenges for maternity, neonates and paediatric services and enable care as close to home as possible. <p>M5: Explore opportunities for increased paediatric services for Clare and the YNLHN</p> <ul style="list-style-type: none"> Monitor current service utilisation and waitlists to investigate potential for increase paediatrician access for Clare and the YNLHN. Identify opportunities for promotion of paediatric services to the community. <p>M6: Improve community awareness of services available considering:</p> <ul style="list-style-type: none"> Continual promotion of the service to the community, through social media and the communications team. Increase GP and Specialist awareness of the services available to support timely referrals including self-referral. <p>M7: Continue to explore and review digital technology to enable safe, high quality service provision:</p> <ul style="list-style-type: none"> Link with state-wide services to explore options for integration of electronic medical records, secure communication/messaging to share electronic reporting with medical imaging and GPs. Use of virtual platforms to support clinical service delivery and continue to expand.
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Other considerations:

YNLHN Model of Care Evaluation – Rosemary Bryant AO Research Centre and FMC.

YNLHN Midwifery Group Practice Program Evaluation – John Slater, Health Economist, 2020.

Surgical and anaesthetic services

Current	Proposed
<p>Service description summary:</p> <p>Clare provides level 3 surgical services:</p> <p>Provided mainly in hospital setting with designated but limited surgical, anaesthetic and sterilising services.</p> <p>Manages:</p> <ul style="list-style-type: none"> • Surgical complexity I procedures with low to high anaesthetic risk. • Surgical complexity II procedures with low to high anaesthetic risk. • Surgical complexity III procedures with low to medium anaesthetic risk. • Surgical complexity IV procedures with low to medium anaesthetic risk. • May be offered 24 hours a day and may include day surgery. • May also provide emergency surgical services on call. <p>Current capacity:</p> <ul style="list-style-type: none"> • <u>General surgery</u>, level 3 – monthly operating list and consults at Clare Medical Centre Monday to Friday. • <u>Resident GP surgeon</u> monthly operating list and consults at CMC. • <u>Orthopaedic surgery</u>, (x 4 surgeon’s lower and upper limb) visiting monthly operating list and consults at CMC Monday to Friday. 	<p>Service description summary:</p> <p>Maintain current level 3 surgical and anaesthetic services and grow the range and frequency of surgical service provided by seeking improvements in the following areas:</p> <p>Service Improvement Summary:</p> <p>S1: Redesign and increase space/functionality to meet standards of surgery considering:</p> <ul style="list-style-type: none"> • Dedicated theatres and sedation room to facilitate improved flow, which is linked to emergency. • Short stay suites, recovery areas and procedure room – for day surgery such as plastics. • Feasibility of close monitored beds to enable expanded services. • Renovation and relocation of existing staff tearoom and renovate change room to have dedicated male/female rooms with shower/toilet/change room facilities. • Improved access between central sterile supply department (CSSD) and theatre, admission suite to increase privacy, increased storage space and bariatric equipment. <p>S2: Support the development of a Clare and YNLHN plan for a sustainable surgical workforce:</p> <ul style="list-style-type: none"> • A planned approach to attracting visiting specialist services by mapping current and future services to meet the needs of our community. • Grow surgical services in collaboration with Northern Adelaide LHN. Explore the ability to create a workforce model that includes rural generalists, specialists, resident specialists and visiting specialists. • Grow nursing and allied health workforce in align with expected service increases. • Working closely with Wallaroo and Port Pirie health services to share and support resources and expertise. • Consider opportunities to develop a theatre technician role and reintroduce level 3 theatre nurse. • Grow allied health assistant workforce to support pre and post-operative services. • Implement a YNLHN training hub to support Rural Generalists rotating through the YNLHN. <p>S3: Define services and explore opportunities to increase surgical services considering sustainable, realistic specialist’s surgical services.</p>

<ul style="list-style-type: none"> • <u>Urology</u> - visiting service. Monthly operating list and consults at CMC. • Dental/oral services (including paediatric). Not available at present, <u>seeking for 2021</u>. • <u>Gynaecology</u> visiting services monthly operating list and consults at CMC. • <u>Ophthalmology</u> – visiting monthly operating list and consults at CMC. Consider increasing in 2021 due to leakage to metro. • <u>Vascular</u> – Not available however potential growth for low acuity work eg fistulas. • <u>ENT</u> monthly operating list and consults at CMC. • <u>Gastroenterology</u> monthly operating list and consults at CMC. • <u>Plastics</u> monthly operating list and consults at CMC. • <u>Anaesthetics</u> seven-day service, one anaesthetist on call with second on call as required for emergencies and obstetrics. 	<ul style="list-style-type: none"> • Develop surgical specialty hubs at each of the YNLHN case mix sites e.g. one site focuses on orthopaedics, ophthalmology etc. • Investigate the provision of the full scope of general surgery expanding to a five day a week service. • Continuing to provide the range of specialist surgical services, and grow services for plastics, orthopaedics, gynaecology, ophthalmology and urology. • Explore opportunities to increase dental/oral surgery and private lists. • Ongoing analysis of changing self-sufficiency to understand service profile needs and identify opportunities to retain procedures that flow out to Adelaide. • Collaborating with community health and medical practices for primary care initiatives including; <ul style="list-style-type: none"> ○ Expansion of lifestyle programs for patients pre and post-surgery. ○ Prehab/ rehab services (considering student led models). ○ Pre and post-operative care and discharge (extended clinic hours). ○ Allied health home care supports. • Consider identifying dedicated allied health staff to provide care as a core component of the surgical pathway and expand community and allied health to a seven-day service across the YNLHN. <p>S4: Continue to explore and review digital technology to enable safe, high quality services:</p> <ul style="list-style-type: none"> • Digital strategies for theatre including introduction of electronic theatre management system Operating Room Management System (ORMIS /TMS). • Consistent EMR including unique UR number across the LHN – smart theatres. • Use of technology for medical handover and increase in telehealth for services. • Consider electronic admission portal and integrated patient information management system e.g. Webpas.
<p>Other considerations:</p>	

Mental health

Current	Proposed
<p>Service Description Summary:</p> <p>Clare Hospital provides level 2 services based on the (CSCF):</p> <ul style="list-style-type: none"> • Capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health consumers. • Provides general healthcare and some limited mental health care 24 hours a day, delivered predominantly by team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds. • Medical services provided on-site or in close proximity to provide rapid response at all times. • Service provision typically includes: assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; referral where appropriate. <p><u>YNLHN Community Mental Health Team (ambulatory) provides level 4 services based on the (CSCF):</u></p> <ul style="list-style-type: none"> • Short to long-term or intermittent non-admitted mental health care to low and moderate risk/ complexity voluntary and, if authorised to do so, involuntary adult mental health consumers. • Youth consumers older than 16 years and older persons – aged 65 and older –where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service. 	<p>Service description summary:</p> <p>Explore opportunities to grow level 2 inpatient mental health services and maintain the level 4 community mental health, by seeking improvements in the following areas:</p> <p>Service improvement summary:</p> <p>MH1: Enhance the infrastructure to best meet the needs of clients with mental health issues considering:</p> <ul style="list-style-type: none"> • Purpose built community mental health facilities, which are safe and secure with safety of staff and all patients in high risk situations considered including dual access and quiet rooms. • Specialist mental health inpatient unit in YNLHN. • Workforce hub - integrate mental health with other YNLHN health services as part of capital planning. <p>MH2: Ensure mental health workforce planning is considered as an integral part of the YNLHN workforce plan considering:</p> <ul style="list-style-type: none"> • Develop upskilling and training programs for staff (considering scholarships) including specialist portfolios for mental health services team and identify mental health champions in acute and accident and emergency. • Increasing education opportunities for country general hospitals and South Australia Ambulance Service. • Continuing to develop a multi-disciplinary team approach. • Opportunities to develop an inpatient psychiatric liaison nurse role for YNLHN to improve communication between hospital and community mental health. • Initiatives for recruitment of nursing workforce and increasing FTE to support the increasing referrals in YNLHN. • Initiatives to recruit mental health workforce. • Accommodation to attract staff to the region. <p>MH3: Develop new service models across the continuum to complement existing mental health services within YNLHN:</p>

- 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; referral where appropriate.

Current capacity:

Clare Hospital provides:

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

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

Business hours (Mon-Fri 9-5pm)

- Specialist mental health assessment, crisis intervention and care planning.
- Brief intervention and care coordination.
- Support for discharge planning.
- Facilitation of telepsychiatry assessments.

- Increase access to specialist mental health services in the general hospital acute service setting.
- Access to sub-acute services (stepdown care from hospital to the community).
- Increase mental health lived experience workforce capability and develop new service models inclusive of lived experience workforce.
- Improve access to out of hours' support, explore extended hours and days of community mental health team operation.
- Increase access to geriatrician services and increase the number of older person's mental health clinicians.
- Increase access to specialist consultations and psychology services.
- Investigate the feasibility of access to a resident psychiatrist for the YNLHN (including psychiatrist registrar workforce opportunities).
- Regional telehealth to support extended hours of operation.

MH4: Build partnerships and networks with public and private providers to support and improve health and wellbeing of the community considering:

- Advocating with DASSA for enhanced services for consumers presenting with alcohol and other drug issues.
- Increasing stakeholder engagement to enhance the awareness of services available, appropriate referral pathways and streamline administrative tasks.
- Advocating for increased NGOs psychosocial support services.
- Partnering with Country SA PHN to develop new service models.
- Increase links with Aboriginal health workers to improve cultural education and identify opportunities to work together for the provision of mental health services to Aboriginal people.
- Increasing communication between services to better utilise stepped system of care.

MH5: Continue to explore and review digital technology to enable safe, high quality services:

- Increase in telehealth where clinically appropriate to reduce travel burden.
- Review of local infrastructure, coordination and education for effective use of technology.
- Telehealth triage support for out of town transfers and (low acuity).

- Consultation and liaison with Emergency Triage and Liaison Service (ETLS) and psychiatry services.

Afterhours

- Access (via 131465) rural and remote emergency triage and liaison service (ETLS) (24/7) includes access to on-call psychiatrist and emergency telepsychiatry.

Community Mental Health Team Ambulatory services

- Specialist mental health assessment, crisis intervention and care coordination for voluntary and involuntary consumers 16 years and over presenting with serious and/or severe mental health conditions
- Operates Monday-Friday 9am-5pm.
- Duty work service.
- Assertive community intervention.
- Therapeutic intervention.
- Multi-disciplinary team.
- Visiting Consultant Psychiatrist.
- Access to Tele-psychiatry assessments.
- 24/7 urgent mental health assistance via Rural & Remote ETLS 131465.

Other considerations:

South Australia Mental Health Services Plan 2020-2025.

Cancer services

Current	Proposed
<p>Service description summary:</p> <p>Clare Hospital provides level 3 medical oncology services:</p> <ul style="list-style-type: none"> • Low-risk ambulatory and/or inpatient diagnostic, consultation and treatment service with access to limited support services. • Chemotherapy under supervision of a registered medical oncologist who reviews patients locally via telehealth 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. • Support before, during and after medical oncology treatment provision. <p>Current capacity:</p> <ul style="list-style-type: none"> • Four chemotherapy chairs. • GPs primary contact. • Administration low complexity chemotherapy treatment by ADAC trained registered nurses. • Provide services for adjunct therapies for non-cancer procedures eg chronic diseases. Medical support by duty medical officer. 	<p>Service description summary:</p> <p>Maintain the level 3 medical oncology services and explore opportunities to grow services by seeking improvements in the following areas:</p> <p>Service Improvement summary:</p> <p>C1: Redesign and increase space for future growth of services considering:</p> <ul style="list-style-type: none"> • Infrastructure to support pharmacy, pathology and expansion of radiology to support cancer services. <p>C2: Ensure cancer services workforce planning is considered as an integral part of the YNLHN workforce plan considering:</p> <ul style="list-style-type: none"> • Explore opportunities to maintain appropriate levels of qualified nursing staff and specialists. • Upskill workforce to meet the growing need for services, including development of a succession plan. • Increase a multidisciplinary approach with dedicated allied health staff. • Cancer care coordinator role to support YNLHN, (linking acute and community). • Opportunities to increase volunteer services to support cancer care services. • Explore opportunities for McGrath Nurse. <p>C3: Develop a coordinated cancer care services across the YNLHN considering:</p> <ul style="list-style-type: none"> • Ongoing analysis of changing self-sufficiency to understand service profile needs and identify opportunities to retain services that flow out to Adelaide. • Investigate the feasibility of attracting a visiting psychologist, haematologist, oncologist and exercise physiologist for YNLHN. • Develop stronger links with metropolitan units, private hospitals and medical oncologists to ensure timely handover of patients and enable complementary care to be provided locally. • Identify referral pathways for patients that are referred to metropolitan hospitals and would prefer local services. • Continue strong links across the YNLHN for cancer services including Port Pirie and Wallaroo health units.

- Explore opportunities to implement adequately resourced pain management clinics.
- Increase links with oncologist for timely admission lists.
- Increased clerical support.
- Investigate models of care for a pain management clinic.

C4: Improve the patient journey considering:

- Identify referral pathways for patients that are referred to Lyell McEwin Hospital and other metropolitan sites who would prefer local services.
- Partnering with other service providers to support transport issue for families and consumers.
- Developing a one-stop shop for people to access cancer care information.
- Continual communication with SAAS and or other relevant providers to ensure timely discharge.
- Strengthen links with Lyell McEwin Hospital to increase telehealth services.

C4: Continue to explore and review digital technology to enable safe, high quality services:

- Use of technology for medical handover.
- Consider opportunities for remote telehealth consultations including multi-disciplinary team to support patient journey and decrease travelling for clients and offer virtual clinical support for smaller YNLHN sites.
- Consideration of electronic admission portal and monitoring system.

Other considerations:

Consider links with priority table within clinical support services (pharmacy) to monitor and review current trends for admitted outpatient services.

Renal services

Current	Proposed
<p>Service description summary:</p> <p>Clare Hospital provides level 3 services to patients on maintenance dialysis.</p> <ul style="list-style-type: none"> • May not offer full spectrum of dialysis modalities, such as home renal replacement therapies; however, requirements exist for services when provided. • Dialysis provided in designated dialysis area for patients with end-stage kidney disease (ESKD) who require assistance of registered nurse. • Does not include dialysis treatment for patients with acute renal failure; however, it may provide long term care of post-transplant patients, where appropriate. <p>Current Capacity:</p> <ul style="list-style-type: none"> • Two renal chairs. • Four trained dialysis Nurses. • Visiting nephrologist services six weekly. 	<p>Service description summary:</p> <p>Maintain the level 3 service and enhance patient care by seeking improvements in the following areas:</p> <p>Service improvement summary:</p> <p>R1: Redesign and increase space/functionality to meet standards for renal services considering:</p> <ul style="list-style-type: none"> • Dedicated telehealth area. <p>R2: Ensure renal services workforce planning is considered as an integral part of the YNLHN workforce plan considering:</p> <ul style="list-style-type: none"> • Coordination of staff training to align with succession planning for expected service increases. • Actively recruit and retain staff to dialysis unit by supporting with training and qualifications required to maintain safe staffing levels. • Expand and support training and investigate scholarships opportunities to support staff knowledge and skills. • Advanced practice/nurse practitioners to support continuity models. <p>R3: Develop culturally safe and appropriate services considering:</p> <ul style="list-style-type: none"> • Innovative models of health care that enhance the care and services for Aboriginal patients. • Partnering with Aboriginal health team to support the patient journey. <p>R4: Explore potential models of ongoing sustainable specialist care provision considering:</p> <ul style="list-style-type: none"> • Review of self-sufficiency data to identify opportunities to increase specialist services. • Support from metropolitan LHNs through telehealth, including the ability for low risk clients to utilise telehealth. • Exploring opportunities to have multi-disciplinary approach including podiatry, diabetes educator, social worker and dietitian. • Developing hub and spoke model working collaboratively within the LHN to support clients in smaller regional communities. <p>R5: Continue to explore and review digital technology to enable safe, high quality services:</p>

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| | <ul style="list-style-type: none">• Use of technology for medical handover.• Consideration of electronic admission portal and monitoring system.• Use of virtual platforms to support clinical service delivery and continue to expand. |
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Other considerations:

Consider links with priority table within clinical support services (pharmacy) to monitor and review current trends for admitted outpatient services.

Palliative care

Current	Proposed
<p>Service description summary:</p> <p>Clare Hospital provides Level 2:</p> <ul style="list-style-type: none"> • Provides palliative care for patients caregivers and families whose needs exceed the capability of primary care providers. • Acute services provided 24 hours a day, seven days a week via a mobile service to site of care either by direct or via telephone consultation. • Provides assessment, and community and clinical education. • Provides care consistent with needs and provides consultative support, information and advice to primary care providers. • Has formal links with primary care providers and a formal partnering relationship with a Level 6 service as well as with a local Level 4 service (through clustering arrangements if present) to meet the needs of patients, caregivers and families with complex problems. • Has quality and audit programs. <p>Current capacity:</p> <ul style="list-style-type: none"> • Clare Hospital has 24 hour service. • Community Health offers a five day a week service and has access to end of life package funding to support palliative care clients within the home. 	<p>Service description summary:</p> <p>Maintain the level 2 palliative care services and explore opportunities to grow services by seeking improvements in the following areas.</p> <p>Service improvement summary:</p> <p>P1: Redesign and increase space for a dedicated palliative care suite considering:</p> <ul style="list-style-type: none"> • Ensuite bathroom, kitchenette, private space and couch for family to stay and private garden space. • Special care room to enable increased family visitation. • Designated office and clinic space. <p>P2: Ensure palliative services workforce planning is considered as an integral part of the YNLHN workforce plan considering:</p> <ul style="list-style-type: none"> • Development of skilled workforce including level 4 nurse practitioner working across acute and community with prescribing rights for end of life care throughout the YNLHN. • RN3 clinical practice consultant for co-ordination of the services throughout the LHN and provide mentorship and education to generalist nurses and other service providers. • Education, support and scholarships to support staff to upskill. Consider student opportunities. • Explore opportunities to develop a seven-day a week community service including on call nursing services and backfill for end of life packages. • Investigate opportunities to utilise expertise across the YNLHN. • Dedicated administration support. • Consider access to palliative care consultants to meet growing demand including telehealth services. • Consider upskilling Aboriginal health worker in palliative care (PEPA - program of experience in palliative approach). <p>P3: Explore opportunities to develop new models of care to meet community need:</p> <ul style="list-style-type: none"> • Investigate step down service options for families and consumers and hospice facility for the aged population. • Develop formal links with Wallaroo and Port Pirie health services.

Current	Proposed
	<ul style="list-style-type: none"> • End of life packages funding available to support workforce to provide services. • Increase psychology and social work services working as part of the multi-disciplinary team. <p>P3: Explore opportunities to further develop and positively influence patient journey considering:</p> <ul style="list-style-type: none"> • Identify early referral and transition pathways for oncology patients and patients living with a chronic condition. • Partner with NGOs for transport for consumers and their families. • Develop private/public partnerships to support the patient journey. • Expansion of specialist palliative services including hospital liaison to provide consistent links to enable early discharge for palliative inpatients, support and mentorship with aged care services. <p>P4: Continue to explore and review digital technology to enable safe, high quality services:</p> <ul style="list-style-type: none"> • Use of technology for medical handover. • Increase in telehealth where clinically appropriate and use of virtual platforms to support clinical service delivery including expanding the use of ipads and technology capability in the home.
<p>Other considerations:</p> <p>Investing in regional palliative care services – commissioning report – Yorke and Northern Local Health Network</p>	

Allied health and community services

Current	Proposed
<p>Service description summary:</p> <p>Community health employs the following health professionals:</p> <ul style="list-style-type: none"> • Social work. • Podiatry. • Speech pathology. • Dietetics. • Occupational therapy. • Physiotherapy. • Allied health assistants. • Diabetes nurse educators. • Registered and enrolled nurses. • Aboriginal health workers. <p>Services comprised of multi-disciplinary teams providing a comprehensive range of community and hospital-based health services via individual assessment, one-to-one therapy, group work, community education, and in-home care.</p> <p>Referrals are prioritised according to clinical and service priority.</p> <p>Current capacity:</p> <p>In addition to the above services, which are all available throughout our region, other services include:</p>	<p>Service description summary:</p> <p>Maintain current services and explore opportunities to grow services to meet future demand by seeking improvements in the following areas:</p> <p>Service improvement summary:</p> <p>C1: Redesign and increase infrastructure for future growth of services considering:</p> <ul style="list-style-type: none"> • Integration of services including redevelopment of office space for community health staff within acute and community setting, including mental health. • Improved therapy space for early childhood programs. • Gym for rehabilitation services. <p>C2: Ensure community and allied health services workforce planning is an integral part of the YNLHN workforce plan considering:</p> <ul style="list-style-type: none"> • Development and implementation of a YNLHN workforce plan linking with the Rural Health Workforce Strategy including consideration for recruitment and retention strategies, permanent positions rather than short-term contracts, promotion of young professional groups to support activities outside of work and developing staff in specialty areas with scholarships etc. • Nurse practitioner models and credentialing for allied health professionals in specialty areas. • Increasing and support the recruitment of Aboriginal health workers/Aboriginal health practitioners including traineeships. • Research nursing and allied health recruitment schemes in other states. • Continuing to develop a seven-day service for allied health and home support service to meet the growing needs of Home Care Packages and National Disability Insurance Scheme (NDIS). • Strategies to support relocation e.g. short term accommodation and social supports. • Developing models to support allied health assistants to work and study at the same time. <p>C3: Develop a sustainable and effective service model to provide timely, quality access and equity for our community:</p> <ul style="list-style-type: none"> • Develop gestational diabetes clinic model.

Current	Proposed
<ul style="list-style-type: none"> • Commonwealth Home Support Program (CHSP). • Home and Community Care (HACC). • National Disability Insurance Scheme Services, (NDIS) child 0-8 years old, and adult program. • Palliative care, End of Life Program (EOLP). • Aged Care Assessment Team (ACAT). • Rehabilitation inpatient services. • Transitional Care Packages (TCP), residential and community based programs. • Rapid Intensive Brokerage Scheme (RIBS). • Short term restorative care. • Child Health and Development (CHAD). • Community nursing service. • Diabetes education service. • Aboriginal health services. 	<ul style="list-style-type: none"> • Investigate the demand for an adequately resourced chronic condition service including respiratory and cardiac services and investigate opportunities to increase nursing FTE within the diabetes service. • Improve streamlining administrative and admission processes. • Business support to seek grant-funding opportunities to support growth of the service. • Grow specialty across YNLHN including lymphoedema, rehab and prehab, paediatrics, continence, burns therapy, stomal therapy through formal metropolitan partnerships. • Explore opportunities to develop step down unit on site or respite in the home (with no age criteria). • Explore opportunities to implement adequately resourced pain management clinics. • Develop a business model to manage the growing NDIS demand efficiently. • Investigate the feasibility of attracting visiting exercise physiology services for YNLHN. • Support the development an inpatient and ambulatory rehabilitation model of care for YNLHN. • Explore multi-disciplinary chronic disease clinics for comprehensive patient journey. • Explore the need for Home Care Packages within Clare and surrounding areas. • Develop student clinic models. <p>CH4: Build partnerships and networks with public and private providers to support and improve health and wellbeing of the community considering:</p> <ul style="list-style-type: none"> • Investigate opportunities within the community to support patient transport for out of hours discharges eg. nursing homes from accident and emergency and transport to access smaller hospitals. • Link closely with the PHN to map current services, GP clinics, private and public services and NGOs and develop a live directory of services. • Continue to support primary health care initiatives and increase the capacity to support hospital avoidance initiatives. <p>CH5: Link with YNLHN communications team to develop a marketing plan for the promotion of services considering:</p> <ul style="list-style-type: none"> • Coordinating regular promotion of programs and service to raise a community understanding and education of available services. • Marketing opportunities to priority groups. • Improve metropolitan understanding of rural challenges, acute and allied health services.

Current	Proposed
	<ul style="list-style-type: none"> • Continue to promote and increase awareness of referral pathways for adult and early childhood services. <p>CH6: Explore opportunities to improve the patient journey for children and their families including the following:</p> <ul style="list-style-type: none"> • Investigate opportunities to increase paediatric specialty services across the YNLHN. • Family centred practices – consider extending hours to support families/schools/work dynamics. <p>CH7: Continue to explore and review digital technology to enable safe, high quality services:</p> <ul style="list-style-type: none"> • Explore opportunities to develop multi-disciplinary team with metropolitan staff through telehealth. • Consideration of electronic admission portal and monitoring system. • Increase in telehealth where clinically appropriate. • Use of virtual platforms to support clinical service delivery and continue to expand telehealth. • Expanding the use of ipads and technology capability in the home.
<p>Other considerations:</p> <p>Current partnership with SA Health Performance and Commissioning Team to review the intermediate care program.</p> <p>Mid North Needs Assessment.</p> <p>YNLHN Community and Allied Health Service Plan.</p>	

Clinical support services

CSCF descriptor level	Service Capacity	Proposed service or area to explore
<p>Diagnostic medical imaging</p>	<p>Level 3 diagnostic medical imaging services are provided on-site at Clare Hospital via South Australia Medical Imaging (SAMI) five days per week from 8.30am – 4.30pm.</p> <p>Provides:</p> <ul style="list-style-type: none"> • Diagnostic ultrasound services for complex conditions including obstetrics and breast ultrasound. (Monday, Tuesday and Wednesday only). • Limited chest and extremities x-rays via selected GPs. 	<p>Service description summary:</p> <p>Maintain diagnostic medical imaging services and explore opportunities to expand to a seven-day a week service including on call availability.</p> <p>Service improvement summary:</p> <p>Facilities and infrastructure considerations:</p> <ul style="list-style-type: none"> • Consider the location of medical imaging and explore options to increase the medical imaging space including a separate entrance. <p>Workforce considerations:</p> <ul style="list-style-type: none"> • Advocate to South Australia Medical Imaging the need for administration supports for technicians. • Advocate for services to continue throughout the year including Christmas periods. <p>Service considerations:</p> <ul style="list-style-type: none"> • Advocate to South Australia Medical imaging for an increase of imaging services on call 24/7 including general radiography and ultrasound services. • Explore opportunities to extend out of hours radiology services (ultrasound) to support emergency department services. • Investigate opportunities to consider the viability of CT scan for Clare, considering current service level agreements, governance arrangements and the geographic impacts for patient living in the LHN. • Develop long-term strategy to increase opportunities for people living in the area to access radiology services in Clare. • Ensure suitable equipment for service needs.

<p>Pathology</p>	<p>Level 2 service. Pathology at GP Clinic and the Hospital is collection site.</p> <p>SA Pathology provide off site:</p> <ul style="list-style-type: none"> • Emergency blood supply. • Routine pathology services. • Point of care testing. 	<p>Service description summary:</p> <ul style="list-style-type: none"> • Maintain pathology services and realign services as demand increases. <p>Service improvement summary:</p> <ul style="list-style-type: none"> • Investigate opportunities to realign and have onsite services as demand increases. (Developing a business model similar to Wallaroo).
<p>Pharmacy</p>	<p>Pharmacy services currently contracted with Terry White Pharmacy, Clare.</p>	<p>Service description summary:</p> <p>Maintain pharmacy services and enhance patient care seeking improvements in the following areas:</p> <p>Service improvement summary:</p> <ul style="list-style-type: none"> • Further embed clinical pharmacy services into all relevant stages of the health care continuum having impact upon, or being affected by, use of medications. • Continue to consult and review pharmacy services to identify and understand future needs of pharmacy within the YNLHN. SA Pharmacy to perform a comprehensive due diligence review of pharmacy services provision to all YNLHN care sites, including aged and acute services. • Explore opportunities to expand pharmacist services working collaboratively with community health to support medication review with outpatients/community clients. • Continue to monitor and review current trends for admitted outpatient services (oncology, renal dialysis, ambulant outpatient and day infusion therapy), which increase pharmacy workload and cost pressures and develop models of care inclusive and consultative with pharmacy. • Consider development of a technical executive officer role to support medication governance, medicine information services and facilitation of antimicrobial stewardship for the YNLHN.

3.4 Other factors for consideration

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

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

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

3.4.1 Capital and equipment

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

Emergency services

- Improve security to support staff and patient safety including dedicated air lock at ambulance entrance to assist with security and swipe card entrance for all staff.
- Expansion of footprint to meet current standards, dedicated purpose-built quiet rooms, increased space for short stay patients, private spaces to undertake appropriate assessment and customer friendly patient reception area.
- Dedicated privacy for patient loading and unloading in ambulance area and sheltered drop off and pick up at front of hospital.
- Additional space for specialist outpatient services and digital telehealth hub.
- Clinical space for resuscitation, appropriate up to date equipment, storage space and negative pressure room capability for isolation requirements.

Medical services

- Adequate soundproof consulting rooms with access to computers, dedicated quiet spaces, secure clinical and non-clinical storage areas and improve space for nursing education.
- A dedicated palliative care unit.
- Consider accommodation options for patients/ family and visitors.

- Improve patient flow including welcome entrance, upgrading waiting rooms and nurse's station and dedicated space for close monitoring beds and facilities to meet bariatric medical admissions.

Maternal/neonate and paediatric:

- Consider patient flow - appropriate location to theatre/labour ward/nursery, paediatric space and child/family friendly space and upgrade labour ward.
- Consider options for short term/overnight accommodation for travelling families including considering upgrading nursing home.
- Opportunity for a café on site.
- Improved space for allied health into the acute setting to improve patient journey and multi-disciplinary approach for services.
- Child/family friendly space.

Surgical services

- Dedicated theatres and sedation room to facilitate improved flow, which is linked to emergency.
- Short stay suites and recovery areas and procedure room – for day surgery such as plastics.
- Consider feasibility of close monitored beds to enable expanded services.
- Consider renovation and relocation existing staff tearoom and renovate change room to have dedicated male/female rooms with shower/toilet/change room facilities.
- Improved access between CSSD and theatre, admission suite to increase privacy, increased storage space and bariatric equipment.

Mental health

- Purpose built community mental health facilities, which are safe and secure with safety of staff and all patients in high risk situations considered including dual access rooms and quiet rooms.
- Specialist mental health inpatient unit in YNLHN.
- Workforce hub - integrate mental health with other YNLHN health services as part of capital planning.

Cancer services

- Consider infrastructure to support pharmacy, pathology and expansion of radiology to support cancer services.

Renal services

- Dedicated telehealth area.

Palliative care services

- Ensuite bathroom, kitchenette, private space and couch for family to stay and private garden space.
- Special care room to enable increased family visitation.
- Designated office and clinic space for growing services.

Community health

- Integration of services including redevelopment of office space for community health staff within acute and community setting including mental health.
- Improved therapy space for early childhood programs.
- Gym for rehabilitation services.

Medical imaging

- Consider the location of medical imaging and explore options to increase the medical imaging space including a separate entrance.

Pathology

- Consider space to realign and have onsite services as demand increases.

3.4.2 Workforce

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

Specific workforce considerations, identified through the service planning process, have been outlined in the service priority tables include:

Medical

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

Nursing and allied health

- Improve access to out of hours' support, explore extended hours and days of community mental health team and for community health.
- Support the development of advanced practice/nurse practitioner roles across the health service.
- Increase Aboriginal health practitioner positions.
- Upskilling and training programs for staff including specialist portfolios.
- Rostering flexibility to enable social and community connections.
- Continue to have the opportunity for permanent positions.
- Work closely with Port Pirie, Wallaroo and surrounding smaller health services to share and support resources and expertise.
- Continue to develop a multi-disciplinary team/ approach across the health service.
- Consider the implementation of a mobile acute mental health specialist to support medical officers, nursing staff and paramedics at the Clare Hospital to free SAAS and medical resources for other presentations, decrease challenging behavior incident, reduce avoidable accident and emergency presentations and enhance the patient experience. Service currently being trialed in Port Pirie.

- Expand and support training, scholarships opportunities to support staff knowledge and skills.
- Develop models to support allied health assistants to work and study at the same time to grow our workforce.
- Expand and refine the allied health assistant role.
- Develop models for credentialing allied health professionals in specialty areas.
- Explore initiatives for recruitment of nursing workforce and increasing FTE to support the increasing referrals in YNLHN.
- Investigate opportunities to develop a psychiatric liaison nurse role for YNLHN.
- Education, support, scholarships to support staff to upskill and consider student opportunities.
- Expand workforce to meet future demand.
- Continue to grow and support specialist services for the YNLHN.
- Increase administration support for nursing and allied health.
- Coordinate staff training to align with succession planning for expected service increases.

Common themes across all priority areas include:

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

3.4.3 Digital Technology

Consider the development of an YNLHN digital strategy including:

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

Acknowledgments

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



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

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

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

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

Service Plan endorsement

Committee/ Responsible Person	Date
<p>YNLHN, Chief Executive Officer, Roger Kirchner</p>	
<p>YNLHN, Executive Director Community & Allied Health, Melissa Koch</p>	
<p>YNLHN, Director Mental Health, Lucas Milne</p>	
<p>Michelle Cunnew A/Director of Nursing and Midwifery</p>	

Appendix A: Terms of Reference

Clare Hospital and Port Pirie Regional Health Service Steering Group

Scope and Purpose

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

Scope of Service Plan

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

Steering Group Role

The Steering Groups primary role is to:

- provide advice to the Yorke and Northern Executive and Governing Board on future scope of services and capacity required based on the data, local knowledge and best practice clinical standards.
- review existing and projected health utilisation data to quantify future service profiles
- consider existing plans for the Port Pirie and Clare community to determine the future implications for the health service
- provide advice on future self-sufficiency of the health service
- provide feedback on recommendations and priorities as they are developed
- identify and engage other stakeholders as required to contribute to the service planning process
- receive ideas, advice and recommendations from any consultation processes and ensure its consideration in the development of the Service Plan.

Reporting

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

Membership and Member Responsibilities

Membership

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

Membership comprises:

Chair:

- Roger Kirchner, Chief Executive Officer, YNLHN

Members

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

Member responsibilities

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

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

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

- Respectful Behaviours
- Organisational Development
- Employee Relations
- Occupational Health Safety and Welfare

The responsibilities of members include:

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

Resources

The Rural Support Service will provide staff to support the steering group including:

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

The LHN will provide support to the steering group including:

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

Confidentiality

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

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

Action Items and Working Parties

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

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

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

Meeting Procedures

Decision making

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

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

Meeting Frequency

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

Location

- Alternate between Clare and Port Pirie

Quorum

A quorum is half of the core members plus one.

Group Functions

Executive Officer/Minute Taker

The Executive Officer/Minute Taker is responsible for:

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

Agenda

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

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

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

Minutes

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

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

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

Actions

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

The YNLHN Senior Project Officer may, at the discretion of the Chairperson, provide assistance to members in order for them to undertake action items as determined and agreed by the group. Such

assistance could include meeting co-ordination, agenda preparation, minor research or collation of data and information.

Communications

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

Evaluation

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

Appendix B: Glossary

- ABS** – Australian Bureau of Statistics
- ACAT** – Aged Care Assessment Team
- ACL** – Advanced Clinical Leads
- ANUM** – Associate Nurse Unit Manager
- BCIC** – Better Care in the Community
- CALD** – Culturally and Linguistically Diverse
- CAMHS** – Child and Adolescent Mental Health Services
- CHC** – Country Health Connect
- CHAD** – Child Health and Development
- CHSP** – Commonwealth Home Support Program
- CMHT** – Community Mental Health Team
- COPD** – Chronic Obstructive Pulmonary Disease
- CS** – Caesarean section
- CSCF** – SA Health Clinical Services Capability Framework
- CT** – Computerised Tomography Scan
- DASSA** – Drug and Alcohol Services South Australia
- ED** – Emergency Department
- EMR** – Electronic Medical Record
- EOLP** – End of Life Programme
- ETLS** – Emergency Triage and Liaison Service
- EYPC** – Early Youth and Child Programme
- FTE** – Full time equivalent
- GP** – General Practitioner
- HAC** – Health Advisory Council
- HACC** – Home and Community Care
- HCP** – Home Care Packages
- LHN** – Local Health Network
- MH** – Mental Health
- MRI** – Magnetic Resonance Imaging
- Multi day separations** - a discharge from hospital following admission for more than 24 hours
- NDIS** – National Disability Insurance Scheme
- NLAS** – Nurse Led Ambulatory Service

NGO – Non-Government Organisation

NUM- Nurse Unit Manager

ORMIS- Operating Room Management System

O&P – Orthopaedics and Prosthetics

PATS – Patient Assistance Transport Scheme

PEPA- Program of experience in palliative approach

PICC/PORT - peripherally inserted central catheter line/ portacaths

PoCT – Point of care testing

QRSOC – Quality, Risk and Safety Operational Committee

RGCU- Rural Generalist Coordination Unit

RHWS – Rural Health Workforce Strategy

RIBS – Rapid Intensive Brokerage Scheme

RSS – Department for Health and Wellbeing - Rural Support Service

SA – South Australia

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

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

SAAS – South Australian Ambulance Services

SAPOL- South Australian Police

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

SAVES - South Australian Virtual Emergency Services

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

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

SLA – Statistical Local Area - is an Australian Bureau of Statistics, Australian Standard Geographical Classification defined area which consists of one or more Collection District. SLAs are Local Government Areas, or parts thereof. Where this is no incorporated body of local government, SLAs are defined to cover the unincorporated areas.

TCP – Transition Care Program

TMS - TelePresence Management Suite

TOR – Terms of Reference

VMO- Visiting Medical Officer

webPAS – Patient Administration System

YNLHN- Yorke and Northern Local Health Network

Appendix C: Clinician engagement attendance list

CLARE ATTENDANCE LIST

Last Name	First Name	Organisation
Koch	Melissa	Executive Director Community & Allied Health
McNeil	Cassandra	Acting Executive Director Community & Allied Health
Eades	Michael	Regional Director Nursing and Midwifery- YNLHN
Bradley	Brenda	Director of Nursing and Midwifery Clare Hospital
Kain	Sue	NUM TL Community Nursing & Palliative Care
Cross	Coralie	Community & Allied Health – Diabetes Educator
Miller	Esther	Allied Health - Healthy Families Team Leader
London	Viv	Allied Health- Healthy Living Team Leader
Beggs	Wendy	Allied Health - Social Worker, YNLHN
Willis	Bronwyn	Allied Health –Occupational Therapist, YNLHN
Butler	Deb	Allied Health – Dietician, YNLHN
Trengove	Amy	Allied Health – Dietician, YNLHN
Keller	Erin	Allied Health –Occupational Therapist, YNLHN
Ogilvie	Eliza	Allied Health – Podiatrist, YNLHN
Bennett	Elizabeth	Maternity Unit Manager, Yorke and Northern Midwifery Group, YNLHN
Sim	Alison	Midwife, YNLHN
Pitt	Annie	Midwife, YNLHN
Green	Belinda	Theatre, YNLHN
Bolitho	Raoni	Registered Dialysis, Infection Control and Immunisation Nurse, YNLHN
Sommerville	Hayley	Registered Nurse Comprehensive Care Portfolio
Bradley	Melissa	Acting NUM Theatre, YNLHN
Owen	Caterina	Nurse Unit Manager Clare, YNLHN
Hewett	Kim	RSS Planning Team
Wastell	Robert	Mental Health Team Leader, YNLHN
Daminato	Nadia	Mental Health, YNLHN
Gribble	Phillip	Clare Medical Centre
Koo	Lisa	Clare Medical Centre
Owen	Tod	Clare Medical Centre

Nugent	Michael	Clare Medical Centre
Haydon	Danny	Clare Medical Centre
Scheepers	Mourne	Clare Medical Centre
Kuruppu	Prashan	Clare Medical Centre
Holmes	Steven	Victoria Road Medical Centre
Tonkin	Lloyd	SAAS
Cimarosti	Lisa	DASSA
Dawe	Barb	Acting Patient Journey Team Leader, YNLHN
Gaplan	Gulsara	Corporate Support and Project Officer, YNLHN
Dix	Kerry	Rural Support Service
Brown	Donna	Rural Workforce, YNLHN
Stringer	Tracey	Planning and Population Health, YNLHN

APOLOGY

Davis	Michael	YNLHN - Director of People and Culture
Bussenschutt	Brooke	YNLHN – Associate Nurse Unit Manager Better Care Coordinator Wallaroo Hospital

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For more information

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