



Health
Eyre and Far North
Local Health Network

Ceduna District Health Services

Service Plan 2022 - 2027

April 2022



Acknowledgements

We, the Eyre and Far North Local Health Network (EFNLHN), acknowledge the Traditional Owners of the lands on which we deliver health and wellbeing services.

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

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 for the Ceduna catchment.

The Ceduna District Health Services - Service Design Team would also like to thank the many clinicians, stakeholders and consumers who gave their time, expertise and views to work with us to develop this service plan.

Disclaimer:

This document has been prepared by the Rural Support Service (RSS) Planning and Population Health Team to support planning within the Eyre and Far North Local Health Network (EFNLHN). The data may not be published, or released to any other party, without appropriate authority from the Eyre and Far North Local Health Network.

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Foreword

On behalf of the Eyre and Far North Local Health Network (EFNLHN) Governing Board, I am very pleased to present this Service Plan for Ceduna District Health Services 2022-2027.

Following on from the service planning process for Port Lincoln in 2020, the Ceduna District Health Services plan is the second service plan accomplished by EFNLHN and is the result of an extensive engagement process with our community, our partners, staff and clinicians and the consumers who use our services.

The plan captures what we have heard as being important to the community, now and into the future and will guide and strengthen our future clinical and community-based services.

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

I would like to thank the members of the collaborative Design Team for their considered advice, energy and time in overseeing this planning project during a time of significant competing demands. I would also like to thank the many clinicians, consumers and stakeholders who contributed their valued input to shape this plan.

Michele Smith

Chairperson

Eyre and Far North Local Health Network Governing Board

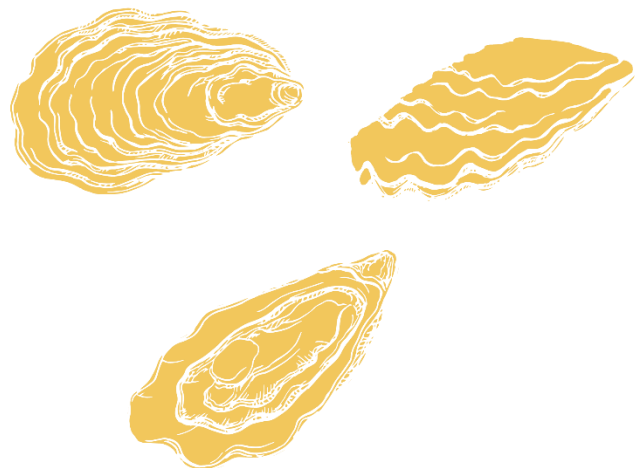


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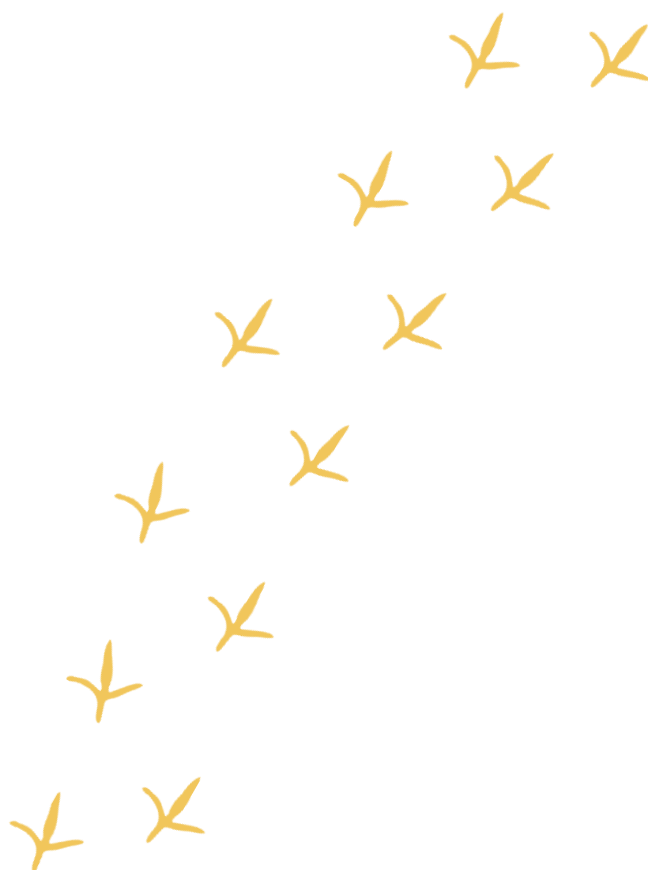
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1. Executive summary

Ceduna District Health Services (CDHS) is part of the Eyre and Far North Local Health Network (EFNLHN). CDHS is a multipurpose service with 15 acute multi-day beds, four day-only beds, three dialysis chairs and 38 aged care beds. Aged care, acute hospital, community-based and primary health care services are combined in the one facility; co-located with Yadu Health Aboriginal Corporation, a private pharmacy, private dental clinic, a step-down unit and a sobering-up unit.

CDHS provides 24 hour a day, seven day a week (24/7) accident and emergency service, acute inpatient care, maternal and neonatal services, elective surgery, palliative care, low complexity chemotherapy and renal dialysis.

Ceduna District Health Services offers services that include a medical practice with local General Practitioners (GPs), visiting medical specialists, child, adolescent and adult mental health in addition to Eyre and Far North Country Health Connect (CHC) services which include specialty nursing, home and community aged care, allied health and disability services. CHC services are provided by a mixture of local and fly-in-fly-out workforce.

Yadu Health (co-located) also provides a GP, nurses, Aboriginal Health Workers and Aboriginal Health Practitioners, visiting specialists and allied health to provide a range of services designed to improve the health and wellbeing of Aboriginal people.

CDHS is located within the Ceduna catchment with a population of 4,220, and includes communities such as Ceduna, Thevenard, Denial Bay, Smoky Bay, Fowlers Bay, Penong, Koonibba, Bookabie and Yalata. Service flows (including from the Streaky Bay catchment) have been considered as part of this service plan.

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

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

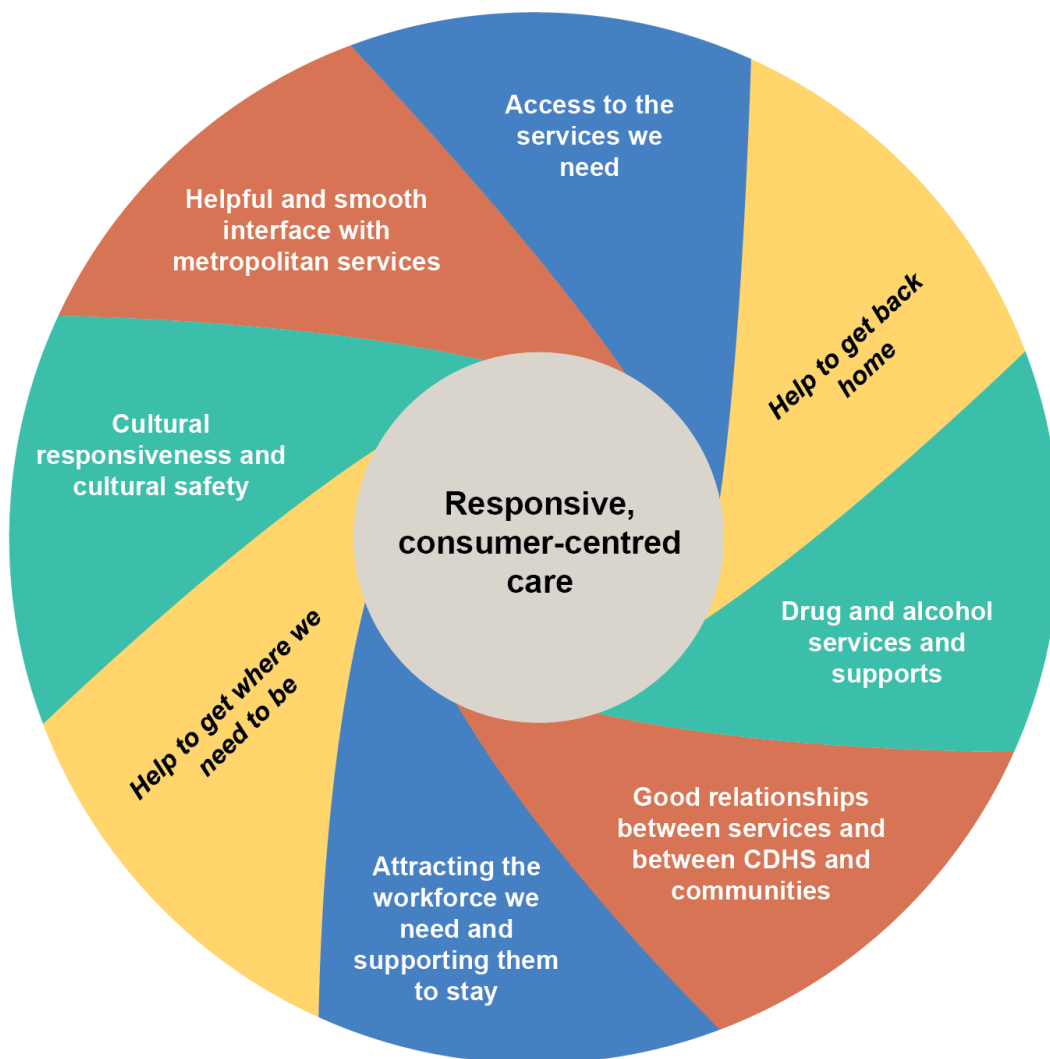
The planning process was led by the Ceduna District Health Services – Service Planning Design Team (the Design Team), supported by the Rural Support Service (RSS) Planning and Population Health Team, with input from a wide range of clinicians, consumers and stakeholders who were engaged through workshops, surveys, interviews and focus groups in 2021.

Six main themes arose from the consumer and community engagement:

- Access to services
- The interface with metropolitan services
- Cultural responsiveness
- Workforce
- Relationships and trust
- Drug and alcohol services

There was an overarching desire from consumers for improved equity in regard to the travel requirements of getting to and from health care and assistance to navigate the systems in place.

Figure 1: Consumer and community engagement insight themes



Key insights from the consumer and community engagement were shared at the clinician and stakeholder engagement workshop alongside some *'How Might We..?'* questions. These questions were designed to spark discussion between participants and to generate consumer-centred solutions as part of the workshop.

The synthesis of the detailed data analysis and consumer, community, clinician and stakeholder engagement has resulted in a range of service improvement recommendations across nine services areas for Ceduna District Health Services:

- Accident and emergency
- General medical
- Surgical
- Maternity and neonate
- Aged care
- Mental Health
- Community and allied health
- Access and patient journey
- Medical imaging

1.1 Summary of service improvement recommendations

Please note detailed improvement recommendations are outlined from page 20.

Accident and Emergency	Develop and support the workforce to optimise provision of emergency services in Ceduna.
	Explore and expand models that optimise emergency care in very remote areas.
	Expand the focus on holistic and preventative health in the accident and emergency setting.
General Medical	Collaborate across agencies to optimise primary prevention and hospital avoidance.
	Optimise funding models for CDHS to support the development, maintenance and growth of sustainable services.
	Increase access to specialists and strengthen specialist outpatient services in Ceduna.
	Expand the ability of CDHS to provide services closer to home.
	Use a variety of approaches to improve cultural responsiveness of CDHS.
	Explore best practice approaches to workforce recruitment and retention for remote areas across Australia.
Surgical	Develop new, and sustain existing, surgical services.
Maternity and Neonate	Explore workforce approaches to grow maternity and neonatal services at CDHS.
	Enhance the cultural responsiveness of the maternity services at CDHS.
	Enable women to birth on Country.
Aged Care	Promote and evolve consumer- centred aged care.
	Identify funding sources and models of care to enhance contemporary aged care service provision.
	Plan for future aged care infrastructure needs considerate of the projected growth in the older population and best practice in aged care.
	Grow and nurture our aged care workforce
Mental Health	Nurture and lead mechanisms for inter-agency collaboration for local mental health service development.
	Grow and strengthen the local workforce to enable a comprehensive mental health response.

	Explore new funding for expansion of mental health services.
	Improve mental health literacy across the community
	Build culturally responsive mental health services
Community and Allied Health	Bolster the workforce in Ceduna to enable contemporary models of care for the unique needs and priorities of the Ceduna catchment.
	Explore opportunities to optimise and expand community and allied health services
	Improve the cultural responsiveness of services and our workforce
	Partner to improve access to services that address alcohol and other drug addiction.
Patient Journey and Access	Address 'patient journey' and access barriers for consumers
	Improve supports for Ceduna catchment residents accessing health services in metropolitan hospitals
Medical Imaging	Expand local medical imaging services

It was noted by the design team that while drug and alcohol service provision is the remit of Drug and Alcohol Services South Australia (DASSA), EFNLHN and CDHS have a role in advocating for, and partnering with, these services to assist in early intervention and illness prevention / hospital avoidance.

Particular time was taken during the initial phases of the service planning to hear and understand the experience of Aboriginal consumers. A summary of Aboriginal cultural responsiveness recommendations contained in the service plan are detailed on page 44.

A summary of infrastructure and workforce recommendations are captured from page 47.

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



2. Planning background and context

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

Service planning does not occur in isolation but within an integrated planning environment. Several strategies, frameworks and plans have informed and provided overarching strategic direction for the Ceduna District Health Services (CDHS) Service Plan. Integrated planning means planning with awareness of the broader strategic landscape and it enables alignment across the broader health system, workforce, digital, financial, and capital infrastructure planning. Planning with this awareness results in better efficiency and connectedness across the system.

2.1 Strategic enablers

2.1.1 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.

2.1.2 SA Health Planning Framework 2021

The SA Health Planning Framework was developed as a resource to strengthen health system and health service planning, align the process of planning across the system and to define governance, roles and responsibilities in planning. The Framework supports the SA Health and Wellbeing Strategy 2020 – 2025 and is intended to align closely with the SA Health Commissioning Framework March 2020 and the SA Health Performance Framework 2020 – 2021.

Purpose of the Planning Framework

- To support planning concepts to align with identified key focus areas of population health need.
- To provide the SA Health system with a high-level understanding of our approach to planning.
- To provide the SA Health system with an understanding of how planning activities are prioritised.

- To support the increase of efficiencies through improved decision making and appropriate planning.
- To provide a high-level explanation of the connection between planning, commissioning and infrastructure planning.
- To support a collaborative and integrated approach to planning, to aid in the provision of safe, high quality services.

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

The purpose, vision, priorities and enablers of the Eyre and Far North Local Health Network Strategic Plan 2020-2025 link very closely with the service recommendations within this Service Plan. In summary these are:

Our Purpose

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

Our Vision

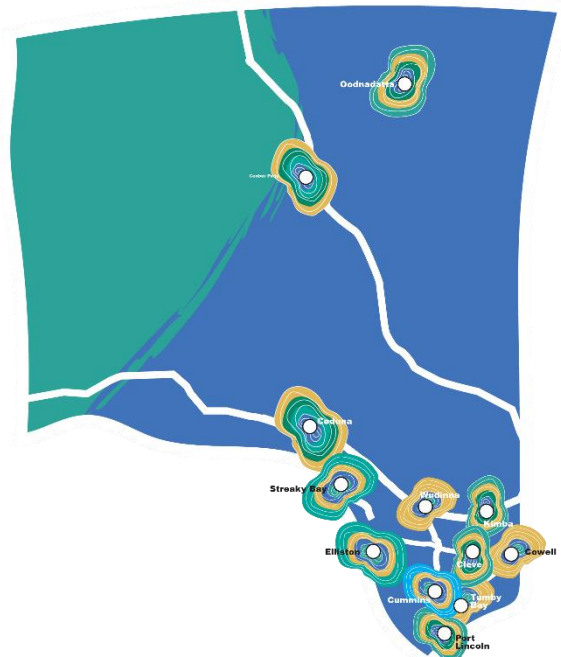
A trusted provider of accessible, responsive, and innovative health, disability, and aged care services to support the wellbeing of our diverse communities.

Strategic priorities

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

Strategic enablers

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



2.1.4 Other strategic enablers that informed the service plan

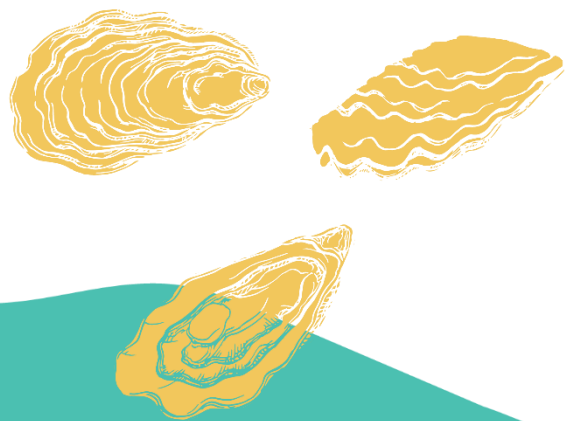
Several other frameworks, plans and reports have been connected with, and considered, as part of the development of the Ceduna District Health Services Plan and will continue to be essential in implementation;

- The South Australian Rural Health Workforce Strategy (RHWS) Plans either developed or in development (medical, nursing and midwifery, allied health and Aboriginal health workforce plans).
- The South Australian Aboriginal Health Workforce Framework 2017-2022.
- The South Australian Department for Health and Wellbeing Mental Health Services Plan 2020-2025.
- The SA Health Clinical Services Plan (in development).
- South Australian Areas to Act Report.
- Report: Transition of the Ceduna Services Collaboration to Far West Community Partnerships.

- Report: Our Town; Catalysing communities to lead local change (The Australian Centre for Social Innovation – TACSI).

2.1.5 Commonwealth and Department of Health and Wellbeing directions

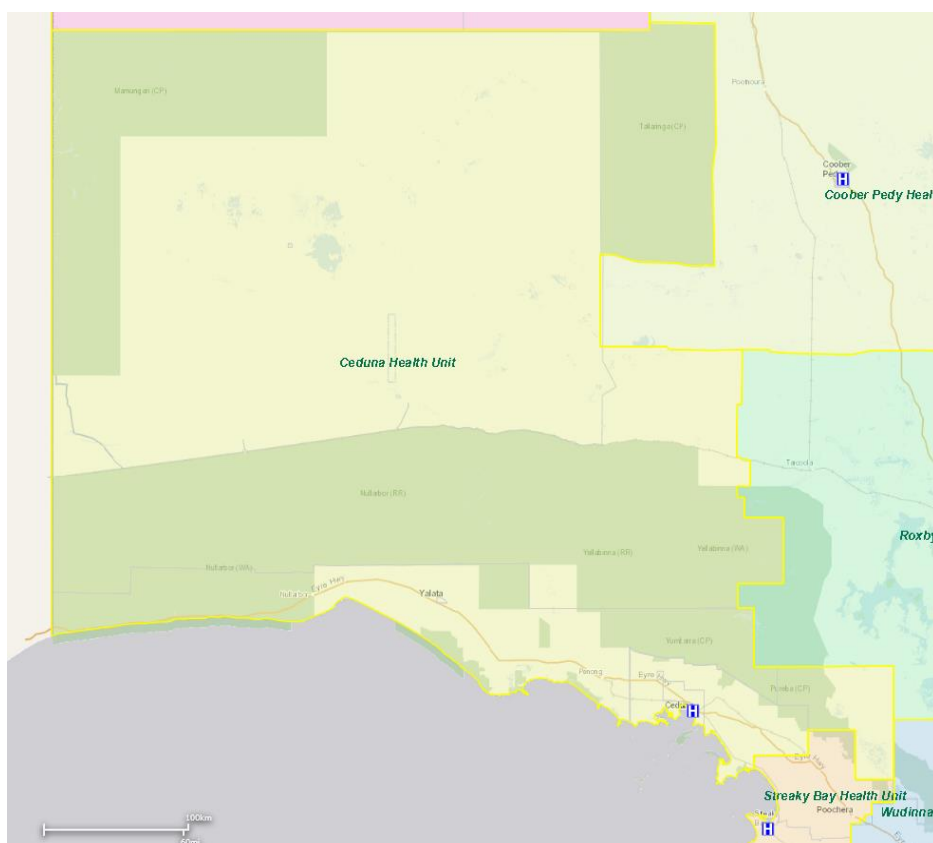
From time to time, Commonwealth or State Departments may direct changes to services within regional South Australia. Our service planning framework aims to be sufficiently agile to enable us to respond to these directions and optimise the outcomes for our local population.



2.2 Ceduna catchment profile

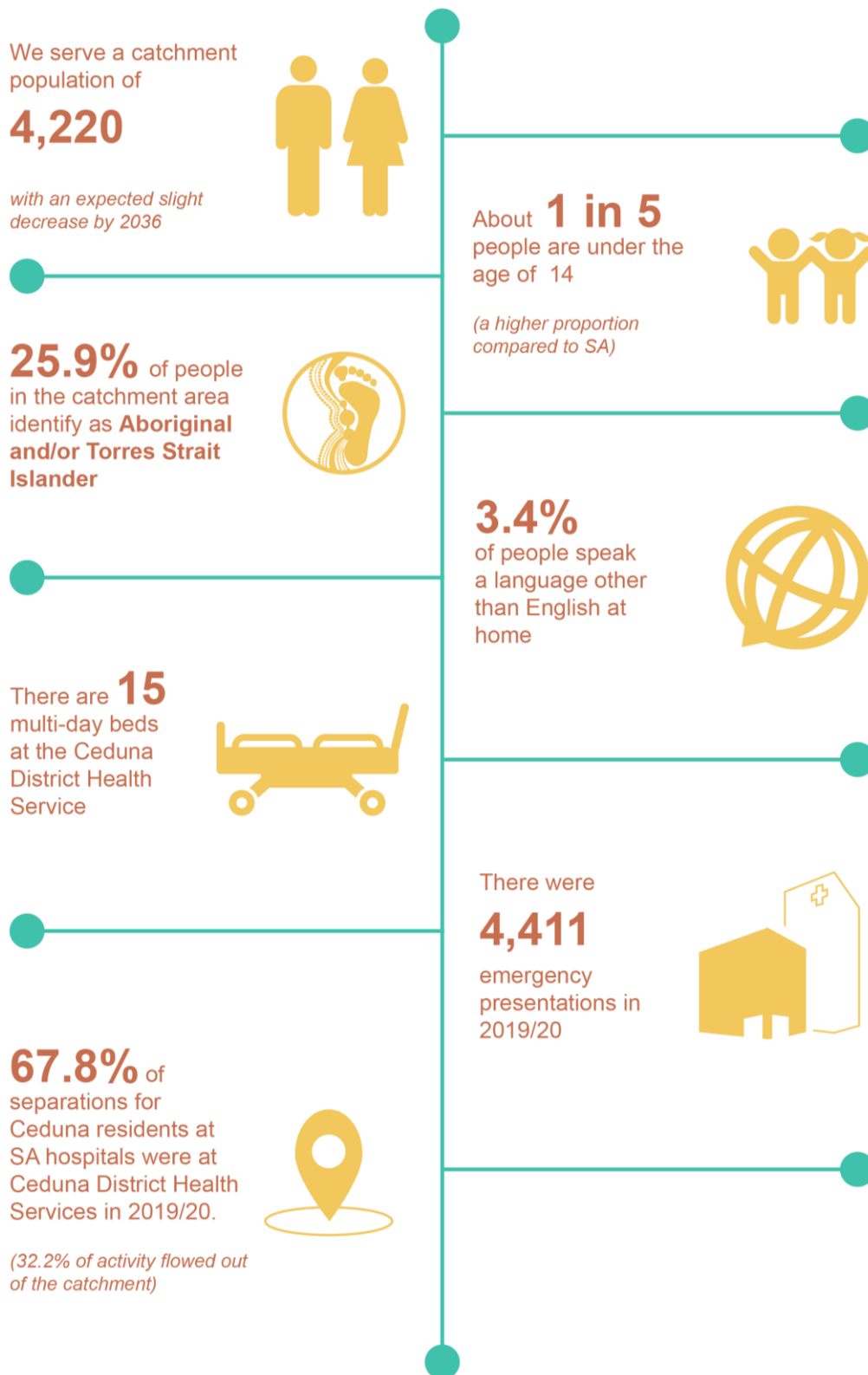
- The Ceduna catchment is part of the Eyre and Far North Local Health Network (EFNLHN) which covers 439,628 square kilometres, taking in the Eyre Peninsula, the western part of South Australia and north to Coober Pedy.
- The Ceduna catchment area is geographically aligned to the Ceduna Statistical Area 2 (SA2), and the Western SA2, and also extends into the West Coast SA2. The West Coast SA2 is also shared with the Streaky Bay catchment. The Ceduna District Health Service is located within the Ceduna catchment.

Map 1: Ceduna District Health Services catchment



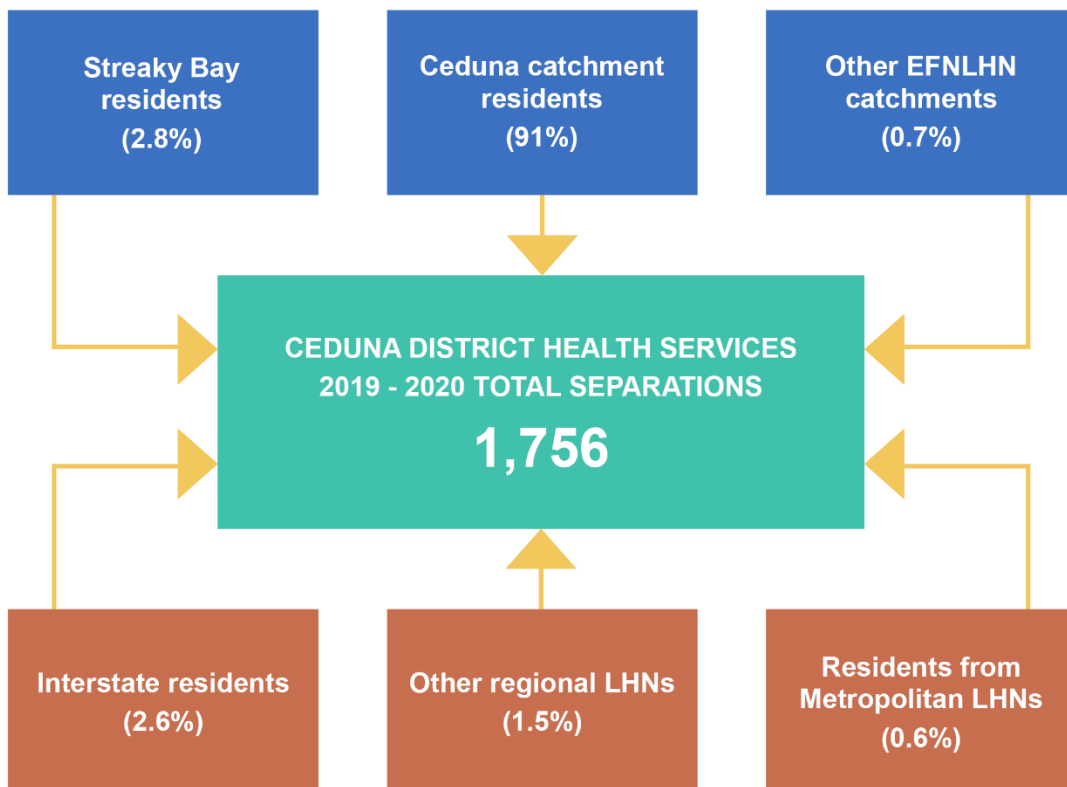
Source: SA Health Data & Reporting Services Branch

Figure 2: Snapshot of the Ceduna catchment



- The population of the Ceduna catchment is **4,220**. The Ceduna catchment has 20.7% of the population aged under 14 years, and 17.1% aged over 65 years; this is a **lower proportion of persons aged 65 years and over**, and a **higher proportion of persons aged 14 years and under** compared to the SA population.
- In total, **25.9% of residents in the Ceduna catchment identify as Aboriginal** and 10.9% speak a language other than English at home. Ceduna catchment has a lower proportion of people from a CALD background compared to the SA population and a much higher proportion of residents that identify as Aboriginal compared to the EFNLHN and the SA population.
- The overall resident population of the Ceduna catchment is expected to **decrease slightly through to 2036**.
- The resident population aged **80+ is expected to grow by 57.4%** from 2016-2036.
- According to the Index of Relative Socio-economic Disadvantage, **approximately 8% of the Ceduna catchment population is defined as the most disadvantaged** across the State and Nationally.
- The Ceduna Hospital has **15 multiday beds available**, with an average of 4.4 occupied each night in 2019-20.
- **91.7%** of separations at Ceduna Hospital were for **Ceduna catchment residents** in 2019-20 (2.8% for Streaky Bay, 2.6% Interstate).

Figure 3: Separations (%) at SA Hospitals for Ceduna catchment residents, 2019-20



- In 2019-20, the top five **same-day** separation types by number of separations for Ceduna residents at the Ceduna Hospital were **dialysis, adult medical, adult surgical, paediatric surgical and paediatric medical**. For the same time period, the top five same-day separation types accessed outside of the EFNLHN catchment by number of separations were dialysis, adult surgical, adult medical and paediatric medical / paediatric surgical (equally).
- In 2019-20, the top five **multi-day** separation types by number of separations for Ceduna residents at the Ceduna Hospital were **adult medical, adult surgical, mental health, paediatric medical and obstetric**. For the same time period, the top five multi-day separation types accessed outside of the EFNLHN catchment by number of separations were adult surgical, adult medical, obstetric, paediatric surgical and paediatric medical.
- **Mental health separations** accounted for **3.9%** of all separations, and **drug and alcohol separations** accounted for **2.4%** of all separations at Ceduna hospital in 2019-20.
- **Separations for Aboriginal people account for 63.3%** of all separations at Ceduna hospital in 2019-20.
- **43% of mental health separations are experienced by Aboriginal people (19/20).**
- There has been a general upward trend in **Mental Health Act treatment orders** over the five-year period from 2016-17 to 2020-21, ranging from 16 in 2016-17 to 42 in 2020-21.
- In 2019-20, there were **67 births** for women from the Ceduna catchment. Of this number, **60%** were at public hospitals **outside of the EFNLHN**.
- CDHS is a multi-purpose service with **38 aged care beds** available, with an average occupancy of 27.2 in 2019-20.
- There were **4,411 emergency presentations** at the Ceduna Hospital in 2019-20. This is broken down by 172 triage 1 or 2 presentations, 857 triage 3 presentations, and 3,382 triage 4 or 5 presentations.
- **Substance abuse-related emergency presentations** continue to be significant with an average of 169 presentations per year from 2016-17 to 2020-21.
- 2019-20 hospital data indicated:
 - when compared to a range of other small country SA hospitals, it was noted that **Ceduna has around half the population but almost double the number of emergency presentations**
 - **85% of emergency presentations were for people from the Ceduna catchment** (then 6.6% Unknown/Interstate, followed by Streaky Bay and metropolitan areas).
 - **Aboriginal people experienced 60%** of emergency presentations defined as **psychosocial presenting problem**.
 - **abdomen/gastrointestinal presenting problem** had the highest number of presentations at emergency at the Ceduna Hospital.

Statistics relating to 2019-20 activity data have been included in this plan as we are aware that activity in 2020-21 was impacted by COVID-19 to some extent. The full particulars of these impacts are yet to be thoroughly reviewed and understood.



2.3 Service planning process

2.3.1 Overview

The service planning process was led by the Ceduna District Health Services - Service Planning Design Team (membership listed on page 3), established in June 2021. The Design Team met regularly 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, community members and stakeholders contributed to the development of the service plan via participation in workshops, surveys, focus groups and interviews.

The role of the Design Team was to:

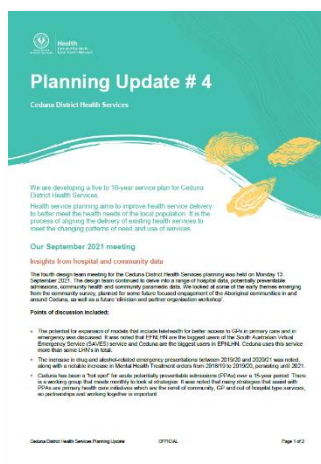
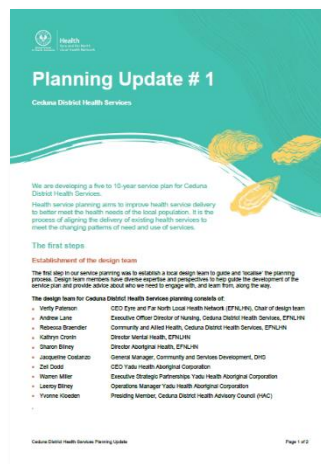
- provide advice to the LHN executive and the Board on future scope of services and capacity required based on the data, local knowledge and best practice clinical standards
- review existing and projected health utilisation data to quantify future service profiles
- consider existing plans for the Ceduna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

The Design Team analysed a range of:

- health utilisation data
- population and demographic data
- patient journey trends and consumer engagement insights
- clinician, stakeholder and community engagement findings
- key influencing factors and concurrent work by partner agencies in the catchment.

The Design Team endorsed a 'service profile' containing population and service utilisation data which provided the foundation for the data gallery at the clinician and stakeholder engagement workshop.

Following each meeting, a brief meeting summary outlining discussion points, issues and actions was distributed to CDHS staff and the Ceduna District Health Services Health Advisory Council (HAC).



2.3.2 Clinician, consumer and stakeholder engagement

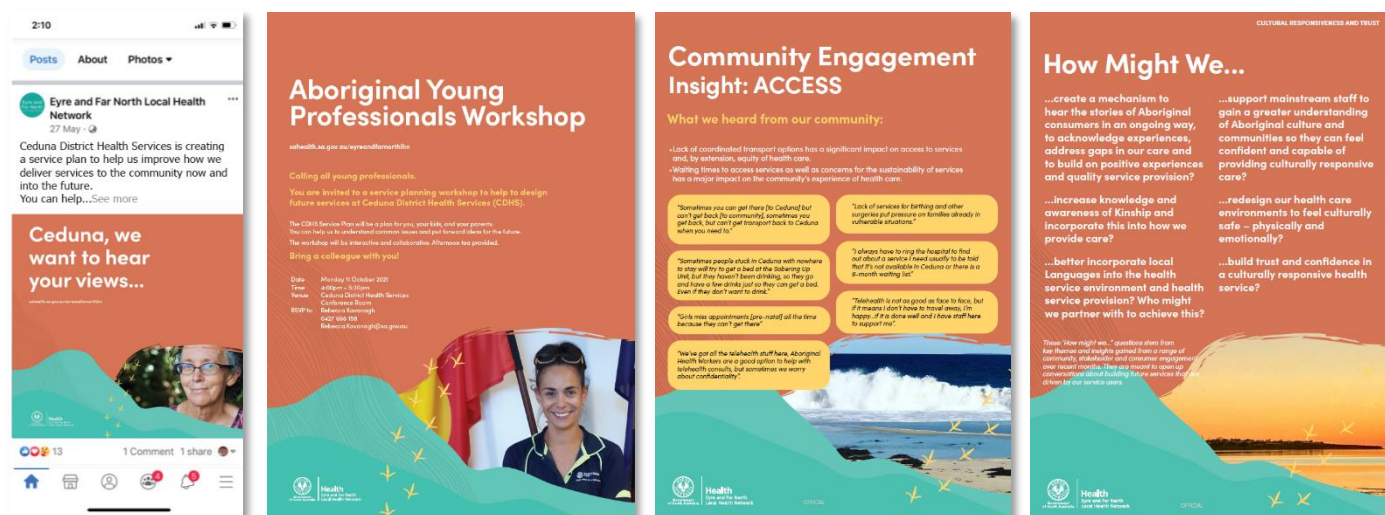
The service planning process for Ceduna District Health Services was built around a multi-faceted approach to community and clinician engagement. Learning from stakeholders ranging from health service leadership through to partner organisations and service users, from both mainstream and specific priority groups, has enabled the service planning to be grounded in real world experiences, pain points and opportunities from a range of perspectives. Implemented from August to December 2021, the combined engagement approach amassed around 130 contacts across various audiences via a range of activities including:

- development of a design team to guide the process and ultimately co-design the service plan
- a focus group with Yadu Health staff
- an Aboriginal workforce workshop (in conjunction with the SA Health Rural Aboriginal Workforce Strategy consultation and the Eyre and Far North LHN Aboriginal Health Team)
- a Young Aboriginal Professionals workshop
- visits to Yalata and Scotdesco communities (in partnership with Far West Community Partnerships)
- a visit to the Ceduna Youth Hub
- a community survey (online and paper)
- targeted staff/partner interviews
- a virtual workshop for Allied Health and Community staff (local and fly-in-fly-out workforce)
- a face to face engagement workshop for clinicians and partner organisations in Ceduna.

The insights generated by this engagement have comprehensively informed the development of the service plan recommendations and the detailed content has been compiled into an extensive, internal background document; *'Insights from Community, Clinician and Partner Engagement – Ceduna District Health Services Planning – December 2021'*.

Thanks must go to all participants in the engagement conversations, with a particular note of thanks to the staff in the EFNLHN Aboriginal Health Team, Yadu Health and Far West Community Partnerships who partnered with us in visiting communities and were active participants throughout the other engagement forums.

Examples of some of the engagement materials and insights



3.0 Service Plan

3.1 Current service description

Ceduna District Health Services includes the Ceduna Hospital and the GP Plus Health Care Centre Ceduna. CDHS is funded as a multipurpose service with 15 acute multi-day beds, four day-only beds, two dialysis chairs and 38 aged care beds. Aged care, acute hospital and primary health care services are combined in the one facility. CDHS is co-located with Yadu Health Aboriginal Corporation, a private pharmacy, private dental clinic, a step-down unit and a sobering-up unit.

CDHS provides 24 hour a day, seven day a week (24/7) accident and emergency service, acute inpatient care, maternal and neonatal services, elective surgery, palliative care, low complexity chemotherapy and renal dialysis.

Ceduna District Health Services offers services that include a medical practice with local General Practitioners (GPs), visiting medical specialists, child, adolescent and adult mental health in addition to Eyre and Far North Country Health Connect (CHC) services including community health, specialty nursing, home and community aged care, allied health and disability services. CHC services are provided by a mixture of local and fly-in-fly-out workforce.

Yadu Health (co-located) also provides a GP, nurses, Aboriginal Health Workers and Aboriginal Health Practitioners, visiting specialists and allied health to provide a range of services designed to improve the health and wellbeing of Aboriginal people.

Accident and emergency medical and inpatient medical services are provided by local and locum General Practitioners (GPs) and virtual consultations via SA Virtual Emergency Service (SAVES). Obstetric and anaesthetic services are provided by local GP proceduralists and surgical services are provided via visiting surgical specialists.

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, 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 relates to the CSCF level criteria currently assigned to Ceduna District Health Services.

3.3 Service improvement priorities

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

Accident and Emergency

Current Clinical Services Capability:

Ceduna District Health Services provides level 2 emergency services based on the Clinical Services Capability Framework (CSCF):

- on-site, 24-hour access to nursing staff and triage of all presentations.
- capable of providing treatment for minor injuries and illnesses and limited treatment of acute illnesses and injuries.
- provides basic resuscitation and limited stabilisation, prior to transfer to higher level service.

Current Service Summary

- A registered nurse offers assessment and treatment and a doctor is available on call.
- 24/7 service.
- Includes medical imaging – plain film X-Ray.
- Provides triage, assessment and treatment of all presentations including planned and unplanned presentations.
- Stabilisation and resuscitation of critically unwell patients.
- Minor procedures.
- Receives patients via SAAS, self-referral or from other external agencies.
- Coordinates and collaborates remotely with Metropolitan services for care prior to transfer.
- Coordinates and collaborates care with MEDSTAR state-wide retrieval services.

Future Service Proposal:

Maintain the level 2 accident and emergency care provided by Ceduna District Health Services and increase cultural responsiveness.

Service improvement recommendations:

AE1. Develop and support the workforce to optimise provision of emergency services in Ceduna		
	AE1.1	Support nurse practitioner development in accident and emergency and upskill the workforce with a view to enhancing nurse-led care.
	AE1.2	In partnership with SAAS, advocate for, support and expand the Community Paramedic program as a priority.
	AE1.3	Develop a mentoring system/ learning circle between CDHS Aboriginal and non-Aboriginal staff to enhance ongoing cultural learning, develop relationships and improve cultural responsiveness of care.
	AE1.4	Provide nurse education on common presentations and community demographics and local Aboriginal culture as part of induction.
	AE1.5	Explore opportunities to upskill the nursing workforce by providing peer shadowing, staff exchanges or experience opportunities in metropolitan hospitals.
	AE1.6	Explore options for full time and consistent radiology services, including consideration of the need for CT at Ceduna.
AE 2. Explore and expand models that optimise emergency care in very remote areas.		
	AE2.1	Review and formalise the model of care which locates a GP in ED during office hours.
	AE2.2	Continue to utilise SA Virtual Emergency Service (SAVES) and explore opportunities to expand telehealth to support the delivery of accident and emergency services.
	AE2.3	Prioritise a focus on Aboriginal emergency presentations by developing a project to enhance community-led design of culturally safe spaces, cultural responsiveness of accident and emergency services, and health literacy in the community regarding emergency services.
	AE2.4	Expand the role of MEDSTAR in service development, professional development and education.
AE 3. Expand the focus on holistic and preventative health in the accident and emergency setting		
	AE3.1	Enhance partnerships across services in the community to actively link people with preventative and wellness services from accident and emergency at every opportunity.

	AE3.2	Identify consumers who are 'at-risk' through examining accident and emergency re-presentation data and work collaboratively across the community to address causative factors.
	AE3.3	Continue to be actively involved in the Vulnerable Persons Framework and contribute to improvements to information sharing for better continuity of care.



General Medical

Current Clinical Services Capability:

Ceduna District Health Services provides level 2 medical services based on the Clinical Services Capability Framework (CSCF):

- may be provided as either ambulatory service or inpatient service providing overnight nursing care.
- patients under care of medical practitioner.
- inpatient services usually provided for low- to medium-acuity, single-system medical conditions with significant but stable comorbidities.
- patients with pre-existing significant comorbidities typically not admitted at this service level except
- in palliative care situations.
- may host outreach services (including outreach and hospital services in residential aged care facilities)

Current Service Summary

- The Ceduna Hospital has 15 acute overnight beds and four day only beds.
- Provides day only and inpatient overnight care for medical patients for both planned and unplanned admissions.
- Includes chemotherapy, renal dialysis and palliative care.
- Stabilises patients prior to transfer where higher level of care is required.
- Liaises with Metropolitan services to coordinate care prior to transfer.

Future Service Proposal:

Maintain the level 2 medical care provided by CDHS and focus on community wellbeing and hospital avoidance through partnerships.

Service Improvement Recommendations:

GM1. Collaborate across agencies to optimise primary prevention and hospital avoidance

	GM1.1	Advocate for and actively support sustainability of the SAAS Community Paramedic program.
	GM1.2	Advocate for and support a new building for Yadu Health.

	GM1.3	Develop a Ceduna-based community engagement / relationship management role to build and maintain strong relationships with CDHS across communities, agencies and to collect qualitative data to inform ongoing change, innovation and improvement to service provision. This role would work very closely with Far West Community Partnerships.
	GM1.4	Provide comprehensive staff development in addiction.
GM2. Optimise funding models for CDHS to support the development, maintenance and growth of sustainable services		
	GM2.1	Work with Department for Health and Wellbeing to transition CDHS to Activity Based Funding model.
	GM2.2	Develop CDHS into a health care hub that links closely with nearby communities to provide safe and sustainable services.
GM 3. Increase access to specialists and strengthen specialist outpatient services in Ceduna		
	GM3.1	Increase the breadth of services available via telehealth, including increased access to a range of specialists through an optimised partnership with CALHN.
	GM3.2	Explore access to a Geriatrician for community and outpatient services.
	GM3.3	Increase access to Paediatrician services with a focus on the ability to provide full health assessments for children to enable statutory responsibility to be met for DCP and prevent unnecessary travel to Adelaide.
	GM3.4	Expand access to Cardiologist and cardiology outpatient services such as stress tests and ECG.
	GM3.5	Advocate for an increased range of specialist outpatient care to be provided in Ceduna e.g. psychiatry, neurology.
	GM3.6	Convene a meeting of visiting specialists to discuss equipment and infrastructure needs.
GM 4. Expand the ability of CDHS to provide services closer to home.		
	GM4.1	Explore provision of CT in Ceduna to reduce travel for local people and improve health outcomes (maps to AE1.6)

	GM4.2	Develop a clear pathway for medically supervised alcohol withdrawal and a clear process for patients who attend the health service seeking to address their addiction (drug or alcohol).
GM 5. Use a variety of approaches to improve cultural responsiveness of CDHS.		
	GM5.1	Increase the use of Ngangkari services.
	GM5.2	Work with local Aboriginal people to incorporate Aboriginal languages into the health care environment (signs etc) and seek out other ways to improve the cultural safety of spaces where health care is provided.
	GM5.3	Provide comprehensive cultural training to all CDHS staff and provide opportunities to learn from the local communities.
	GM5.4	Explore a cultural mentoring system for staff for ongoing cultural learning and relationship building.
	GM5.5	Regularly convene a Young Aboriginal Professionals forum to discuss issues and gain ongoing input into quality improvements.
	GM5.6	Place cultural learning and awareness front and centre for all new staff, including incorporation of cultural information in the induction manual for CDHS.
	GM5.7	Ensure an Aboriginal Health Impact Statement is completed when reviewing any policy to minimise systemic and institutional racism and enhance culturally responsive service provision.
	GM5.8	Develop a program to link with local schools and/or the Ceduna Youth Hub that promotes awareness of / exposure to opportunities for working in health care.
	GM5.9	Explore providing workforce development in learning local Aboriginal Languages.
GM 6. Explore best practice approaches to workforce recruitment and retention for remote areas across Australia.		
	GM6.1	Continue to seek to recruit and retain GPs, while exploring innovative ways to optimise telehealth to increase access to select GP services.
	GM6.2	Optimise Fly in/Fly out (FIFO) workforce models to support sustainable staffing and consumer access to services.

	GM6.3	Package up and broadly promote the existing range of workforce incentives that can be provided to staff working in remote areas.
	GM6.4	Expand the Aboriginal workforce in clinical and other roles with long-term and full-time appointments. Build local capacity by providing employment pathways for local people and provide supportive mentoring. Optimise use of the Aboriginal Employment Register.
	GM6.5	Un-pack the challenges of workforce retention by ensuring exit interviews are carried out and documented; providing a repository of qualitative evidence to inform future recruitment and retention strategies.



Surgical

Current Clinical Services Capability:

Ceduna District Health Services provides level 3 surgical services based on the Clinical Services Capability Framework (CSCF):

- provided mainly in hospital setting with designated but limited surgical, anaesthetic and sterilising services.
- manages: – surgical complexity I procedures with low to high anaesthetic risk – surgical complexity II procedures with low to high anaesthetic risk – surgical complexity III procedures with low to medium anaesthetic risk – surgical complexity IV procedures with low to medium anaesthetic risk.
- may be offered 24 hours a day and may include day surgery.
- may also provide emergency surgical services.

Current Service Summary

- Provides a range of elective and emergency surgical services and admission of surgical patients for planned and unplanned surgery
- Provides elective surgical services through visiting surgical specialists including:
 - General Surgery.
 - Endoscopy.
 - Ophthalmology.
 - Gynaecology.
 - Otorhinolaryngology (ENT).
 - Orthopaedics.
- Emergency and unplanned surgical services including:
 - D&C (dilation and curettage).
 - LSCS (lower segment caesarean section).
 - I&D (incision and drainage).

Future Service Proposal:

Maintain the level 3 surgical services provided by the Ceduna District Health Services and expand the types of surgery provided.

Service Improvement Recommendations:**SG1. Develop new, and sustain existing, surgical services**

SG1.1	Expand surgical services with a focus on gynaecology, urology, dermatology, ophthalmology, orthopaedics and dental.
SG1.2	Develop a systematic approach to reinstating surgical services after a service is withdrawn from CDHS to enhance continuity of care.
SG1.3	Support active recruitment for a sustainable GP Anaesthetist skill base.
SG1.4	Provide professional development and up-skilling for nurses in theatre in order to maintain an emergency on-call roster.
SG1.5	Implement a perioperative training program to develop and sustain a new and ongoing perioperative workforce to support the expansion of surgical services in partnership with CALHN.
SG1.6	Assess the technology requirements for provision of contemporary surgical services and plan for upgrades in order to meet future needs.

Maternity and Neonatal

Current Clinical Services Capability:

Ceduna District Health Services provides level 3 maternity and neonatal services based on the Clinical Services Capability Framework (CSCF):

Maternal

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

Neonatal

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

Current Service Summary

- Currently providing birthing services for singleton pregnancies > 37 weeks gestation and low risk.
- Midwifery Group Practice Model across the entire perinatal continuum.
- GP Obstetrician service manages pregnancy in local women including those not birthing at CDHS.
- Collaboration and liaison with other birthing services for women not birthing at CDHS.
- Aboriginal Family Birthing program supporting Aboriginal women in their births.
- Local partner services provide supported accommodation for at-risk mothers before, and up to 3 months after birthing.

Future Service Proposal:

Maintain the level 3 maternity and neonatal services at CDHS

Service Improvement Recommendations:**MN1. Explore workforce approaches to grow maternity and neonatal services at CDHS.**

	MN1.1	Maintain and grow birthing services at CDHS for low risk births by: <ul style="list-style-type: none">• implementing a sustainable workforce model• providing training for an on-call roster• developing a contemporary model of care that is attractive to workforce and provides opportunities for staff to retain their specialist skills.• strengthening partnerships with Port Lincoln, WCH and Pt Augusta to enhance workforce models and opportunities for skill maintenance.
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MN 2. Enhance the cultural responsiveness of the maternity services at CDHS.

	MN2.1	Advocate for the AMIC program and staff succession planning / training in this program.
	MN2.2	Work closely with ACCHOs across the CDHS catchment to enhance birthing services and the Aboriginal patient journey through birthing services.
	MN2.3	Explore a project to develop a maternity support model for women / families who must travel to metropolitan Adelaide for birthing, with a focus on supporting the cultural needs of Aboriginal women and families.
	MN3.4	Expand community midwifery services across the Ceduna catchment, working in partnership with all ACCHOs.

MN 3. Enable women to birth on Country.

Aged care

Current Service Summary

- Ceduna District Health Services has 10 aged care beds within the hospital (Kuhlmann Wing) and 28 beds in the adjacent Senior Citizen's Village.
- Provides high quality residential aged care for both permanent and respite residents.
- NDIS accommodation services including respite.
- Dementia care.
- Diversional therapy / leisure and lifestyle planning and delivery.
- Aged care allied health services for residents.
- Community, home-based aged care services.
- Independent living units; rental and resident-funded, 34-unit retirement village.

Future Service Proposal:

Maintain and enhance current aged care services while developing contemporary models of aged care for the future; growing services that can be provided at home and in the community.

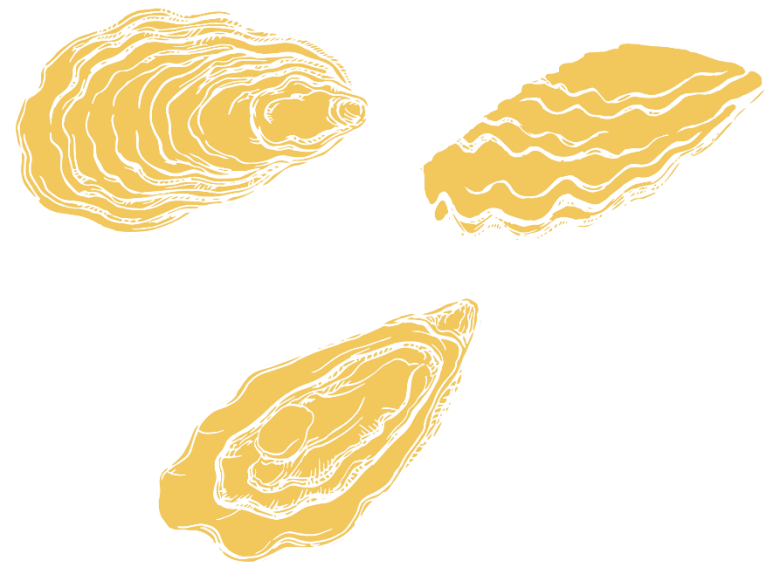
Service improvement recommendations:

AC1. Promote and evolve consumer-centred aged care

AC1.1	Contribute to, and align with, an LHN-wide Aged Care Plan that actively explores fresh and innovative ways of providing aged care and looks to broader SA, interstate and overseas for examples.
AC1.2	Develop Ceduna as an exemplar of culturally responsive aged care by investigating Aboriginal community-designed aged care examples (e.g. Seaview Village, Oak Valley) and incorporating learnings into care at Ceduna.
AC1.3	Explore ways to increase consumer and resident control in decision-making and improve mechanisms for consumer and resident feedback.
AC1.4	Explore ways to create greater community connection across the lifespan and increase the visibility of older people in the community.

	AC1.5	Consider programs, environment design and connection for people with dementia to experience rehabilitation and the recovery of lost abilities e.g. Spark of Life.
AC2. Identify funding sources and models of care to enhance contemporary aged care service provision.		
	AC2.1	Work with Department for Health and Wellbeing (DHW) to explore funding models appropriate for future aged care service provision at Ceduna.
	AC2.2	Grow capacity for aged care services to be provided at home and in the community.
AC3. Plan for future aged care infrastructure needs considerate of the projected growth in the older population and best practice in aged care.		
	AC3.1	Consider and plan for infrastructure required to support contemporary models of aged care into the future.
	AC3.2	Investigate shorter term infrastructure and environment design opportunities to develop a 'home, not hospital' setting for residents.
	AC3.3	Revitalise the activities centre and programs for aged care residents.
	AC3.4	Upgrade the aged care lounge to meet the needs of residents.
AC4. Grow and nurture our aged care workforce		
	AC4.1	Promote benefits and incentives available to the aged care workforce in remote areas.
	AC4.2	Investigate opportunities to enable a workforce pathway for aged care specialisation e.g. specialist aged care nurses.
	AC4.3	Increase access to specialist aged care services available in Ceduna e.g. gerontology.
	AC4.4	Advocate for direct-entry aged care courses and improved career pathways for local people to work in aged care including support and mentoring for on-line/external training.
	AC4.5	Increase professional development for our aged care workforce.

	AC4.6	Foster an aged care networking collaborative across service providers within the Ceduna and surrounding catchments for the purpose of combined recruitment efforts and professional development.
	AC4.7	Explore opportunities to establish roles in the community to assist local Aboriginal people aged 45 and over to access My Aged Care and act as 'navigators' through the My Aged Care system to improve access to services.



Mental health

Current Clinical Services Capability:

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

- capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health consumers.
- provides general healthcare and some limited mental health care 24 hours a day.
- delivered predominantly by team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds.
- medical services provided on-site or in close proximity to provide rapid response at all times.
- service provision typically includes: assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.

The Eyre and Far North Community Mental Health Team (ambulatory) provides **level 2 adult ambulatory services** to CDHS based on the CSCF:

- capable of providing short- to medium-term or intermittent non-admitted mental health care to low risk/complexity voluntary adult mental health consumers.
- accessible during business hours and may be delivered via hospital based outpatient clinic, community clinic or homebased care.
- delivered predominantly by team of general health clinicians or visiting mental health professionals who provide a local community healthcare service (general health clinicians providing mental health service have qualifications and/ or experience in mental health care).
- some mental health specific services / programs provided at this level.
- service provision typically includes: assessment; interventions, including counselling; consumer and carer education and information; documented case review; primary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

Current service summary

Eyre Mental Health Services (EMHS), based in Port Lincoln, provides mental health services to Ceduna for people 16 years and over in the context of moderate to severe mental illness through an outreach community mental health model, with a strong emphasis on liaison with other Health professionals and linkages with Non-Government Organisations, including but not limited to, Yadu Health, Country & Outback Health and Centacare.

A dedicated mental health psychosocial support worker is based in Ceduna, located at Ceduna District Health Service, who provides mental health support services ranging from direct mental health client support, General Practitioner and pharmacy liaison, education, and assisting visiting psychiatrists. Referrals are directed to the Port Lincoln team via fax, letter or phone contact and are triaged via the daily duty worker. The service operates weekdays (excluding Public Holidays) 8:30 to 4:30pm

Psychiatry and after hours support are provide by the ETLs telephone service based in Adelaide.

Future Service Proposal:

Maintain the level 2 mental health inpatient care provided by the hospital and the level 2 ambulatory care provided by the Eyre and Far North Community Mental Health Team.

Service Improvement Recommendations:**MH1. Nurture and lead mechanisms for inter-agency collaboration for local mental health service development**

MH1.1	Map referral pathways for mental health services across agencies in Ceduna with a view to improvement of referrals and an enhanced collaborative response.
MH1.2	Increase information sharing between agencies / programs (subject to consent) to reduce the silo-effect. Clarify information sharing guidelines across agencies.
MH1.3	Partner with Yadu Health and other organisations in the Ceduna catchment e.g. Centacare and Country and Outback Health (COBH) to work together to enhance a mental wellbeing approach to hospital avoidance.

MH 2. Grow and strengthen the local workforce to enable a comprehensive mental health response.

MH2.1	Systematically provide professional development for staff in mental health including services available, drug and alcohol, suicide assessment, skill development and maintenance in therapeutic engagement for mental health.
MH2.2	Increase access to skilled psychologists and psychological therapies, including via virtual platforms.
MH2.3	Discuss and develop a workforce model for mental health that will meet the specific needs of the Ceduna catchment community including consideration of multi-program workforce roles e.g. mental health and drug and alcohol, mental health and Aboriginal health.
MH2.4	Offer peer shadowing opportunities, work exchanges or rotations in mental health to increase skills and confidence.
MH2.5	Expand the restorative practice training (previously provided to some agencies in Ceduna) for a broad range of CDHS staff.
MH2.6	Work with Country and Outback health (COBH) to provide support and training for GPs and practice staff in mental health care plan requirements (COBH) to enable more timely access to services for consumers.

	MH2.7	Explore opportunities for roles in social and emotional wellbeing to be shared/co-funded across CDHS and Yadu Health.
MH 3. Explore new funding for expansion of mental health services		
	MH3.1	Develop a funding submission for an older person's mental health model for Ceduna.
	MH3.2	Develop a more comprehensive Ceduna-based mental health team to assist in early intervention and reducing Involuntary Treatment Orders (ITOs).
MH 4. Improve mental health literacy across the community		
	MH4.1	Identify and promote services that are available to the community, including virtual services and how to access services. Develop a communication strategy for mental health services.
	MH4.2	Work with the community and consumers to further identify what type of mental health services would be most valued, linking with existing work in this area e.g. Ceduna Services Collaboration / Far West Community Partnerships in a community led, Government supported approach.
MH 5. Build culturally responsive mental health services		
	MH5.1	Provide training in trauma-informed care to all levels of staff at CDHS.
	MH5.2	Partner with local agencies and consumers to redesign health care environments and consultation spaces to feel culturally welcoming and safe.
	MH5.3	Develop mental health resources in local Aboriginal languages, with culturally relevant visuals and design.

Community-based and allied health services

Current service summary

Community-based and allied health services in Ceduna are provided by Eyre and Far North Country Health Connect (CHC). Services include specialty nursing, home and community aged care, allied health and disability services. CHC services are provided by a mixture of local and fly-in-fly-out workforce.

Future Service Proposal:

Optimise workforce and service models to enhance access to services closer to home and increase collaboration across services.

Service Improvement Recommendations:

CH1. Bolster the workforce in Ceduna to enable contemporary models of care for the unique needs and priorities of the Ceduna catchment.

	CH1.1	Investigate opportunities to build relationships between community and allied health staff, GPs and ACCHOs for clarity of referral pathways and a smoother patient journey.
	CH1.2	Increase the number of social workers and social worker presence in Ceduna.
	CH1.3	Grow a local workforce of allied health assistants (AHAs) to support local relationship building and act as liaison between community and staff to enhance the overall service, particularly to optimise FIFO services.
	CH1.4	Explore ways to enhance the job satisfaction within the current fly-in-fly-out (FIFO) model for community and allied health services, and to support early career professionals when on outreach.
	CH1.5	Explore options for interagency roles within CDHS/EFNLHN and ACCHOs for community and allied health.
	CH1.6	Boost the number of Aboriginal Health Practitioners and Aboriginal Allied Health Assistants working across community health.
	CH1.7	Advocate for an independent role in the community to assist consumers to navigate the NDIS to ensure local people have access to the services they need.
	CH1.8	Work with Universities to explore how students might be better supported to participate in outreach trips to enhance recruitment.

	CH1.9	Maximise use of regional SA recruitment programs and actively promote career opportunities through local schools and expos (locally and state-wide).
	CH1.10	Explore funding sources to grow innovative roles based on the unique needs of the CDHS catchment. E.g. community engagement/relationships role, Remote Access Support role.
CH 2. Explore opportunities to optimise and expand community and allied health services		
	CH2.1	Explore opportunities to partner with DCP to provide support to mothers and babies for relationship building and early intervention opportunities.
	CH2.2	Expand multidisciplinary Palliative Care services in Ceduna, with a focus on culturally responsive Palliative Care.
	CH2.3	Explore options for community and allied health staff to work collaboratively within a prevention and strengths-based approach e.g. linking with local Nunga Playgroups.
	CH2.4	Maximise use of telehealth combined with Ceduna-based allied health assistants to increase access to community and allied health services outside of the monthly 4-day FIFO visit.
CH 3. Improve the cultural responsiveness of our services and our workforce		
	CH3.1	Develop a peer support approach/mentoring system between CDHS Aboriginal and non-Aboriginal staff to enhance cultural learning for community and allied health staff (incl FIFO).
	CH3.2	Explore opportunities for community and allied health staff to build relationships with local Aboriginal communities and to work alongside ACCHOs to enhance referrals; with early childhood intervention services a priority.
	CH3.3	Consider an outdoor waiting area.
	CH3.4	Actively encourage Aboriginal people to apply for concierge and reception roles, as attrition occurs, to assist in nurturing a culturally responsive first interaction.

CH 4. Partner to improve access to services that address alcohol and other drug addiction *(noting this is the core business of DASSA).*

CH4.1	Advocate for appropriate and sufficiently-resourced alcohol rehabilitation services and programs to be established on Country; within the vicinity of Ceduna.
CH4.2	Advocate for, and accommodate, a larger, sustainable drug and alcohol counselling service and workforce.



Access and patient journey

Current Service Summary

- Funding for health-related travel is provided by the Patient Assisted Transport Scheme (PATS) and some Ceduna-based community agencies e.g. Native Title.
- CDHS provides some transport for outpatients.
- Anecdotally consumers report high out of pocket costs and a burden to coordinate travel within a complex system that assumes a high level of health literacy and personal agency.
- RFDS are contracted to provide transport for up-transfers to metropolitan areas at the cost of CDHS.
- MEDSTAR retrieval services are provided for critically unwell patient transfer.
- Accessing accommodation on discharge and transport back home after a metropolitan up-transfer is currently the responsibility of the consumer.

Future Service Proposal:

Improve the consumer experience of accessing health services outside of the Ceduna catchment with a focus on the metropolitan interface.

Service Improvement Recommendations:

PJ1. Address 'patient journey' and access barriers for consumers

	PJ1.1	Initiate a Remote Access Support role to support consumers with accessing available travel assistance and access to virtual health / telehealth appointments to reduce travel burden.
	PJ1.2	Upskill local health practitioner and assistant roles (Aboriginal and non-Aboriginal) to connect with, guide and support patients before, during, and after telehealth appointments to improve the overall experience.
	PJ1.3	Advocate for a funded process to ensure that people up-transferred to metropolitan hospitals and health care services (by RFDS) are routinely provided transportation back to Ceduna and are not discharged without a travel / accommodation plan in place.

PJ 2. Improve supports for Ceduna catchment residents accessing health services in metropolitan hospitals

	PJ2.1	Build relationships and reciprocal understanding between services by exploring a staff exchange program between Ceduna and metropolitan sites to enhance patient outcomes.
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	PJ2.2	Advocate for a country liaison unit in metropolitan health services (consisting of Aboriginal and non-Aboriginal people working together) to support people from regional areas while in metropolitan health units.
	PJ2.3	Investigate the system changes required to improve discharge from metropolitan services with a view to improving the process for staff and consumers, particularly around access to equipment and timeframes of discharge to remote areas.



3.4 Clinical support services

3.4.1 Medical Imaging

Current Clinical Services Capability:

Ceduna District Health Services provides level 2 medical imaging based on the Clinical Services Capability Framework (CSCF):

- provides a low-risk ambulatory care and inpatient service.
- predominantly delivered by x-ray operators supported by sole radiographer.
- may be a designated room on-site with a fixed x-ray unit and computed radiography.
- depending on range of services provided at the facility (e.g. day hospital), a mobile image intensifier may be the only modality available.
- access to ultrasound for noncomplex conditions or an outreach service may be available.

Current service summary

- Private medical imaging services are provided at CDHS by Dr Jones and Partners on Tuesday and Wednesdays on-site, including ultrasound and plain X-Rays.
- Monday – Friday medical imaging reporting by Dr Jones and Partners.
- 24/7 emergency plain film x rays completed by Registered Nurses (RNs).
- Basic emergency GP-led ultrasound.

Future Service Proposal:

Maintain the level 2 medical imaging provided at CDHS and consider the clinical services capability required to provide CT services.

Service Improvement Recommendations:

MI1. Expand local medical imaging services

MI1.1	Explore provision of CT in Ceduna to reduce travel for local people and improve health outcomes (also in GM table).
MI1.2	Explore options for full time and consistent radiology services (also in AE table).

3.5 Summary tables

3.5.1 Aboriginal cultural responsiveness

This table contains a summary of service improvement recommendations outlined in this plan, related to Aboriginal cultural responsiveness.

Table reference	Service Improvement Recommendation
AE1.3	Develop a mentoring system/ learning circle between CDHS Aboriginal and non-Aboriginal staff to enhance ongoing cultural learning, develop relationships and improve cultural responsiveness of care.
AE1.4	Provide nurse education on common presentations and community demographics and local Aboriginal culture as part of induction.
AE2.3	Prioritise a focus on Aboriginal emergency presentations by developing a project to enhance community-led design of culturally safe spaces, cultural responsiveness of accident and emergency services, and health literacy in the community regarding emergency services.
GM1.2	Advocate for and support a new building for Yadu Health.
GM5.1	Increase the use of Ngangkari services.
GM5.2	Work with local Aboriginal people to incorporate Aboriginal languages into the health care environment (signs etc) and seek out other ways to improve the cultural safety of spaces where health care is provided.
GM5.3	Provide comprehensive cultural training to all CDHS staff and provide opportunities to learn from the local communities.
GM5.4	Explore a cultural mentoring system for staff for ongoing cultural learning and relationship building.
GM5.5	Regularly convene a Young Aboriginal Professionals forum to discuss issues and gain ongoing input into quality improvements.
GM5.6	Place cultural learning and awareness front and centre for all new staff, including incorporation of cultural information in the induction manual for CDHS.
GM5.7	Ensure an Aboriginal Health Impact Statement is completed when reviewing any policy to minimise systemic and institutional racism and enhance culturally responsive service provision.

GM5.8	Develop a program to link with local schools and/or the Ceduna Youth Hub that promotes awareness of / exposure to opportunities for working in health care.
GM5.9	Explore providing workforce development in learning local Aboriginal Languages.
GM6.4	Expand the Aboriginal workforce in clinical and other roles with long-term and full-time appointments. Build local capacity by providing employment pathways for local people and provide supportive mentoring.
MN2.1	Advocate for the AMIC program and staff succession planning / training in this program.
MN2.2	Work closely with ACCHOs across the CDHS catchment to enhance birthing services and the Aboriginal patient journey through birthing services.
MN2.3	Explore a project to develop a maternity support model for women / families who must travel to metropolitan Adelaide for birthing, with a focus on supporting the cultural needs of Aboriginal women and families.
MN3.4	Expand community midwifery services across the Ceduna catchment, working in partnership with all ACCHOs.
AC1.2	Develop Ceduna as an exemplar of culturally responsive aged care by investigating Aboriginal community-designed aged care examples (e.g. Seaview Village, Oak Valley) and incorporating learnings into care at Ceduna.
MH1.3	Partner with Yadu Health and other organisations in the Ceduna catchment e.g. Centacare and Country and Outback Health (COBH) to work together to enhance a mental wellbeing approach to hospital avoidance.
MH2.3	Discuss and develop a workforce model for mental health that will meet the specific needs of the Ceduna catchment community including consideration of multi-program workforce roles e.g. mental health and drug and alcohol, mental health and Aboriginal health.
MH2.7	Explore opportunities for roles in social and emotional wellbeing to be shared/co-funded across CDHS and Yadu Health.
MH5.1	Provide training in trauma-informed care to all levels of staff at CDHS.
MH5.2	Partner with local agencies and consumers to redesign health care environments and consultation spaces to feel culturally welcoming and safe.
MH5.3	Develop mental health resources in local Aboriginal languages, with culturally relevant visuals and design.
CH1.5	Explore options for interagency roles within CDHS/EFNLHN and ACCHOs for community and allied health.

CH1.6	Boost the number of Aboriginal Health Practitioners and Aboriginal Allied Health Assistants working across community health.
CH2.3	Explore options for community and allied health staff to work collaboratively within a prevention and strengths-based approach e.g. linking with local Nunga Playgroups.
CH3.1	Develop a peer support approach/mentoring system between CDHS Aboriginal and non-Aboriginal staff to enhance cultural learning for community and allied health staff (incl FIFO).
CH3.2	Explore opportunities for community and allied health staff to build relationships with local Aboriginal communities and to work alongside ACCHOs to enhance referrals; with early childhood intervention services a priority.
CH3.3	Consider an outdoor waiting area.
CH3.4	Actively encourage Aboriginal people to apply for concierge and reception roles, as attrition occurs, to assist in nurturing a culturally responsive first interaction.
CH4.1	Advocate for appropriate and sufficiently-resourced alcohol rehabilitation services and programs to be established on Country; within the vicinity of Ceduna.
PJ1.1	Initiate a Remote Access Support role to support consumers with accessing available travel assistance and access to virtual health / telehealth appointments to reduce travel burden.
PJ1.2	Upskill local health practitioner and assistant roles (Aboriginal and non-Aboriginal) to connect with, guide and support patients before, during, and after telehealth appointments to improve the overall experience.
PJ2.2	Advocate for a country liaison unit in metropolitan health services (consisting of Aboriginal and non-Aboriginal people working together) to support people from regional areas while in metropolitan health units.

3.5.2 Infrastructure and capital

This table contains a summary of service improvement priorities outlined in this plan, related to infrastructure and capital. This summary may assist in informing future master planning.

Table reference	Service Improvement Recommendation
GM1.2	Advocate for and support a new building for Yadu Health.
SG1.6	Assess the technology requirements for provision of contemporary surgical services and plan for upgrades in order to meet future needs.
AC1.5	Consider programs, environment design and connection for people with dementia to experience rehabilitation and the recovery of lost abilities e.g. Spark of Life.
AC3.1	Consider and plan for infrastructure required to support contemporary models of aged care into the future.
AC3.2	Investigate shorter term infrastructure and environment design opportunities to develop a 'home, not hospital' setting for residents.
AC3.3	Revitalise the activities centre and programs for aged care residents.
AC3.4	Upgrade the aged care lounge to meet the needs of residents.
MH5.2	Partner with local agencies and consumers to redesign health care environments and consultation spaces to feel culturally welcoming and safe.

3.5.3 Workforce

This table contains a summary of service improvement priorities outlined in this plan, related to workforce. This summary may assist in mapping initiatives to other workforce strategies and plans.

AE1.1	Support nurse practitioner development in accident and emergency and upskill the workforce with a view to enhancing nurse-led care.
AE1.3	Develop a mentoring system/ learning circle between CDHS Aboriginal and non-Aboriginal staff to enhance ongoing cultural learning, develop relationships and improve cultural responsiveness of care.
AE1.4	Provide nurse education on common presentations and community demographics and local Aboriginal culture as part of induction.
AE1.5	Explore opportunities to upskill the nursing workforce by providing peer shadowing, staff exchanges or experience opportunities in metropolitan hospitals.
GM1.4	Provide comprehensive staff development in addiction.
GM5.3	Provide comprehensive cultural training to all CDHS staff and provide opportunities to learn from the local communities.
GM5.6	Place cultural learning and awareness front and centre for all new staff, including incorporation of cultural information in the induction manual for CDHS.
GM5.8	Develop a program to link with local schools and/or the Ceduna Youth Hub that promotes awareness of / exposure to opportunities for working in health care.
GM5.9	Explore providing workforce development in learning local Aboriginal Languages.
GM6.1	Continue to seek to recruit and retain GPs, while exploring innovative ways to optimise telehealth to increase access to select GP services.
GM6.2	Optimise Fly in/Fly out (FIFO) workforce models to support sustainable staffing and consumer access to services.
GM6.3	Package up and broadly promote the existing range of workforce incentives that can be provided to staff working in remote areas.
GM6.4	Expand the Aboriginal workforce in clinical and other roles with long-term and full-time appointments. Build local capacity by providing employment pathways for local people and provide supportive mentoring. Optimise use of the Aboriginal Employment Register.

GM6.5	Un-pack the challenges of workforce retention by ensuring exit interviews are carried out and documented; providing a repository of qualitative evidence to inform future recruitment and retention strategies.
SG1.3	Support active recruitment for a sustainable GP Anaesthetist skill base.
SG1.4	Provide professional development and up-skilling for nurses in theatre in order to maintain an emergency on-call roster.
SG1.5	Implement a perioperative training program to develop and sustain a new and ongoing perioperative workforce to support the expansion of surgical services in partnership with CALHN.
MN1.1	<p>Maintain birthing services at CDHS for low risk births by:</p> <ul style="list-style-type: none"> • implementing a sustainable workforce model • providing training for an on-call roster • developing a contemporary model of care that is attractive to workforce and provides opportunities for staff to retain their specialist skills. <p>strengthening partnerships with Port Lincoln, WCH and Pt Augusta to enhance workforce models and opportunities for skill maintenance.</p>
MN2.1	Advocate for the AMIC program and staff succession planning / training in this program.
AC4.1	Promote benefits and incentives available to the aged care workforce in remote areas.
AC4.2	Investigate opportunities to enable a workforce pathway for aged care specialisation e.g. specialist aged care nurses.
AC4.4	Advocate for direct-entry aged care courses and improved career pathways for local people to work in aged care including support and mentoring for on-line/external training.
AC4.5	Increase professional development for our aged care workforce.
AC4.6	Foster an aged care networking collaborative across service providers within the Ceduna and surrounding catchments for the purpose of combined recruitment efforts and professional development.
AC4.7	Explore opportunities to establish roles in the community to assist local Aboriginal people aged 45 and over to access My Aged Care and act as 'navigators' through the My Aged Care system to improve access to services.

MH2.1	Systematically provide professional development for staff in mental health including services available, drug and alcohol, suicide assessment, skill development and maintenance in therapeutic engagement for mental health.
MH2.3	Discuss and develop a workforce model for mental health that will meet the specific needs of the Ceduna catchment community including consideration of multi-program workforce roles e.g. mental health and drug and alcohol, mental health and Aboriginal health.
MH2.4	Offer peer shadowing opportunities, work exchanges or rotations in mental health to increase skills and confidence.
MH2.5	Expand the restorative practice training (previously provided to some agencies in Ceduna) for a broad range of CDHS staff.
MH2.6	Work with Country and Outback health (COBH) to provide support and training for GPs and practice staff in mental health care plan requirements (COBH) to enable more timely access to services for consumers.
MH2.7	Explore opportunities for roles in social and emotional wellbeing to be shared/co-funded across CDHS and Yadu Health.
MH3.2	Develop a more comprehensive Ceduna-based mental health team to assist in early intervention and reducing Involuntary Treatment Orders (ITOs).
CH1.2	Increase the number of social workers and social worker presence in Ceduna.
CH1.3	Grow a local workforce of allied health assistants (AHAs) to support local relationship building and act as liaison between community and staff to enhance the overall service, particularly to optimise FIFO services.
CH1.4	Explore ways to enhance the job satisfaction within the current fly-in-fly-out (FIFO) model for community and allied health services, and to support early career professionals when on outreach.
CH1.5	Explore options for interagency roles within CDHS/EFNLHN and ACCHOs for community and allied health.
CH1.6	Boost the number of Aboriginal Health Practitioners and Aboriginal Allied Health Assistants working across community health.
CH1.7	Advocate for an independent role in the community to assist consumers to navigate the NDIS to ensure local people have access to the services they need.
CH1.8	Work with Universities to explore how students might be better supported to participate in outreach trips to enhance recruitment.

CH1.9	Maximise use of regional SA recruitment programs and actively promote career opportunities through local schools and expos (locally and state-wide).
CH1.10	Explore funding sources to grow innovative roles based on the unique needs of the CDHS catchment. E.g. community engagement/relationships role, Remote Access Support role.
CH2.2	Expand multidisciplinary Palliative Care services in Ceduna, with a focus on culturally responsive Palliative Care.
CH3.1	Develop a peer support approach/mentoring system between CDHS Aboriginal and non-Aboriginal staff to enhance cultural learning for community and allied health staff (incl FIFO).
CH3.2	Explore opportunities for community and allied health staff to build relationships with local Aboriginal communities and to work alongside ACCHOs to enhance referrals; with early childhood intervention services a priority.
CH3.4	Actively encourage Aboriginal people to apply for concierge and reception roles, as attrition occurs, to assist in nurturing a culturally responsive first interaction.
PJ1.1	Initiate a Remote Access Support role to support consumers with accessing available travel assistance and access to virtual health / telehealth appointments to reduce travel burden.
PJ1.2	Upskill local health practitioner and assistant roles (Aboriginal and non-Aboriginal) to connect with, guide and support patients before, during, and after telehealth appointments to improve the overall experience.
PJ2.1	Build relationships and reciprocal understanding between services by exploring a staff exchange program between Ceduna and metropolitan sites to enhance patient outcomes.

4.0 Appendix

4.1 Glossary of Acronyms

A&E	Accident and emergency
ACCHO	Aboriginal Community Controlled Health Organisation
ALO	Aboriginal Liaison Officer
AMIC	Aboriginal Maternal and Infant Care
CDHS	Ceduna District Health Services
CHC	Country Health Connect
COBH	Country and Outback Health
CSCF	Clinical Services Capability Framework
CT	Computed Tomography
DHW	Department for Health and Wellbeing
ED	Emergency department
EFNLHN	Eyre and Far North Local Health Network
EMHS	Eyre Mental Health Service
ETLS	Emergency Triage and Liaison Service
FIFO	Fly in fly out (worker / model of care)
GP	General Practitioner
ITO	Involuntary Treatment Order
MI	Medical imaging
MPS	Multi-purpose Service
MRI	Magnetic Resonance Imaging
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
PATS	Patient Assisted Transport Scheme
PHN	Primary Health Networks
PoCT.	Point of care testing
RN	Registered Nurse
SAAS	South Australian Ambulance Service

For more information

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