



Health
Yorke and Northern
Local Health Network

Mid North Health Services

Service Plan

Booleroo Centre, Jamestown, Orroroo and Peterborough
(including hospital, Country Health Connect and mental health services).

May 2022



Foreword

On Behalf of the Yorke and Northern Local Health Network (YNLHN) Executive Committee, I am pleased to present the Service Plan in the Mid North of our local health network, supported by the Mid North Health Advisory Council.

This plan incorporates Booleroo Centre District Hospital and Health Services (BH&HS), Jamestown Hospital and Health Service (JH&HS), Orreroo and District Hospital and Health Service (OH&HS) and Peterborough Soldiers Memorial Hospital and Health Service (PSMH) and its surrounding areas. It complements the other service plans either completed or in progress for Balaklava, Clare, Port Pirie, Wallaroo, Yorke Peninsula, and Community and Allied Health.

Future plans covering the remaining locations (Southern Flinders, Port Broughton, Riverton, Burra and Snowtown) within our Local Health Network (LHN) and linkages between all sites are intended to be completed within the next 12-18 months. Furthermore, YNLHN will develop a Clinical Service Plan to set the future direction for integrated and innovative services across the LHN catchment.

I want to thank the Steering Group for the enormous amount of energy and time spent overseeing this project and the many clinicians and community members for their valuable input.

Yours sincerely



Roger Kirchner
Chief Executive Officer
Yorke and Northern Local Health Network

Acknowledgment

We acknowledge the Aboriginal Custodians of the Land and Waters within the Footprint of the Yorke and Northern Local Health Network. We respect their spiritual relationship with their country and acknowledge their cultural beliefs are an important focus of the past, present and future. We acknowledge Elders and emerging Leaders. We pay respect to the cultural authority of Aboriginal people who have advised us during the service planning process and who have provided valued cultural consultancy in the development of this service plan.

Table of Contents

1. Executive Summary	4
2. Project background and context	7
2.1 Strategic enablers.....	7
2.2 Mid North catchment profile.....	9
2.3 Service planning process.....	13
3. Service Plan.....	13
3.1 Service capacity.....	16
3.2 Clinical Services Capability Framework	16
3.3 Service priorities	16
AGED CARE.....	17
EMERGENCY.....	21
MEDICAL INPATIENT SERVICES.....	23
COMMUNITY and ALLIED HEALTH SERVICES	27
MENTAL HEALTH.....	30
COLLECTIVE SERVICE IMPROVEMENTS.....	40
CLINICAL SUPPORT SERVICES.....	36
4. Other factors for consideration.....	38
4.1 Infrastructure, assets and equipment	38
4.2 Workforce	40
4.3 Digital technology.....	44
5. Service Plan Endorsement	43
6. Appendices	44
Appendix A: Terms of Reference	44

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 Mid North Health Services Steering Group with future planning for the four health services located in the Mid North area of the Yorke and Northern Local Health Network.

This document has been developed to support planning within the 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 the use of the material

1. Executive Summary

The Mid North Service Plan reflects the overarching future plan for health service provision for health services in the Mid North area of the YNLHN for the next five to ten years. The plan provides a range of information and data from a variety of sources, which highlight recent patterns of service delivery and future population projections. The analysis will continue to inform a collaborative approach with 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 initiatives that will support the provision of safe, quality services closer to home and is underpinned by several key strategic drivers, including Clinical Services Capability Framework (CSCF), SA Health and Wellbeing Strategy 2020-2025, Yorke and Northern Local Health Network (YNLHN) Strategic Plan 2020-2025, YNLHN Community and Consumer Engagement Strategy, YNLHN Clinician Engagement Strategy 2021-2026 and the National Aboriginal Cultural Respect Framework.

The planning process was led by the Mid North Health Services Planning Steering Group, supported by the YNLHN Planning Project Manager, Rural Support Service (RSS) Planning and Population Health Team and a wide range of clinicians, consumers and other key stakeholders who were engaged through workshops and meetings during 2021. The broader and ongoing involvement of clinicians and other key stakeholders will be essential to progress service initiatives within the plan.

The specific service priority areas identified by the steering group for Mid North were themed into five priority areas:

- Aged Care
- Mental health
- Emergency
- Medical inpatients
- Community and Allied Health

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

The YNLHN Executive Committee will oversee the plan and report outcomes to the YNLHN Governing Board. Additionally, an implementation plan will be developed and reviewed by the Quality Risk and Safety Operation Committees (QRSOC) at each site. The four specific priority areas will be the core focus of the implementation plan; however, it must be noted that these services do not operate in isolation from each other. It will be essential to continually strive to work in an integrated way across priority areas to ensure effective quality services are provided.

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

Aged Care

1. Improve and redesign facilities infrastructure to accommodate aged care specific needs.
2. Implement recruitment and retention strategies for the aged care workforce.
3. Develop a sustainable and effective service model across YNLHN aged care services to meet community needs.
4. Explore opportunities to increase specialties services for Mid North aged care services to meet community needs.
5. Support consumers and their carers to negotiate the My Aged Care portal and engage providers.
6. Enhance discharge planning processes to support the older person effectively transition from hospital to home.

7. Enhance community-based care strategies to support the older person to stay safely within their home or aged care site.
8. Continue to explore and review the use of digital technology to enable access to services as close to home as possible.

Emergency

1. Redesign and increase space/functionality to meet standards of emergency.
2. Strengthen partnerships with community and allied health, South Australian Ambulance Service SAAS and other relevant providers to prevent avoidable emergency presentations and hospital admissions.
3. Improve the patient journey.
4. Continue to explore and review digital technology to enable safe, high-quality services.

Medical Inpatient

1. Review, improve and redesign facilities infrastructure to provide safe, accessible services.
2. Develop a sustainable medical workforce plan to ensure services meet community needs.
3. Explore opportunities to increase specialty services and introduce new models of care to meet community needs.
4. Explore opportunities for sustainable and safe specialist surgical services within Jamestown.
5. Improve community awareness within the Mid North and investigate opportunities for care to be provided as close to home as possible.
6. Improve support and management for patients with mental health and /or drug and alcohol issues.
7. Continue to explore and review the use of digital technology to enable safe, high-quality services.

Community and Allied Health

1. Review, improve and redesign facilities to grow a range of community services.
2. Develop a comprehensive allied and community health recruitment and retention strategy.
3. Develop new service models across the continuum to complement existing out of hospital services within the Mid North.
4. Continue to develop strategies to reduce potentially preventable admissions.
5. Improve the patient journey.
6. Review business models that enable service provision.
7. Build partnerships and networks with public and private providers to support and improve the health and wellbeing of the community.
8. Continue to explore and review the use of digital technology.

Mental Health

1. Maintain the infrastructure to best meet the needs of mental health clients.
2. Explore mental health service improvement opportunities and the growth of new services to meet community needs.
3. Build partnerships and networks with public and private providers to support and improve the health and wellbeing of the community.

4. Increase the skills and knowledge of the workforce to improve the patient journey.
5. Continue to explore and review digital technology to enable safe, high-quality services.

Collective service improvements

1. Prioritise the development of a sustainable medical service model.
2. Develop a sustainable workforce plan to ensure services are provided that meet community need.
3. Improve community awareness of services available.
4. Support and improve the health and wellbeing of people living with a disability.
5. Continue to explore and review digital technology to enable safe, high-quality services

2. Project background and context

Service planning is developing a strategic approach to improving health service delivery as part of the broader system 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. Therefore, it is essential that service planning is performed with adequate consideration of and integration with the system as a whole. Health service planning allows us 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 articulate a future plan for meaningful service provision priorities.

This Service Plan aims to provide a framework for identifying and evaluating potential future service options for the health services of the Mid North to meet the needs of consumers in the Booleroo Centre, Jamestown, Orroroo and Peterborough catchments over the next five to ten years and beyond.

2.1 Strategic enablers

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

SA Health and Wellbeing Strategy 2020 – 2025

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 a focus for the improvement efforts across the system to improve the health and wellbeing of all South Australians.

The goals of the Health and Wellbeing Strategy are to:

- improve community trust and experience of the health system
- reduce the incidence of preventable illness, injury and disability
- improve the management of acute and chronic conditions and injuries
- improve the management of recovery, rehabilitation and end of life care
- improve individual and community capability to enhance health and wellbeing
- improve the health workforce to embrace a participatory approach to health care
- improve the 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 informed the development of the Mid North Health Service Plan and will continue to be essential in implementation:

- The South Australian Rural Medical Workforce Plan 2019-2024.
- The South Australian Aboriginal Health Workforce Framework 2017-2022.
- The South Australian Mental Health Strategic Plan 2017-2022.
- The Rural Health Workforce Strategy documents.
- The Rural Support Service (RSS) Clinical Forum.

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



The YNLHN Strategic Plan 2020-2025 was developed concurrently to this service planning process. The Mid North Service Planning Steering Group maintained a close connection with the progress of the strategic plan resulting in many of the Mid North Service Plan priorities being closely aligned with the vision, strategic priorities, and enablers from the YNLHN Strategic Plan.

Our network

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

Our services

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

Our staff

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

Our partnerships

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

Our future

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

2.2 Mid North catchment profile

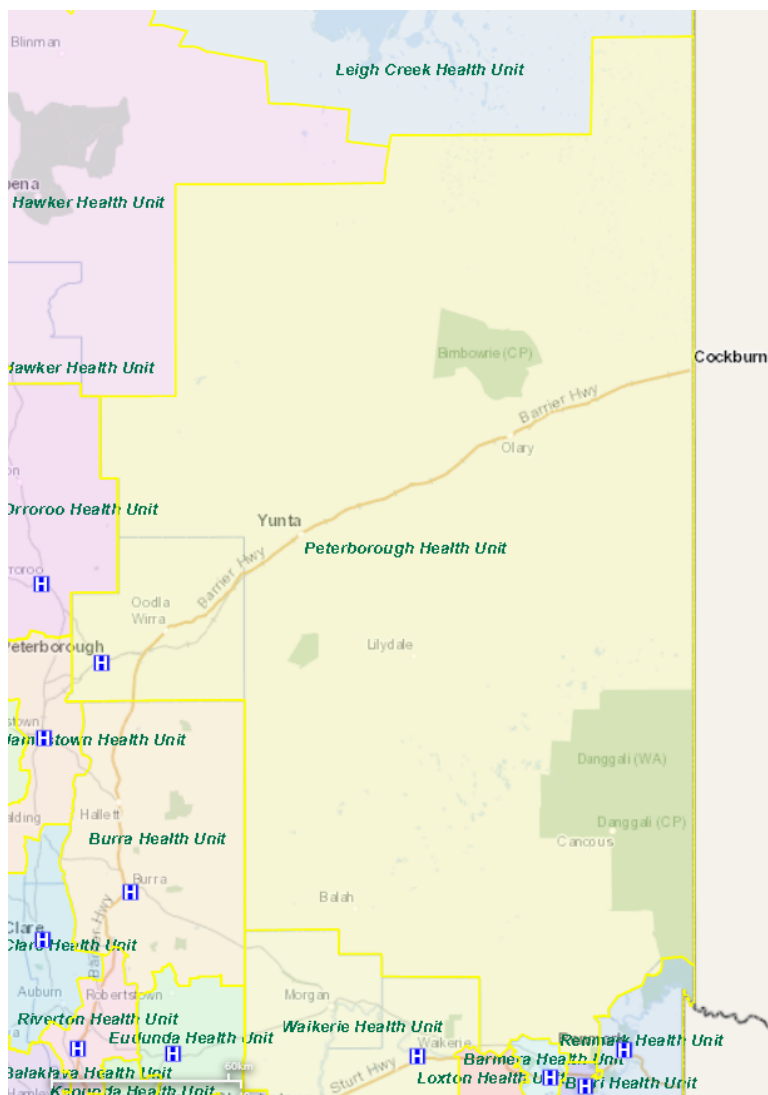
The Booleroo Centre Hospital, Orroroo Hospital and Peterborough Hospital are all physically located within the Peterborough – Mount Remarkable Statistical Area 2 (SA2). The geographical catchment areas for Booleroo Centre and Orroroo are part of the Peterborough – Mount Remarkable SA2. The geographical catchment area for Peterborough is part of the Peterborough – Mount Remarkable SA2 and part of the Outback SA2 (which is also shared with Coober Pedy, Hawker, Leigh Creek and Roxby Downs catchments).

The Jamestown Hospital is physically located within the Jamestown SA2. The geographical catchment area for Jamestown is part of the Jamestown SA2; this SA2 also extends into the Clare, Crystal Brook and Laura catchments.

- The population of the Booleroo Centre catchment is 2,286. The Booleroo Centre catchment has 14.4% of the population aged under 14 years and 28.5% aged over 65 years; this is a much higher proportion of persons aged 65 years and over and a much lower proportion of persons aged 14 years and under compared to the SA population.
- In total, 2.8% of residents in the Booleroo Centre catchment identify as Aboriginal, and 1.4% speak a language other than English at home. The Booleroo Centre catchment has a lower proportion of people from a CALD background compared to the SA population.
- The population of the Jamestown catchment is 2,319, with 18.2% aged under 14 years and 23.7% aged over 65 years. The Jamestown catchment has a higher proportion of persons aged 65 years and over compared to the SA population.
- In total, 1.3% of residents in the Jamestown catchment identify as Aboriginal, and 0.8% speak a language other than English at home. The Jamestown catchment has a lower proportion of people from a CALD background compared to the SA population.
- The population of the Orroroo catchment is 872. The Orroroo catchment has 14.4% of the population aged under 14 years and 28.5% aged over 65 years; this is a much higher proportion of persons aged 65 years and over and a much lower proportion of persons aged 14 years and under compared to the SA population.
- In total, 1.4% of residents in the Orroroo catchment identify as Aboriginal, and 1.8% speak a language other than English at home. The Orroroo catchment has a lower proportion of people from a CALD background compared to the SA population.
- The population of the Peterborough catchment is 1,928, with 14.2% aged under 14 years and 26.7% aged over 65 years. The Peterborough catchment has a higher proportion of persons aged 65 years and over and a lower proportion of persons aged 14 years and under compared to the SA population.
- In total, 6.5% of residents in the Peterborough catchment identify as Aboriginal, and 1.4% speak a language other than English at home. The Peterborough catchment has a higher proportion of Aboriginal persons and a lower proportion of people from a CALD background compared to the SA population.
- The SEIFA 'Index of Relative Socio-economic Disadvantage' is a general socioeconomic index that summarises a range of information about people and households' economic and social conditions within an area. Overall, the Mid North region experiences higher levels of socio-economic disadvantage when compared to the other areas of South Australia. Peterborough rated lower on the SEIFA index, meaning it has higher levels of socioeconomic disadvantage.
- The resident population of the Mid North catchment is expected to remain stable through to 2036.
- The Booleroo Centre Hospital has 18 multiday beds available (acute and maintenance care beds), with an average of 11.9 occupied each night in 2020-21.
- The Jamestown Hospital has 12 multiday beds available, with an average of 3.6 occupied each night in 2020-21.
- The Orroroo Hospital has 7 multiday beds available, with an average of 2 occupied each night in 2020-21.

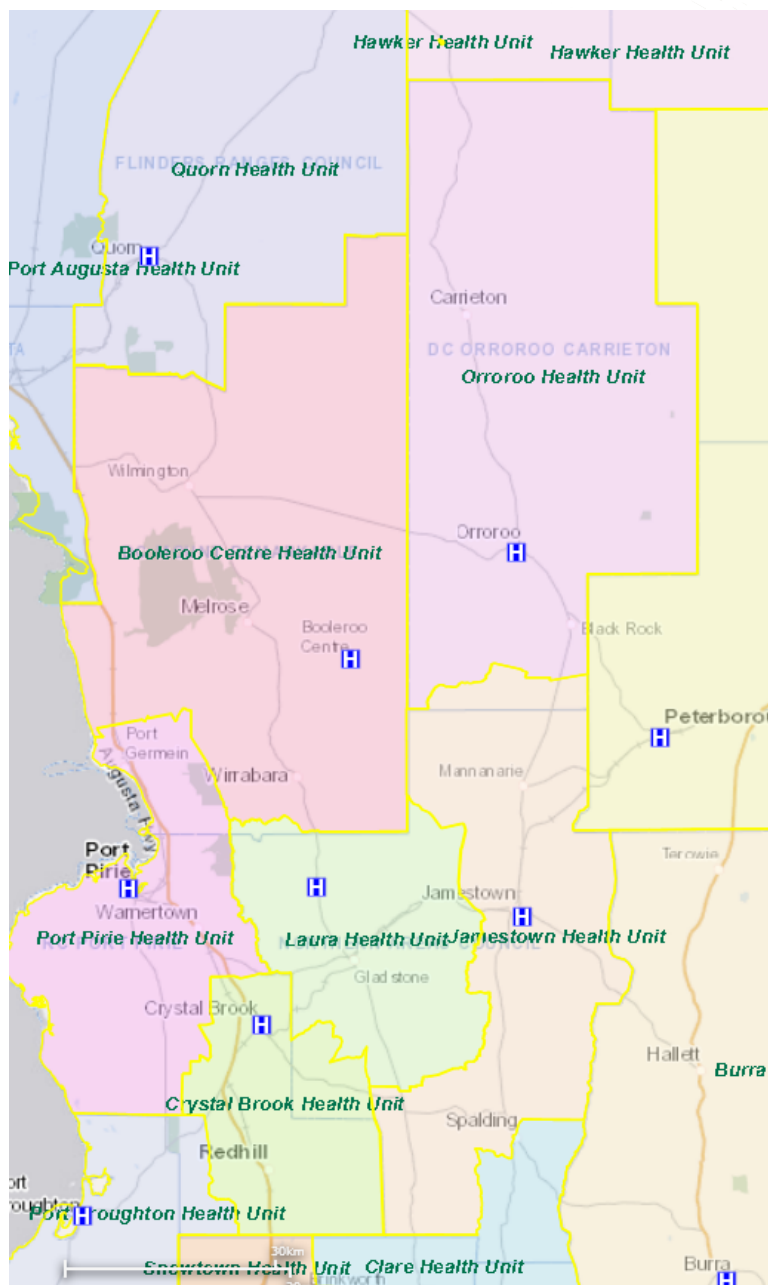
- The Peterborough Hospital has 17 multiday beds available (acute and maintenance care beds), with an average of 9.4 occupied each night in 2020-21.

Map 1: Peterborough catchment

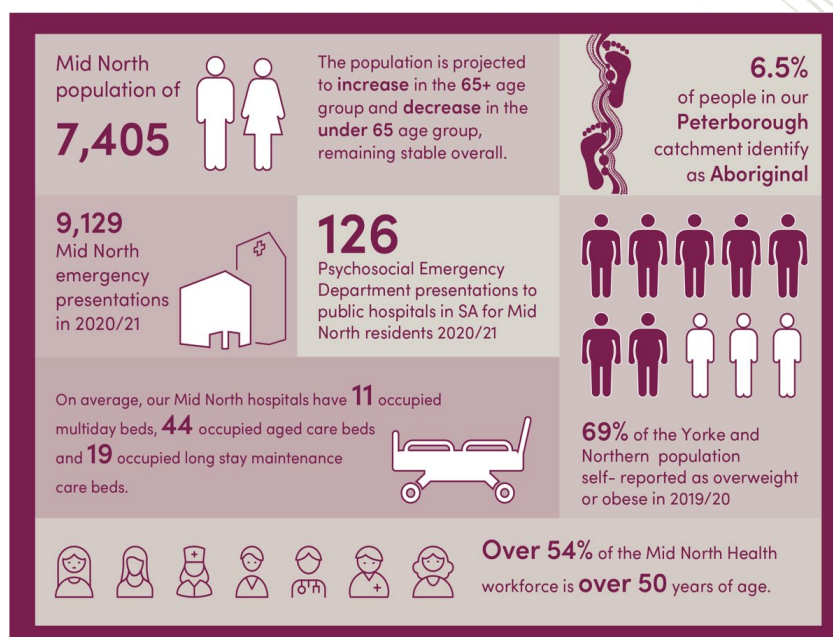


Source: SA Health Data and Reporting Services Branch,
 (Peterborough catchment indicated by yellow shading with a yellow border indicating outline of catchment)

Map 2: Booleroo Centre, Jamestown and Orroroo catchments



Source: SA Health Data and Reporting Services Branch,
 Orroroo catchment indicated by light purple shading with a yellow border indicating outline of catchment,
 Booleroo catchment indicated by dark purple shading, and Jamestown catchment indicated by pink shading



- In 2020-21, the top three same-day separation types by number of separations for Mid North residents at the Booleroo Centre, Jamestown, Orroroo and Peterborough Hospitals were adult medical, adult surgical and obstetrics. For the same time, the top three same-day separation types accessed outside of the Mid North catchments by the number of separations were adult medical, adult surgical and paediatric medical.
- In 2020-21, the top five multi-day separation types by the number of separations for Mid North residents at the Booleroo Centre, Jamestown, Orroroo and Peterborough Hospitals were adult medical, adult surgical, mental health, maintenance and obstetric. For the same period, the top five multi-day separation types accessed outside of the Mid North catchment by the number of separations were adult surgical, adult medical, obstetric, mental health and neonates.
- There were 449 emergency presentations at the Booleroo Hospital in 2020-21. This is broken down by 36 triage 1 or 2 presentations, 105 triage 3 presentations, and 308 triage 4 or 5 presentations.
- There were 1,067 emergency presentations at the Jamestown Hospital in 2020-21. This is broken down by 86 triage 1 or 2 presentations, 293 triage 3 presentations, and 688 triage 4 or 5 presentations.
- There were 332 emergency presentations at the Orroroo Hospital in 2020-21. This is broken down by 19 triage 1 or 2 presentations, 49 triage 3 presentations, and 264 triage 4 or 5 presentations.
- There were 853 emergency presentations at the Peterborough Hospital in 2020-21. This is broken down by 67 triage 1 or 2 presentations, 201 triage 3 presentations, and 585 triage 4 or 5 presentations.
- The blunt injury - single trauma presenting problem had the highest number of presentations at the Orroroo Hospital in 2020-21, and abdomen/gastrointestinal was the presenting problem with the highest number of presentations at the Jamestown, Booleroo and Peterborough Hospitals, respectively.
- In 2020-21, there were 69 births for women from the Mid North catchment. Of this number, 55% were at public hospitals outside of the YNLHN.
- Mental health separations account for 3.6% of all separations, and drug and alcohol separations account for 1.1% of all separations at Mid North hospitals in 2020-21.
- Aboriginal separations account for 2.1% of all separations at Mid North hospitals in 2020-21.

2.3 Service planning process

2.3.1 Overview

The Mid North Health Service Planning Steering Group led the service planning process. Established in May 2021, the Steering Group met approximately monthly and were supported by the YNLHN Project Lead and RSS, Planning and Population Health Team to implement 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 the year.

The steering group's primary role was to:

LEARN: Gain a comprehensive understanding of the current service and context through:

- developing a deep understanding of consumers and their journeys
- understanding the needs that exist from a population perspective
- revealing insights from current health service utilisation data about projected service needs and future self-sufficiency opportunities
- considering existing plans for the Mid North community and determining the future implications for the health service
- understanding local clinical leaders and subject-matter-experts about the current situation and potential areas of focus
- examining contemporary research and innovative practice to pinpoint opportunities
- identifying and engaging other stakeholders as required to contribute to the service planning process.

DEFINE: Define insights on the opportunities that exist to:

- improve the consumer journey
- increase self-sufficiency
- increase the efficiency of the system as a whole
- improve the health of our populations
- enhance the experience of providing care for staff
- provide feedback on recommendations and priorities to the YNLHN Executive and Governing Board as they are developed

IDEATE: Identify ideas for future improvements, though:

- coordination of relevant workshops with clinicians, staff, community, consumers and other key stakeholders
- presentation of key findings/insights to inspire clinicians, staff, community, consumers and other key stakeholders to discover ideas for future service provision
- facilitation of a judgment-free environment that generates open-minded and innovative ideas
- provision of advice to YNLHN Executive and Governing Board on the future scope of services and capacity

CREATE: Develop a draft service plan based on advice and recommendations from engagement processes and the examination of quantitative and qualitative data that:

- considers future demand across inpatient, emergency, community health, aged care and other priority areas for the service
- recommends future service options
- determines further analysis or input required
- considers alignment with the CSCF
- reviews and edits versions of the service plan as it is developed, gaining group consensus

- evaluates the service planning approach
- ensures plan is forwarded to YNLHN Executive and the Governing Board for consideration and final approval

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. In addition, following each steering group meeting, a meeting summary outlining discussion points, issues, and actions were prepared and distributed.

2.3.2 Engagement

Clinician engagement

Various 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 practices.

A clinician engagement workshop was held on the 10 November 2021 and was attended by a range of clinical stakeholders, including YNLHN clinical staff (including nursing, mental health, and allied health), aged care providers, a local GP, Mid North Health Advisory Council and YNLHN Executive. Furthermore, a separate GP consultation was held on 1 December 2021 at Jamestown Medical Clinic, with seven GPs in attendance.

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

- general medical (including cancer care, palliative care and surgical services)
- mental health
- aged care
- out of hospital strategies.

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

All participants were able to choose two groups to join, each for a rotation of 30 minutes, with the following questions being 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?

An online survey was provided to gather input from those who could not attend, including other Yorke and Northern Local Health Network staff and other stakeholders.

Targeted clinician and stakeholder engagement was completed in November with Senior Allied Health and Nursing Clinicians. The results of the clinician engagement were shared with the steering group in December 2021.

Community engagement

The Mid North Health Services Planning Steering Group endorsed a community engagement process, which included a range of methods to gain community, consumer, and stakeholder input for Booleroo Centre, Jamestown, Orroroo and Peterborough catchments including Hospital, Country Health Connect and mental health services. The aim of the engagement was to understand the key challenges and opportunities from the perspective of the community, consumers and partner organisations.

During July/August 2021, a range of strategies was implemented to obtain community and consumer feedback, including focus groups, interviews, and surveys.



Communications about the approach included:

- Newsletter articles in local newsletters, including the schools.
- Media articles.
- Targeted Face Book posts.
- Updates to HAC.

Over 400 hard copy surveys and flyers with the QR code link to an electronic survey was displayed and distributed within the Mid North towns. Survey boxes were available at local Pharmacies, Councils, Hospitals and Medical Centre's. In addition, surveys boxes and hard copies were left at Wilmington, Wirrabarra and Terowie.

288 electronic responses and **38** paper copies were completed and collected. Within the first fortnight of the survey period, a very small proportion of young people had completed the survey. However, an out-of-session specific youth survey was developed and promoted with the local high schools for three weeks through the steering group. As a result, an additional **35** young people completed the survey. Therefore, a total of **361** surveys were completed for the Mid North.

Community members identified by the Steering Committee as having a complex patient journey were asked if they were interested in sharing their stories. As a result, a total of five consumer interviews were held, including two face to face and three telephone interviews.

24 phone interviews were attended with interested community members who expressed interest in having their say through the Mid North Survey. Due to COVID restrictions, phone calls were made as an alternative to face to face.

A total of four **focus groups** were conducted with 29 participants for the following groups:

- Jamestown men's shed. (n= 9)
- Jamestown suicide prevention group (n=7)
- Mid North chronic condition group. (n=10)
- Aboriginal group Peterborough (n=5).




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Mid North Health Service Planning Have your say!

Booleroo Centre, Jamestown, Orroroo & Peterborough

Mid North Health has established a Service Planning Steering Group to undertake a service planning process which will identify future needs and service opportunities for Booleroo Centre, Jamestown, Orroroo and Peterborough - considering our Hospital, Country Health Connect and mental health services.

An important part of this planning process is to seek perspectives from the people that use our services and our partners who provide valuable services to our community. We believe that working together to better understand the needs of our community is essential in supporting us to achieve optimal health and wellbeing.

We invite you to share your views from Thursday, 1 July until Friday, 13 August 2021 via the following ways:

- Complete the paper survey available from your local Hospital, Medical centre, Pharmacy or Council.
- Scan the QR code with your camera, click on the drop box at the top of your screen and you will be taken to an online survey. It will take you less than 5 minutes.

Thank you for your valuable contribution.

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Health
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Service Plan

3.1 Service capacity

The four hospitals included in this plan are part of the YNLHN. They are small grant-funded hospitals providing a range of accident and emergency, acute inpatient, community health, mental health, and various associated clinical support services.

- Jamestown Hospital (Symonds Wing) has 13 Commonwealth Government subsidised Residential Aged Care beds.
- Orroroo Hospital has 7 acute beds and 10 Commonwealth Government-subsidised beds. Orroroo Community Home has 16 Commonwealth Government-subsidised beds located at 32 Fifth Street, Orroroo.
- Peterborough Hospital manages 11 Commonwealth Government-subsidised Residential Care beds and 7 state funded beds. Nayla Lodge Residential Aged Care facility is located on the grounds of the Peterborough Hospital. Peterborough hospital also manages eight independent living units located off-site.
- Booleroo Centre Hospital offers 12 long-stay maintenance care beds, which sits as part of the main hospital building.

Yorke and Northern Community and Allied Health Services (Country Health Connect) provide a range of centre-based and community-based allied health and specialty nursing services. Community health services are co-located on site. Mental health services are provided as both centre-based and community-based services and are located off-site. Maternity services are provided at Jamestown Hospital supported by the YNLHN Midwifery Model of Care.

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 is provided at South Australian public hospitals. It is an important tool for state-wide planning, which defines 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 how clinical services are described and identifies interdependencies 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 partnerships with a metropolitan-based tertiary health service.

The information in the service priority tables below is articulated regarding the CSCF level criteria currently assigned to Mid North Health Services.

3.3 Service priorities

The priority tables below outline the proposed service planning priorities for the hospitals of Mid North Health for the next five years and beyond.

AGED CARE	
Current	Proposed
<p>Service Description Summary:</p> <p>Level 2:</p> <ul style="list-style-type: none"> Ambulatory and/or inpatient care to clients who are medically stable and who generally require low complexity care. Care may be provided in-home or community settings and/or in healthcare facilities, including multipurpose health centres. Delivered by nurses and/or allied health professionals in partnership or liaison with higher-level service. Capacity to deliver limited multidisciplinary interventions. May have outreach services from higher-level services, including visiting services and services accessed through telehealth facilities. Services for clients either referred, transferred or returned from higher-level service to continue treatment in their local environment following subacute or acute episode during which more complex care was required. Inpatient care is managed by a medical practitioner. Clear intervention plan is developed, ensuring care is coordinated if multi-disciplinary care is required. 	<p>Service Description Summary:</p> <p>Maintain and enhance the services provided by the health services and Country Health Connect.</p> <p>AC1: Improve and redesign facilities infrastructure to accommodate aged care specific needs considering:</p> <ul style="list-style-type: none"> Reviewing future demand to increase or decrease bed numbers according to community need, and YNLHN aged care planning models and plan for infrastructure changes accordingly. Creating single rooms with ensuites for residents. Reconfiguring and refurbishing space to make aesthetics homely and less clinical. Ensure external environments are given consideration in future planning as per aged care standards. Additional storage space for each health unit, including internal and external space. Reviewing recreation areas with various lounge areas options for additional services and treatments. Continuing to consult with consumers and their carers to ensure infrastructure meets the needs of the community. Reviewing Peterborough Aged Care master plans in accordance with emerging aged care standards as a priority project. Continue to advocate for continual maintenance of sites providing residential aged care. <p>AC2: Implement recruitment and retention strategies for the aged care workforce including:</p> <ul style="list-style-type: none"> Working with education providers to identify and offer traineeships and develop aged care career pathways. Considering scholarship and cadetship models within the local area to increase personal care worker workforce. Promoting and rebranding aged care as an inspiring, rewarding career choice. Investigating opportunities to further develop TPPP in Aged Care facilities.

<ul style="list-style-type: none"> Service is networked with higher-level services to ensure clients have access to other multidisciplinary team members and facilitate patient transfer, if needed. <p>Country Health Connect have 25 current Home Care Packages and 8 discharge's in 2020-21.</p> <p>Home care packages are provided by both Community and Allied Health and NGOs to residents in Mid North.</p> <p>Commonwealth Home Support (CHSP) provided by various providers:</p> <ul style="list-style-type: none"> Base level in home support (up to four hours/fortnight) <ul style="list-style-type: none"> Allied health and nursing Gardening Domestic assistance Social support (shopping, personal care) Group and individual. <p>Jamestown has 13 aged care beds. Orroroo has 26 aged care beds. Peterborough has 11 aged care beds in Nayla Lodge & 7 state funded beds. Booleroo Centre offers 12 aged care beds.</p> <p>Current analysis:</p> <ul style="list-style-type: none"> Jamestown's (Symonds Wing) occupied bed days (OBD) were 3672 (84.86%) in 2020/21 compared to 2019/20 in which there were 4135 OBD (91.32%). Orroroo Hospital and Community Home occupied bed days were 8461 for 2020/21 	<ul style="list-style-type: none"> Reviewing RN full time equivalent staffing to ensure the right skill mix within aged care. Actively working with Country Health Connect (CHC) to support Personal Care Workers working across CHC and aged care services to support the client to have familiarity and consistent workers throughout their care. Review roles and classifications in catering and maintenance services to ensure they reflect the responsibilities of these roles in meeting aged care standards. Considering strategies to support improved recruitment and retention within small communities. Increase HCP workforce including home care and maintenance staff. Investigate opportunities to increase staffing for community respite support services within the Mid North. Advocate for local driven community health services, within the Mid North. <p>AC3: Develop a sustainable and effective service model across YNLHN aged care services to meet community need:</p> <ul style="list-style-type: none"> Contribute to and support the development of a YNLHN Aged Care Operational business model. Develop a business model to manage the growing demands efficiently and effectively for NDIS and HCP services. Explore the concept of a Multi-Purpose Service (MPS) services across the Mid North to support flexible services to meet the needs of the community. Submitting a funding application within the 2022 funding round. Consider a YNLHN purpose-built dementia care facility where funding opportunities arise. Continue to develop a seven-day service for allied health, home support and nursing services to meet the growing needs of HCPs and NDIS. Establish an agreed service model to be applied to allied health services provided in residential aged care, including funding, quality improvement activities and strategies to upskill and training staff. Explore opportunities to increase diversional therapy time and increase volunteer support. Consider patient navigator role to support complex cases within the community. Investigate opportunities to develop a mobile service in Yunta and smaller communities that includes early intervention and prevention services.
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(90.69%) compared to 2019/20 in which there were 8001 OBD (86.72%).

- Peterborough's Nayla Lodge occupied bed days were 3749 for 2020/21 (98.93%) compared to 2019/20 in which there were 3893 OBD (94.85%).

Booleroo Centre occupied days were 3813 for 2020/21 (87.05%) compared to 2019/20 in which there were 4196 OBD (88.58%).

- Technology -Leecare sites have remote access through the iCloud for GPs, pharmacists and allied health professionals.

Customer service is paramount- From the staff behind the counter, Nurses, GPs, Cleaners, they care about you as a patient = client interview.

- Advocate for increased aged care beds and home care packages to meet the needs of the community.
- Investigate opportunities to increase support for consumers to navigate the aged care system and differences in RAC and state funding.
- Improve communication and local connection with NDIS planners to improve timeliness of NDIS plans for consumers with an NDIS package and identify funding options and referral pathways for consumers with complex needs that do not fit the NDIS and aged care services.
- Work in partnership with SAAS and aged care facilities to develop targeted hospital avoidance pathways.

AC4: Explore opportunities to increase specialties services for Mid North aged care services to meet community need:

- Ensure a planned approach to attracting gerontology, dental, optometry and audiology services to meet the needs of the community across the YNLHN.
- Investigate opportunities to access and grow mental health services for older people in conjunction with the mental health team.
- Investigate ways to improve and increase access to regular, timely, consistent allied health and specialist nursing services within all aged care settings.
- Increase specialist skills and knowledge for allied health working in aged care settings.
- Advocate for regular accessible Dementia Support Australia Services.
- Upskill existing staff to improve expertise in dementia care.

AC5: Support consumers and their carers to negotiate the My Aged Care portal and engage providers.

- Improve access and raise awareness of services available from Council on the Ageing (COTA SA) and Community and Allied Health Services.
- Promote the role of the Health and Wellbeing Advisor to support families to navigate the aged care system.
- Develop a training resource for booking processes and My Aged care referrals to support Allied Health Assistants to assist and support clients and their families to navigate the aged care system.
- Engage interim services for consumers waiting for a package.

	<p>AC6: Enhance discharge planning processes to support the older person effectively transition from hospital to home.</p> <ul style="list-style-type: none"> • Provide education and training (at orientation and ongoing) for medical staff to enable timely discharge and appropriate referrals. • Educate and upskill staff in referral processes and the range of community services available. <p>AC7: Enhance community-based strategies to support the older person to stay safely within their home or aged care site</p> <ul style="list-style-type: none"> • Investigate opportunities for Nurse led clinics for patients with complex care needs in RAC sites or the home to reduce unnecessary hospital admissions. • Increase home based or alternative interventions that reduce the need for in-patient admissions • Develop suitable referral pathways for GPs and other community service providers to increase short term restorative care. • Improve referral processes and streamline administrative tasks (including development of work instructions). • Support early intervention, promotion and education for consumers accessing aged care services. <p>AC8: Continue to explore and review the use of digital technology to enable access to services as close to home as possible.</p> <ul style="list-style-type: none"> • Investigate options for the use of digital technology to support HCP and community aged care services. • Investigate the implementation of an electronic medication module, which will allow data entry at the point of care.
<p>Other considerations</p> <ul style="list-style-type: none"> • South Australia's Plan for Ageing Well 2020-2025 • YNLHN Aged Care Review 2020-2021. • YNLHN Aged Care Project 2022. • To be considered in conjunction with collective service improvements table. 	

EMERGENCY	
Current	Proposed
<p>Service Description Summary:</p> <p>All sites Level 2:</p> <ul style="list-style-type: none"> On-site 24-hour access to emergency registered nursing staff trained in triage and advanced life support (adults and paediatrics) and triage of all presentations. Capable of providing treatment for minor injuries and illnesses and treating acute illnesses and injuries. Provides resuscitation and stabilisation prior to admission and/or transfer to higher level service. Medical practitioner available on-call - 24 hours. <p>Current Analysis</p> <ul style="list-style-type: none"> 24/7 Service, meeting triage times. GP led on-call service, locum service at Peterborough. South Australian Virtual Emergency Service (SAVES) is utilised from 1900 to 0700 for category 3, 4 and 5 presentations. <p>There were 449 emergency presentations at the Booleroo Hospital in 2020-21. This is broken down by less than five triage 1 presentation, 36 triage 2 presentations, 105 triage 3</p>	<p>Service Description Summary:</p> <p>Maintain current level 2 services whilst exploring opportunities to meet future demand by seeking improvements in the following areas:</p> <p>ED1: Redesign and increase space/functionality to meet standards of emergency, considering:</p> <ul style="list-style-type: none"> Developing a master plan for each health service emergency department assessing each Accident and Emergency area against the SA Health Emergency Department Guidelines. Redesigning ambulance access to emergency departments to include sheltered drop off and pick up, improved signage and development of a traffic management plan. Reconfiguration of the Peterborough theatre into A&E space, including a quiet room to support the de-escalation of mental health patients in crisis. <p><i>(Individual site capital and equipment upgrades will directly inform each site infrastructure plan).</i></p> <p>ED2: Strengthen partnerships with community and allied health, SAAS and other relevant providers to prevent avoidable emergency presentations and hospital admissions considering:</p> <ul style="list-style-type: none"> Increasing staff awareness of the availability of the Rapid Intensive Brokerage Service (RIBS) to support hospital avoidance. Increasing linkages with metropolitan hospitals to support improved patient journey including the provision of timely discharge summaries. Working in partnership with Ambulance services and aged care facilities to develop targeted hospital avoidance pathways. <p>ED3: Improve the patient journey considering:</p> <ul style="list-style-type: none"> Development of culturally appropriate pathways within YNLHN for Aboriginal consumers accessing accident and emergency services. Identification of an equitable funding model for out of hours emergency department services billing.

presentations, 240 triage 4 presentations and 68 triage 5 presentations.

There were 1,067 emergency presentations at the Jamestown Hospital in 2020-21. This is broken down 9 triage 1 presentations, 77 triage 2 presentations, 293 triage 3 presentations, 511 triage 4 presentations and 177 triage 5 presentations.

There 332 emergency presentations at the Orroroo Hospital in 2020-21. This is broken down by less than 5 triage 1 presentations, 18 triage 2 presentations, 49 triage 3 presentations, 125 triage 4 presentations and 139 triage 5 presentations.

There were 853 emergency presentations at the Peterborough Hospital in 2020-21. This is broken down by less than 5 triage 1 presentations, 62 triage 2 presentations, 201 triage 3 presentations, 324 triage 4 presentations and 261 triage 5 presentations.

- Investigating opportunities within the community to support patient transport for out of hours discharges.
- Investigating options for the development of a multi-disciplinary team to support discharge planning and prevent re-presentations including allied health supports.

ED4: Continue to explore and review digital technology to enable safe, high quality services:

- Enhancement of the use of SAVES and other technology options including consideration for capacity, space and telehealth video triage support for out of town transfer.

We need to ensure services are comprehensive, affordable and accessible = survey respondent

Other considerations:

Rural SA Ambulance Service Workforce Plan 2020-25

To be considered in conjunction with collective service improvements table.

MEDICAL INPATIENT SERVICES	
Current	Proposed
<p>Service Description Summary:</p> <p>All sites Level 2:</p> <ul style="list-style-type: none"> • Providing both an ambulatory and inpatient service, including overnight nursing care and patients under the care of medical practitioners. • Inpatient services usually provided for low to medium acuity, single-system medical conditions with significant but stable co-morbidities. • Jamestown Hospital provides level 3 adult surgical services. <p>Current capacity:</p> <p>Booleroo Hospital has 18 multiday beds available, with an average of 11.9 occupied each night in 2020-21.</p> <p>Jamestown Hospital has 12 multiday beds available, with an average of 3.6 occupied each night in 2020-21.</p> <p>Orroroo Hospital has 7 multiday beds available, with an average of 2 occupied each night in 2020-21.</p>	<p>Service Description Summary:</p> <p>Maintain level 2 medical inpatient services and enhance patient care by seeking improvements in the following areas:</p> <p>MI 1: Review, improve and redesign facilities infrastructure to provide safe accessible service considering:</p> <ul style="list-style-type: none"> • Developing a master plan for each hospital health site. • The development of dedicated quiet spaces and identifying appropriate areas for the use as isolation rooms. • Redeveloping and refurbishing single rooms, adding an ensuite to meet acute and aged care standards. • Upgrading all staff accommodation. <p><i>(Individual site capital and equipment upgrades will directly inform each site infrastructure plan).</i></p> <p>MI 2: Develop a sustainable medical workforce plan to ensure services are provided that meet community need:</p> <ul style="list-style-type: none"> • Increase Allied Health Assistant positions to support inpatient and outpatient services. • Increase access to education and professional development with support to backfill the rosters to optimise nursing capability. • Audit staff discipline/skills and locations to determine gaps in FTE, position descriptions and geographic client needs. • Partner with Universities to develop a “Practicing skill set in Rural Nursing” and ensure this reflect rural nursing challenges. • Develop a succession plan and upskill trained surgical staff for Jamestown.

Peterborough Hospital has 19 multiday beds available with an average of 9.4 occupied each night in 2020-21.

*Booleroo beds available includes 6 acute beds and 12 long stay maintenance care beds

**Peterborough beds available includes 11 acute beds and 8 long stay maintenance care beds

Booleroo Centre Hospital there were 195 hospital separations in 2020-21.

Jamestown Hospital had 618 hospital separations in 2020-21.

Orroroo Hospital had 142 hospital separations in 2020-21

Peterborough had 327 hospital separations in 2020-21.

Jamestown Hospital had 188 adult surgical and 4 paediatric surgical hospital separations in 2020-21.

Jamestown Hospital had 33 obstetric separations in 2020-21.

Had minor surgery in Jamestown, having cancers taken off. "It is a brilliant service". "Nursing and Medical staff are brilliant" = survey respondent.

- Continue to upskill staff to ensure the provision of high-quality palliative care services.

MI 3: Explore opportunities to increase specialty services and introduce new models of care to meet community need:

- Ensure a planned approach to attracting specialists to meet the needs of our community (e.g. endocrinologist, palliative care, gerontologist, physician, medical oncology services, paediatrician, considering telehealth utilisation) across the YNLHN.
- Investigate opportunities with our community partners to implement regular, timely skin cancer checks for the community.
- Increase Allied Health and nursing specialist services based in the local community, developing a hub, which will then increase service capacity and strengthen a multi-disciplinary approach across the Mid North.
- Expand comprehensive care for chronic disease management and prevention in partnership with Community and Allied Health.
- Consider developing sustainable nurse practitioner models within the Mid North including nurse led clinics.
- Increase volunteer programs including volunteer management to assist with patient well-being and support.
- Identify and upskill champions staff in each Mid North site, considering TCP, Mental Health, specialist wound care, post op rehabilitation.
- Advocate for increased supportive services within the community, including out of hours care to decrease readmissions.
- Review mixed funding models in sites with aged care beds as part of the Aged Care review.
- Redesign services to be culturally appropriate.
- Investigate options to ensure more timely hospital transfers to metropolitan area.

MI 4: Explore opportunities for sustainable and safe specialist surgical services within Jamestown considering:

- Ongoing analysis of changing self-sufficiency to understand service profile needs and identify opportunities to retain and grow procedures.

	<ul style="list-style-type: none"> • Explore the feasibility and viability of the provision of a range of low risk surgical services to meet consumer needs. • Strengthen links with community health for continuity of care including Allied Health home care supports, primary care initiatives and surgery avoidance. • Increase the numbers of suitably credentialed operating theatre staff in surgical services. <p>MI 5: Improve community awareness within the Mid North and investigate opportunities for care to be provided as close to home as possible:</p> <ul style="list-style-type: none"> • Strengthen discharge planning to ensure seamless transition of care from hospital to home. • Increase linkages with metropolitan hospitals to support improved patient journey and the provision of timely discharge summaries. • Build and strengthen networks with metropolitan stakeholders to improve understanding about services and programs available within the Mid North and YNLHN to enable consumers to access these closer to home. • Improve referral pathways from hospital to community. • Improve management of patients awaiting residential aged care placements and or Transitional Care Packages, considering a mid-north hub for the management of TCPs. • Strengthen linkages between local GPs, allied health professionals and mental health service providers to increase awareness of services available, what they can offer and better understand current demands on services. • Link with the Mid North Passenger Transport Service to improve support for patients with transport needs and review YNLHN community transport service options. <p>MI 6: Improve support and management for patients with mental health and or drug and alcohol issues considering:</p> <ul style="list-style-type: none"> • Strengthened 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. • Advocating for additional in reach social supports for inpatient mental health/drug and alcohol patients.
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	<ul style="list-style-type: none"> Increased staff knowledge of services available to support remote access to mental health support/services. Enhancing clarity for staff about local referral pathways for people seeking assistance with drug and alcohol issues. Development of guidelines to support nursing staff when working with consumers with an eating disorder including clear referral pathways. <p>MI 7: Continue to explore and review the use of digital technology to enable safe, high quality services:</p> <p>Explore opportunities to use telehealth to improve communication within ward rounds and consider virtual rounds for complex clients linking with tertiary facilities.</p>
<p>Other considerations</p> <ul style="list-style-type: none"> To be considered in conjunction with collective service improvements table. 	

COMMUNITY and ALLIED HEALTH SERVICES	
Current	Proposed
<p>Service Description Summary:</p> <p>Community and Allied 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. <p>Multi-disciplinary teams provide 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>Service Description Summary:</p> <p>Maintain current services whilst exploring opportunities to grow services to meet future demand by seeking improvements in the following areas:</p> <p>ACH1. Review, improve and redesign facilities to grow a range of community services considering:</p> <ul style="list-style-type: none"> • Upgrade and modernize community health facilities, including designated purpose-built therapy spaces for specific client groups and treatments which are family friendly. • Upgrade accommodation for locums and students. <p>ACH2. Develop a comprehensive allied and community health recruitment and retention strategy considering:</p> <ul style="list-style-type: none"> • Partnering with universities to establish a dedicated clinical educator position for the YNLHN to support an increase in student numbers and develop remote learning options for allied health and nursing degrees. • Implementing and evaluating the TPPP nursing program. • Advocating for local driven community health services, within the mid north. <p>ACH3: Develop new service models across the continuum to complement existing out of hospital services within the Mid North:</p> <ul style="list-style-type: none"> • Develop a hub and spoke model for allied health and nursing services which is located within the Mid North catchment area. • Continue to develop a seven-day service for allied health, nursing and home support service to meet the growing demand for Home Care Packages, National Disability Insurance Scheme (NDIS) and palliative care services, including upskilling staff. • Consider part time options to attract allied health staff for a private and public model. • Develop a hub/drop-in service for Aboriginal people in the Mid North catchment area, considering a mobile option.

Current analysis:

In addition to the above services, which are all available throughout the LHN other services include:

- Aboriginal health
- Commonwealth Home Support Program (CHSP)
- Community Connections
- National Disability Insurance Scheme Services (NDIS), child (0-8 years old) and adult program
- Better Care in the Community (BCIC) – support from Wallaroo
- Palliative care, End of Life Program (EOLP)
- Aged Care Assessment Team (ACAT)
- Orthotics and Prosthetics (O&P)
- Rehabilitation inpatient services
- Transitional Care Packages (TCP), residential and community-based programs
- Rapid Intensive Brokerage Scheme (RIBS)
- Short term restorative care
- Child Health and Development (CHAD)
- Community nursing service
- Diabetic education service.

- Investigate the feasibility and viability of attracting visiting exercise physiology services and increased physiotherapy services within the Mid North.

- Investigate opportunities to increase paediatric specialist services within YNLHN.

ACH4: Continue to develop strategies to reduce potentially preventable admissions:

- Promote home tele-monitoring for people with chronic disease (Virtual Clinical Care).
- Increase access to specialty services across the Mid North including wound care, lymphoedema, continence, pain management, stomal therapy, burns, cancer care, breast care nurse model, chronic condition management, paediatrics including developing formal links with metropolitan specialist areas.
- Collaborate with SAAS to develop hospital avoidance strategies including palliative care patients.
- Build on learnings from the implementation of COVID 19 home-based programs.
- Work collaboratively with key stakeholders to further investigate identified epilepsy/ convulsions rates highlighted within the South Australian Review of Areas to Act (2021) for Peterborough.

ACH5: Improve the patient journey considering:

- Exploring the feasibility and viability to develop a patient navigator role to support complex cases within the community.
- Building and strengthening networks with metropolitan stakeholders to improve understanding of services and programs available within the Mid North and improve support for extended clinical advice.
- Reviewing and streamlining internal and external referral systems and pathways (metro, acute, self and general practitioners) in consultation with stakeholders to ensure the provision of timely and appropriate services including physiotherapy referrals.
- Reviewing funding and clinical priorities to ensure alignment with existing resources, considering access and response times.
- Supporting the development of improved pathways to enable appropriate discharge and alternative care options for long stay type patients in hospital awaiting residential care placement and improve communication strategies on discharge for consumers with multiple service providers.
- The development of an innovative, viable model to support discharge planning across Mid North health services considering a multi-disciplinary approach and exploring revenue options to support the model.

“Community nursing support give us a big morale boost and has been fantastic. Have also had the continence nurse who was very helpful and supported with the commonwealth paperwork. It is such a benefit with the girls coming to see you. They are able to keep an eye out in a discreet way”. = Client interview

- Increasing GP awareness of the short-term restorative care services to improve the uptake of these services.
- Review the TCP model of care for the YNLHN.

ACH6 Review business models that enable service provision considering:

- Advocating for PATS to continue to streamline administrative processes.
- Investigating and improving processes for streamlined payments and waivers for vulnerable clients and improve consumer billing and debt processes.
- Investigating potential new or untapped funding sources including ABF funding, Medicare options, and reconfiguration of the use of existing funding.

ACH7: Build partnerships and networks with public and private providers to support and improve health and wellbeing of the community considering:

- Advocating for improved access to support services including respite services, carer support services and domestic violence services within the Mid North.
- Strengthening our partnership with Country and Outback Health and Country PHN to have a trained accessible health clinician and improve referral pathways for young people living with an eating disorder and increasing primary health care initiatives to raise awareness of eating disorders and drug and alcohol issues within schools.

ACH8: Continue to explore and review the use of digital technology to enable safe, high quality service provision:

- Consider further development of telehealth (access to high resolution units like the SAVES units) to support allied health and specialist nursing services to access specialist and multi-disciplinary services
- Improve access to technology and point of care access for medical records and CCME.
- Expansion of the use of iPads and technology capability in the home.

Other considerations:

- The current partnership with SA Health Performance and Commissioning Team to review the intermediate care program.
- YNLHN Community and Allied Health Service Plan.
- To be considered in conjunction with collective service improvements table.

MENTAL HEALTH	
Current	Proposed
<p>Service Description Summary:</p> <p>Level 2:</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 a team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds. Medical services are provided on-site or near always provide rapid response. Service provision typically includes assessment, brief interventions, and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher-level mental health services; and referral, where appropriate. Voluntary admissions to mental health consumers who can be appropriately managed in a hospital environment. Initial mental health assessment (mental state examination and risk assessment). 	<p>Service Description Summary:</p> <p>Maintain level 2 mental health inpatient and Level 5 ambulatory mental health services and enhance patient care by seeking improvements in the following areas:</p> <p>MH1: Enhance the infrastructure to best meet the need of mental health clients considering:</p> <ul style="list-style-type: none"> The design and development of a quiet room in each hospital for mental health patients. Development of dedicated low stimulus rooms for inpatients within each hospital. Development of a Mental Health Hub within the YNLHN which will include acute, CMHT, and community-based programs. <p>MH2: Explore mental health service improvement opportunities and growth of new services to meet community need:</p> <ul style="list-style-type: none"> Develop an urgent care pathway for mental health services for the YNLHN. Investigate YNLHN model of care for mental health acute care crisis in negotiation with metropolitan units, (considering a business case for commissioned beds with the LHN). Upskill staff and collaborate with our partners to enable seamless and timely care for people in acute mental health crisis or those dealing with drug and alcohol issues. Increase access to specialist mental health services in the general acute service setting. Improve access to out of hours support, explore the potential to extend hours and the operating times of community mental health services. Investigate the potential for one of the sites in the Mid North to become a mental health centre service hub. Consider the feasibility of developing Mid North hubs, service of excellence. Explore strategies to improve support for consumers living with an eating disorder.

<ul style="list-style-type: none"> • 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. <p><u>Current capacity:</u></p> <p><u>Community Mental Health Team (CMHT)</u> <u>Ambulatory services</u></p> <p>Provides Level 5 services:</p> <p>The Lower North CMHT catchment covers Jamestown and MNMHT cover Peterborough, Orroroo and Booleroo Centre health unit catchment areas.</p> <ul style="list-style-type: none"> • Specialist mental health assessment, crisis intervention and care coordination for voluntary and involuntary consumers 16 years and over presenting with serious and/or severe mental health conditions. • Operates Monday to Friday 9 am to 5 pm. • Duty work service. • Assertive community intervention. • Therapeutic intervention. • Multi-disciplinary team. • Visiting consultant psychiatrist. • Access to tele-psychiatry assessment. • 24/7 urgent mental health assistance via rural and remote ETL 131465. 	<ul style="list-style-type: none"> • Investigate the feasibility of access to a resident psychiatrist in the YNLHN. • Investigate strategies to improve step down mental health care support for the transition from hospital to the community. • Explore opportunities to increase access to psychology services and specialist counselling services. • Investigate opportunities to develop a Mid North local counselor, patient navigator role or similar to support early intervention and prevention of crisis situations. • Advocate for inpatient mental health consultation-liaison clinician roles within YNLHN to improve patient care and integration between hospital and community mental health. • Investigate the development of a liaison consultation role to support local clinicians linking with State-wide Services. <p>MH3: Build partnerships and networks with public and private providers to support and improve the health and wellbeing of the community considering:</p> <ul style="list-style-type: none"> • Advocating with Headspace for increased youth mental health services for young people, including bullying prevention programs. • Advocating with DASSA for enhanced access to timely services for consumers presenting with alcohol and other drug issues. • Increased links with Aboriginal health workers and community members to improve cultural education and identify opportunities to work together for the provision of mental health services to Aboriginal people. • Advocating for increased psychosocial support services. • Increasing communication between services to better utilise stepped systems of care. • Advocating for curriculum endorsed mental health education and programs in schools. • Improve integration and referral pathways between services and general health care providers. • Continue to collaborate with SAPOL, Mental Health, SAAS and the Health Service to ensure improved understanding of referral and escalation pathways and develop timely and coordinated responses for mental health clients in crisis. • Link with transport providers to understand barriers to transporting acute patients and develop strategies for improvements.
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“Consider low literacy skills and lack of technology access within the community. (i.e. people with the most barriers to accessing services such as no internet, low education, no transport etc.) If you provide care at this level it will feed up to the highest denominator” = Clinician engagement.

- Develop clear and easily accessible information for the community and service providers about mental health services including CMHT and ETLS.
- Link closely with SAAS to develop targeted hospital avoidance referral pathways.
- Improve awareness and understanding of referral pathways for mental health services (types of services available, hours of services) including private providers.
- Explore opportunities to partner with NGOs, other government agencies (including the Department for Education; Country PHN (PHN); DASSA) and community groups to codesign and implement community resilience programs to support mental health and recovery, including response to COVID-19 and regional disasters.
- Consider opportunities to partner with Local Government, the PHN, NGO's and community networks to reduce the stigma of mental health in the community and to collaborate to provide and support mental health early intervention strategies in the community.

MH 4 Increase the skills and knowledge of the workforce to improve the patient journey:

- Increase education opportunities to upskill hospital staff including understanding referrals pathways for NGOs.
- Upskill coding staff to improve coding for mental health emergency presentations.
- Continue to increase GP awareness of the services available to support timely referrals, including Health Pathways.
- Increase cultural awareness, considering different cultural groups accessing our services.

MH 5 Continue to explore and review digital technology to enable safe, high quality services:

- Explore virtual clinical care service models that use remote telehealth support.

Other considerations:

- South Australia Mental Health Services Plan 2020-2025.
- YNLHN Mental Health Clinical Service Plan 2022-2027.
- To be considered in conjunction with collective service improvements table.

COLLECTIVE SERVICE IMPROVEMENTS ACROSS ALL PRIORITY AREAS

Proposed

Service Description Summary:

The health service sites in the Mid North area are committed to improving collaboration between our service departments, across YNLHN and partners to ensure each patient journey is built on integrated quality care. The following proposed strategies will require coordinated and committed implementation and should be considered for all priority areas:

CS 1: Prioritise the development of a sustainable medical service model.

- Implement the Rural Medical Workforce strategy.
- Advocate and promote career pathways for high school students.
- Develop specific promotional information for prospective GPs about the Mid North.
- Investigate and upgrade accommodation options.
- Together with the GP workforce and the YNLHN, develop a sustainable recruitment model for resident GPs within the Mid North.
- Investigate opportunities to introduce different service models, such as Nurse Practitioners, which complement and support medical services.

CS2: Develop a sustainable workforce plan to ensure services are provided that meet community need:

- Increase workforce recruitment and retention by working with councils to promote the Mid North as a desirable place to live, work and play.
- Explore accommodation options to attract staff to the area.
- Develop promotional information about the Mid North for GPs, nursing, and allied health prospective staff.
- Advocate for increased childcare providers in the Mid North.
- Streamline HR processes to ensure staff can work flexibly across sites.
- Work closely with the CenStaR team to ensure an effective and responsive approach to recruitment which meets local needs.
- Develop creative ways to grow and support our current staff to increase their skills and knowledge and develop a cohesive, positive workplace culture.
- Expand partnerships with TAFE, schools, and Universities to improve education pathways for students, including opportunities for student placements.
- Develop education, training and mentoring opportunities to strengthen staff skills with support to backfill the rosters to optimize nursing capability.

- Implement the Rural Health Workforce Strategy and include strategies to improve recruitment and retention.
- Advocate for permanent positions rather than short-term contracts and develop succession plans.
- Develop a framework and explore opportunities to enable all clinicians to work to their full scope of practice.
- Develop flexible service models and employment options to support allied health assistants to work and study at the same time.
- Establish a formal exchange program with metropolitan and country health services to provide opportunities for interested staff to upskill in specialized areas and optimize training opportunities and access to clinical support through technology.
- Create opportunities for local employment including increasing and developing volunteer model. Partner with schools to promote career pathways and promote local scholarship opportunities.
- Support the Rural Health Workforce Strategy (RHWS) pipeline workforce model (grow your own) including clinical leadership capability, capacity and sustainability.
- Increase access to education, professional development and networking opportunities for all staff.

CS3: Improve community awareness of services available considering:

- Continual promotion of services to the community, through the YNLHN Communications Team including regular articles in the local Council newsletters, Community Notice Boards, YNLHN social media and the Mid North HAC Facebook page.
- Development of a community education plan within the Mid North to improve community awareness and knowledge of prevention of avoidable emergency presentations.
- Linking closely with Country SA PHN to increase primary health initiatives and map current services, including private and public services and NGOs and update a live directory of services.
- Increase the awareness of services available by regularly update consumers via community support groups.
- Working with GPs to strengthen knowledge and awareness of services available to enable appropriate referral.
- Continually promote opportunities and avenues for consumer feedback.

CS 4: Support and improve the health and wellbeing for people living with a disability considering:

- Building partnerships and local connections with NGO disability providers to improve timeliness of NDIS plan development and timely service delivery to NDIS package consumers.
- Identify funding sources for consumers that do not fit the NDIS criteria and identify easy-to-interpret pathways for access.

- Explore opportunities to increase specialty allied health services for people living with a disability considering linking remotely with specialist allied health in the metropolitan area.
- Explore the feasibility to implement a support coordinator within the YNLHN.
- Develop a flow chart for health service workers to support improved understanding of NDIS options and problem resolution. (e.g. where, who, when, how to contact: for specific enquiries).
- Work with the local councils to advocate for increased accommodation options for younger people and investigate opportunities to increase respite options including in home options for people living with a disability.

CS 5: Continue to explore and review digital technology to enable safe, high quality services:

- Investigate opportunities for increased use of telehealth services and increase access to specialist services.
- Link with state-wide services to explore options for integration of electronic medical records, secure communication/messaging, unique UR number and consistent communication systems across the LHN.
- Improve digital literacy to increase capability of staff in existing and new technology.
- Advocate for improved broadband, hospital Wi-Fi access for patients and staff at all health sites.

Other considerations:

- SA Rural Nursing and Midwifery Workforce Plan 2021-2026.
- SA Rural Allied and Scientific Workforce Plan 2021-2026.
- SA Rural Aboriginal Health Workforce Plan 2021-26.
- SA Rural Oral Health Workforce Plan 2021-26.

CLINICAL SUPPORT SERVICES		
Service and CSCF descriptor level	Service Capacity	Proposed service improvements
<p>Diagnostic Medical Imaging</p> <p>All sites Level 1</p>	<ul style="list-style-type: none"> Provides low-risk ambulatory care services during business hours and may provide some limited after-hours services. Involves a mobile general x-ray unit and is predominantly delivered by X-ray operators. Computed radiography equipment is available to acquire images and facilitate image transfer. Must have documented processes with a public or suitably licensed private health facility for patient referral and transfer to/from a higher level of service. 	<ul style="list-style-type: none"> Maintain existing services on all sites Consider upskilling/ training credentialled staff to increase the capacity to undertake simple X-rays. Advocate for the availability of an MRI service in YNLHN. Ensure up to date, compatible ICT systems to enable digital platforms to link. Continue to work with transport providers to ensure improved access for consumers needing to travel to Port Pirie and Port Augusta for medical imaging services.
<p>Pathology</p> <p>All sites Level 2</p>	<ul style="list-style-type: none"> No on-site laboratory but has access to point-of-care testing. Qualified staff available to collect and transport specimens via a SA Pathology courier to the nearest laboratory. May have on-site blood storage, but cross-matched blood - managed by the off-site laboratory - is available locally, which is applicable to the facility. 	<ul style="list-style-type: none"> Work with SA Pathology to explore opportunities to increase to a seven-day/after-hours service, including pathology collection.

<p>Pharmacy</p> <p>All sites Level 1</p>	<ul style="list-style-type: none"> • Provides services to ambulatory populations with low medication risk. • Prescriptions can be filled at local pharmacy within each Mid North town where accessible, efficient, and clinically appropriate. 	<ul style="list-style-type: none"> • Maintain existing arrangements with local Pharmacies. • Continue supply of medication out-of-hours via Rural and Remote medication Policy and Procedure. • Continue to develop a desktop audit with SA Pharmacy to identify options for a YNLHN pharmacy service delivery model to gain a consistent standard across the LHN.
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3. Other factors for consideration

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

- Mid North Service Profile (April 2021)
- Mid North Workforce Profile (October 2021)
- YNLHN – Mental Health Addendum (September 2021)
- YNLHN – Community Health Addendum (October 2020)
- Clinician Engagement Findings Up (November 2021)
- Community Engagement Findings (December 2021).

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

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

4.1 Infrastructure, assets and equipment

A summary of the priorities from the service plan that have the infrastructure and capital implications is provided below. The identified improvements will be considered in developing a master plan for the sites in the Mid North of YNLHN.

Aged Care

- Reviewing future demand to increase or decrease bed numbers according to community need and YNLHN aged care planning models and plan for infrastructure changes accordingly.
- Creating single rooms with ensuites for residents.
- Reconfiguring and refurbishing space to make aesthetics homely and less clinical.
- Ensure external environments are considered in future planning as per aged care standards.
- Additional storage space for each health unit, including internal and external space.
- Reviewing recreation areas with various lounge areas options for additional services and treatments.
- Continuing to consult with consumers and their carers to ensure infrastructure meets the needs of the community.

- Reviewing Peterborough Aged Care master plans in accordance with emerging aged care standards as a priority project.
- Continue to advocate for continual maintenance of sites providing residential aged care.

Emergency

Redesign ambulance access to emergency departments to include sheltered drop-off and pick up, improved signage and development of a traffic management plan.

Jamestown

- Upgrading wooden cupboards and storage areas to meet current infection control standards.
- Changing the private shower area to an A&E waiting room to increase privacy.

Orroroo

- Improving storage in an emergency to strengthen compliance with infection control standards.
- Investigating swipe card access.
- Develop a dedicated quiet room.

Booleroo Centre

- Purchase high-flow nasal oxygen equipment and develop an isolation room to include windows, external access, and plumbed oxygen and suction. Acquire video laryngoscope.
- Investigating options to ensure a room is available to isolate respiratory patients.

Peterborough

- Identification of a room to be used to isolate respiratory patients.
- Reconfiguring the old theatre into A&E space, including a quiet room to support the de-escalation of mental health patients in crisis. Inclusion of storage space that complies with infection control standards.

Medical inpatients

- Developing a master plan for each hospital health site.
- The development of dedicated quiet spaces and identifying appropriate areas for use as isolation rooms.
- Redeveloping and refurbishing single rooms, adding an ensuite to meet acute and aged care standards.
- Upgrading all staff accommodation.

Jamestown

- Resealing the driveway at the front entrance.
- Installation of bathrooms in private rooms.
- Involving the community in redesigning the outpatient area and administration office area. Considering options for local artwork and/or murals at the entrance.

Orroroo

- Increasing storage space, tiling the utility room and reconfiguring the linen area.
- Refurbishing rooms to meet acute and aged care standards.
- Redeveloping single rooms, adding an ensuite.

Booleroo Centre

- Explore redevelopment of all single rooms to include bathrooms. Establish a quiet room for mental health inpatients.
- Installation of high flow nasal oxygen.
- Upgrade the locum flat at the hospital, specifically the kitchen and bathroom, to accommodate relieving locums.

Peterborough

- Redesign the outpatient department, including storage space, to ensure compliance with infection control standards.

Community and Allied Health

- Upgrade and modernize community health facilities, including designated purpose-built therapy spaces for specific client groups and treatments which are family friendly.
- Upgrade accommodation for locums and students.

Mental Health

- Develop a quiet room in each hospital for mental health patients.
- Develop dedicated low stimulus rooms for inpatients within each hospital.
- Developing a Mental Health Hub within the LHN, which will include acute, CMHT, and community-based programs.

4.2 Workforce

Workforce planning will be a key consideration and should be undertaken in consultation with the Rural Health Workforce Strategy Implementation Manager and the Director, People and Culture, YNLHN. Specific workforce considerations identified through the service planning process and outlined in the service priority tables include:

Aged Care

- Working with education providers to identify and offer traineeships and develop aged care career pathways.
- Considering scholarship and cadetship models within the local area to increase personal care worker workforce.
- Promoting and rebranding aged care as an inspiring, rewarding career choice.
- Investigating opportunities to further develop TPPP in Aged Care facilities.
- Reviewing RN full time equivalent staffing to ensure the right skill mix within aged care.
- Actively working with Country Health Connect (CHC) to support Personal Care Workers working across CHC and aged care services to support the client to have familiarity and consistent workers throughout their care.
- Review roles and classifications in catering and maintenance services to ensure they reflect the responsibilities of these roles in meeting aged care standards.
- Considering strategies to support improved recruitment and retention within small communities.
- Increase HCP workforce, including home care and maintenance staff.

- Investigate opportunities to increase staffing for community respite support services within the Mid North.
- Advocate for local driven community health services within the Mid North.

Inpatient

- Increase Allied Health Assistant positions to support inpatient and outpatient services.
- Increase access to education and professional development with support to backfill the rosters to optimise nursing capability.
- Audit staff discipline/skills and locations to determine gaps in FTE, position descriptions and geographic client needs.
- Partner with Universities to develop a “Practicing skill set in Rural Nursing” and ensure this reflect rural nursing challenges.
- Develop a succession plan and upskill trained surgical staff for Jamestown.
- Continue to upskill staff to ensure the provision of high-quality palliative care services.

Community and Allied Health

- Partnering with universities to establish a dedicated clinical educator position for the YNLHN to support an increase in student numbers and develop remote learning options for allied health and nursing degrees.
- Implementing and evaluating the TPPP nursing program.
- Advocating for local driven community health services within the Mid North.

Collective Service Improvements

- Increase workforce recruitment and retention by working with councils to promote the Mid North as a desirable place to live, work and play.
- Explore accommodation options to attract staff to the area.
- Develop promotional information about the Mid North for GPs, nursing, and allied health prospective staff.
- Advocate for increased childcare providers in the Mid North.
- Streamline HR processes to ensure staff can work flexibly across sites.
- Work closely with the CenStaR team to ensure an effective and responsive approach to recruitment which meets local needs.
- Develop creative ways to grow and support our current staff to increase their skills and knowledge and develop a cohesive, positive workplace culture.
- Expand partnerships with TAFE, schools, and Universities to improve education pathways for students, including opportunities for student placements.
- Develop education, training and mentoring opportunities to strengthen staff skills with support to backfill the rosters to optimize nursing capability.
- Implement the Rural Health Workforce Strategy and include strategies to improve recruitment and retention.
- Advocate for permanent positions rather than short-term contracts and develop succession plans.
- Develop a framework and explore opportunities to enable all clinicians to work to their full scope of practice.

- Develop flexible service models and employment options to support allied health assistants to work and study simultaneously.
- Establish a formal exchange program with metropolitan and country health services to provide opportunities for interested staff to upskill in specialized areas and optimize training opportunities and access to clinical support through technology.
- Create opportunities for local employment, including increasing and developing a volunteer model. Partner with schools to promote career pathways and promote local scholarship opportunities.
- Support the Rural Health Workforce Strategy (RHWS) pipeline workforce model (grow your own), including clinical leadership capability, capacity, and sustainability.
- Increase access to education, professional development and networking opportunities for all staff.

4.3 Digital Technology

Aged Care

- Investigate options for the use of digital technology to support HCP and community aged care services.
- Investigate the implementation of an electronic medication module, which will allow data entry at the point of care.

Emergency

- Enhancement of the use of SAVES and other technology options, including consideration for capacity, space, and telehealth video triage support for out-of-town transfer.

Medical Inpatients

- Explore opportunities to use telehealth to improve communication within ward rounds and consider virtual rounds for complex clients linking with tertiary facilities.

Community and Allied Health Services

- Consider further development of telehealth (access to high-resolution units like the SAVES units) to support allied health and specialist nursing services to access specialist and multi-disciplinary services
- Improve access to technology and point of care access for medical records and CCME.
- Expansion of the use of iPads and technology capability in the home.








Mental Health

- Explore virtual clinical care service models that use remote telehealth support.

Collective Service Improvements

- Investigate opportunities for increased telehealth services and increased access to specialist services.
- Link with state-wide services to explore options for integrating electronic medical records, secure communication/messaging, unique UR number and consistent communication systems across the LHN.
- Improve digital literacy to increase staff capability in existing and new technology.
- Advocate for improved broadband hospital Wi-Fi access for patients and staff at all health sites.

4. Service Plan Endorsement

Responsible Person	Signature
YNLHN Chief Executive Officer, Roger Kirchner	 13/5/2022
YNLHN Executive Director, Community and Allied Health, Melissa Koch	 13/5/2022
YNLHN Director Mental Health, Judy O'Sullivan	 13/5/2022
YNLHN Acting Regional Director/Nursing and Midwifery, Sue Watkins	13/5/2022 
Acting EO/DONM Jamestown and Peterborough Tess Noonan	13/5/2022 
EO/DONM Orroroo Hospital Joan Luckraft	 12/5/2022
EO/DONM Booleroo Hospital Ryan Ackland	 12/5/2022

5. Appendices

Appendix A: Terms of Reference

Mid North Health Service Steering Group

Scope and Purpose

The purpose of the service design team is to coordinate a co-design approach to service planning and to provide advice and direction to the YNLHN *Governing Board and Executive* regarding the development of a Service Plan for Mid North Health (including Peterborough, Booleroo Centre, Orroroo and Jamestown).

Scope of Service Plan

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

Design Group Role

The design team's primary role is to:

LEARN: gain a comprehensive understanding of the current service and context through:

- Developing a deep understanding of consumers and their journeys.
- Understanding the needs that exist from a population perspective.
- Revealing insights from current health service utilisation data about projected service need and opportunities for future self-sufficiency.
- Considering existing plans for the Mid North community to determine the future implications for the health service.
- Gaining an understanding from local clinical leaders and subject-matter-experts about the current situation and potential areas of focus.
- Examining contemporary research and innovative practice to pin-point opportunities.
- Identify and engage other stakeholders as required to contribute to the service planning process.

DEFINE: define insights on the opportunities that exist to:

- improve the consumer journey.
- increase self-sufficiency.
- increase efficiency of the system as a whole.
- improve the health of our populations.
- enhance the experience of providing care for staff.
- provide feedback on recommendations and priorities to the YNLHN Executive and Governing Board as they are developed.

IDEATE: identify ideas for future improvements though:

- coordination of relevant workshops with clinicians, staff, community, consumers and other key stakeholders.

- presentation of key findings/insights to inspire clinicians, staff, community, consumers and other key stakeholders to discover ideas for future service provision.
- facilitation of a judgment free environment that generates open minded and innovative ideas.
- provision of advice to YNLHN Executive and Governing Board on future scope of services and capacity.

CREATE: develop a draft service plan based on advice and recommendations from engagement processes and the examination of quantitative and qualitative data that:

- considers future demand across inpatient, emergency, community health, aged care and other priority areas for the service.
- recommends future service options.
- determines further analysis or input required
- considers alignment with the CSCF
- reviews and edits versions of the service plan as it is developed gaining group consensus
- evaluates the service planning approach
- is forwarded to YNLHN Executive and the Governing Board for consideration and final approval

Reporting

The Mid North design team 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

- > Steve Richmond, Presiding Member, Mid North Health Advisory Council
- > Rowena Conway, GP Representative
- > Joan Luckraft, Executive Officer/Director of Nursing and Midwifery, Ororoo Hospital.
- > Ryan Ackland, Executive Officer/Director of Nursing, Booleroo Centre and Laura.
- > Tess Noonan, Acting, Executive Officer/Director of Nursing, Jamestown and Peterborough.
- > Tanya Seddon, Aged Care, Nurse Unit Manager, Mid North.
- > Marie Borgas, staff representative.
- > Melissa Koch, Executive Director of Community and Allied Health, YNLHN.
- > Sarah Ashby, Community Health representative, YNLHN.
- > Michael Eades, Executive Director of Nursing and Midwifery, YNLHN
- > Elizabeth Bennett, Yorke and Northern Midwifery Group, YNLHN. Elise Bell (proxy).

- > Judy O'Sullivan, Director Mental Health, YNLHN
- > Tracey Stringer, Senior Project Officer, Planning and Population Health YNLHN
- > Kerry Dix A/Manager Planning and Population Health, Service Redesign, RSS.
- > Donna Brown, Implementation Manager, Rural Health Workforce Strategy
- > Kirsty Palmer, Administration support, YNLHN (Ex-Officio)

Member responsibilities

The Mid North design team 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 Design Group including:

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

The LHN will provide support to the Design 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 stakeholder 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 7 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 Wednesday of the month.

Location

- > Alternate Jamestown and or video option.

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 7 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 5 days prior to the meeting.

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

Minutes

Minutes are to be prepared and forwarded to the Chairperson for consideration no more than one week post the meeting date. Minutes will be distributed to all members, providing they did not have a conflict of interest in a matter, along with an action list within 14 calendar days of the meeting.

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

The YNLHN Senior Project Officer – Planning and 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.

Process Timeline

1st Meeting of Design Group: <ul style="list-style-type: none"> Setting the scene and key milestones Development of Terms of Reference SWOT of current and future service Initial analysis of demographic and health utilisation data profile and identify other data requirements. 	May 2021
2nd and 3rd Meeting of Design Group:	June/July 2021

<ul style="list-style-type: none"> • Determination of wider engagement approach and development of Communication Plan. • Ongoing analysis of demographic and health utilisation data profile and identify other data requirements • Plan and conduct community/consumer/key stakeholder engagement 	
4th and 5th Meeting of Design Group <ul style="list-style-type: none"> • Ongoing analysis of demographic and health utilisation data profile and identify other data requirements • Continue community consumer/key stakeholder engagement • Consider recommendations / feedback from the community/consumer/key stakeholder engagement • Consider suitable models of care. • Plan clinician engagement. 	August/September 2021
6th Meeting of Design Group <ul style="list-style-type: none"> • Conduct clinician engagement. 	October 2021
7th Meeting of Steering Group <ul style="list-style-type: none"> • Consider recommendations / feedback from the clinician engagement workshops and community engagement • Co-develop future service strategies for draft service plan 	November/December 2021
8th and 9th Meeting of Steering Group: <ul style="list-style-type: none"> • Review and finalise draft service plan for endorsement by board • Identify any further analysis required • Evaluate service planning approach <p>Submit final draft plan to YNLHN Executive and Governing Board</p>	January/February 2022

Approved by Governance Committee	Date

Appendix B: Glossary

ABS – Australian Bureau of Statistics
ACAT – Aged Care Assessment Team
ACL – Advanced Clinical Leads
BCIC – Better Care in the Community
CALD – Culturally and Linguistically Diverse
CAMHS – Child and Adolescent Mental Health Services
CHC – Country Health Connect
CHAD - Child Health and Development
CHSP – Commonwealth Home Support Program
CMHT – Community Mental Health Team
CSCF – SA Health Clinical Services Capability Framework
DASSA – Drug and Alcohol Services South Australia
ED – Emergency Department
EMR- Electronic Medical Record
ETLS – Emergency Triage and Liaison Service
FTE – Full time equivalent
GP – General Practitioner
HAC- Health Advisory Council
HACC – Home and Community Care
HCP – Home Care Packages
LHN – Local Health Network
Multi day separations - a discharge from hospital following admission for more than 24 hours
NDIS – National Disability Insurance Scheme
NGO – Non-Government Organisation
NUM- Nurse Unit Manager
ORMIS- Operating Room Management System
QRSOC – Quality, Risk and Safety Operational Committee
RHWS – Rural Health Workforce Strategy
RIBS – Rapid Intensive Brokerage Scheme
RSS – Department for Health and Wellbeing - Rural Support Service
SA – South Australia
SA2 - Statistical Area 1 - is the fourth smallest geographical area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Mesh Blocks
SA2 - Statistical Area 2 - is the third smallest geographical area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Statistical Areas Level 1 (SA1s)
SAAS – South Australian Ambulance Services
SAPOL- South Australian Police
Same day separation - a discharge from hospital less than 24 hours after admission
SAVES - South Australian Virtual Emergency Services
Self-sufficiency – inpatient activity undertaken within hospitals and health service sites within the geographical catchment area
Separations (SEPS) - the process by which an episode of care for an admitted patient ceases
TCP – Transition Care Program
TPP – Transition to professional practice program.
TOR – Terms of Reference
VMO- Visiting Medical Officer
webPAS – Patient Administration System

For more information

Roger Kirchner

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 Follow us at: facebook.com/YNLHN

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