



Mid North  
10 Year Local Health Service Plan

2011 – 2020

Mid North Health Advisory Council  
Mid North Health Service  
Country Health SA Local Health Network



Government  
of South Australia

SA Health

# 10 Year Local Health Service Plan

## Mid North Health Service

2011 - 2020

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## 1. Executive Summary

The Mid North cluster comprises health services Mid North Health – Jamestown, Booleroo Centre, Peterborough and Orroroo Hospitals; Southern Flinders Health – Crystal Brook and Laura Hospital and Gladstone Health Centre; Port Pirie Health Service; and Port Broughton Health Service. These sites provide a range of accident and emergency, acute inpatient, elective surgery, maternal and birthing, community health, aged care, outpatients and various associated clinical support services to their communities. The Mid North Aboriginal Health Service comes under the umbrella of the Mid North cluster Community and Allied Health Service at Port Pirie.

The catchment area lies within the lower Flinders Ranges and covers an area in excess of 54,000 square kilometres. It includes the city of Port Pirie and is spread from the coastal areas of Port Broughton, Port Pirie and Port Germein east to the hinterland bordering New South Wales. The most distant health service (Orroroo) is located 102 kilometres from Port Pirie.

The Mid North cluster has an ageing population which is projected to increase. Transport services across the Mid North cluster are minimal with a bus service once a week for most service areas to Port Pirie. The highest percentage of hospital inpatient activity is for people aged 65 years and over. 75% – 85% of all separations reside in the catchment area of each of the health services. General medicine and cardiology are prevalent in the top 5 conditions for all health units in the Mid North cluster. The prevalence of cardiovascular disease in the Mid North is 9.6% which is higher than for country South Australia and South Australia in total. 84% of emergency presentations are triage 4 or 5 (lower acuity which need to be seen within one to two hours of presentation).

The planning process has been led by the Mid North Cluster Executive and the four Health Advisory Councils and supported by the Service Planning Committee. The role of the Health Advisory Councils has been to engage with community and key stakeholders and to support the establishment of proposed models of care which meet identified needs. A Local Liaison Service Development Manager was appointed in April 2009 to work with the Executive Committee, Service Planning Committee and the four Health Advisory Councils in the implementation of the planning process across the cluster.

### **The key emerging themes identified through the planning process include:**

- Access to drug and alcohol services in a timely manner.
- Access to mental health services in a timely manner.
- Access to and waiting times for medical specialists.
- Access to health information which is provided in a language which is easily understood by the community in general.
- Availability, coordination and access to allied health services (i.e. podiatry, physiotherapy) which meets demand.
- Service planning aligned with national screening programs (i.e. bowel screening programs).
- A range of health services, including but not exclusive to, accident and emergency, acute inpatient, aged care, allied health, outpatient, primary health care and out of hospital services (based on GP Plus service delivery model principles) to be maintained locally.
- Services across the Mid North Cluster to promote and maintain an 'aged care friendly' focus.
- Where it is not possible to have services locally, a flexible, affordable and responsive transport and accommodation option to be available.
- Ability to maintain a medical, nursing, allied health and volunteer workforce to meet the needs into the future.
- Access to local dialysis services.
- Information and communication technology (ICT) infrastructure and connectivity, secure messaging, sharing of information across service providers, telehealth and telemedicine into the future are key requirements for health service delivery in the future.

- Strengthening relationships across government and non government sectors.
- Cultural respect for Aboriginal people within health services to be maintained and enhanced.
- Statewide planning is strengthening out of hospital services (based on GP Plus service delivery model principles) to improve and maintain people's health.

### Recommended Models of Care

As a result of the 10 year planning process, the following model of care for each service category is recommended for the Mid North cluster to meet the current and future health needs of the Mid North cluster population.

- **Accident and Emergency services** - maintain 24 hour access to Accident and Emergency in all health units, with improved access to mental health emergency response. Nurse led clinics and improved protocols to reduce non-essential emergency presentations.
- **Acute inpatient services** - maintain acute beds for appropriate care in all health units with access to medical services locally. Explore opportunities for transitional mental health beds, specialist paediatric service and dialysis in Port Pirie.
- **Surgical services** - A Mid North Cluster theatre team comprising workforce from health services across the Mid North cluster. Maintain provision of a broad range of surgical services at Port Pirie with enhanced telehealth and videoconferencing locally for pre and post surgical care. Low risk surgical services available in designated health services where appropriate with step down service available locally. On site anaesthetic service 24/7 in Port Pirie which builds on the existing visiting rotational service.
- **Maternal and Birthing Services** - a maternal care service for Mid North cluster which further strengthens primary health care, early intervention, ante and post natal care as close to home as possible with intra-partum (birthing) services provided in birthing centres where appropriate. Each woman to have a nominated midwife in collaboration with a general practitioner and/or an obstetrician / GP obstetrician utilising shared care model of service building on current work occurring in the Mid North cluster. The model to be supported by specialist paediatrician and obstetrician in Mid North cluster. An internal review of maternal services in the Mid North cluster is to be undertaken in 2010 to further develop model with improved patient journey for higher risk birthing women and neonates.
- **Aged Care services** - a seamless service from community to end of life with a 'one stop shop' concept with each client having a dedicated nominated carer and case manager with services as close to home as possible. The focus to be on managing and keeping people at home. Some services to be mobile and access to high care dementia facility within the Mid North cluster. Aged care places to be maintained at each local health service.
- **Primary Health Care Programs and Out of Hospital Services** - based on GP Plus service delivery model principles with services close to home based on changing needs of population. Clients to have a single record with the service being seamless, to include nurse led clinics and a focus to be on self management programs and in home service delivery models.
- **Outpatient Service** - a service (without walls, not a department) which provides services in varying ways ( in home, clinic room, community. Provision of virtual rooms for follow-up care and other appropriate services to reduce the impact of patient journey. A specialist Mid North cluster chemotherapy team providing services as close to home as possible. Clinician led clinics for minor procedural work.
- **Palliative Care Service** - maintain current Mid North cluster palliative care and develop a cancer care model based on the palliative care model of care.
- **Respite service** - a flexible coordinated interagency model across the Mid North cluster with a dedicated respite place in every health service that is flexible and provided in a home-like environment.
- **Mental Health Service** – A multi-disciplinary and partnership service model from birth to death with equitable concentration of resources. The model to build on the strengths of the Building the Links and Red Cross buddying model. Improved access to specialist mental health services through increased visiting and use of telehealth network for videoconferencing. Psychiatry services available within the cluster.
- **Aboriginal Health Service** - Mid North cluster approach with workers co-located across the cluster, with greater percentage of Aboriginal people as employees which provides a 'one stop shop' style of centre. A medical service and drug and alcohol worker to be aligned to the Aboriginal Health service in the Mid North cluster.

- **Early Childhood Service** - one stop wellness centre which is inter-agency. Model to support a mobile service across the Mid North cluster and a resident paediatrician.
- **Medical Specialist** - Enhanced service based on the identified priority needs of the Mid North cluster with virtual rooms available across the cluster as close to home as possible for follow up care.
- **Allied Health Service** - Integrated public/private allied health service which supports allied health student training models enabling clients to return to home as soon as practical with rehabilitation support utilising telemedicine and videoconferencing.
- **Dialysis Service** - co-located at Port Pirie Regional Health Service with four dedicated chairs to provide sixteen clients with dialysis (this has been approved by the Minister).
- **Dental Health Service** - Enhanced service integrated in the GP Plus Centre in Port Pirie.
- **Drug and Alcohol Service** - a dedicated prevention and early intervention service for clients who suffer the effects of drug and alcohol use and also a dedicated Aboriginal prevention and early intervention service for drug and alcohol problems. Increase in access to specialist drug and alcohol services with a detoxification unit aligned with it.

## 2. Catchment summary

### **Introduction**

The Mid North cluster (Health) has a population of approximately 28,700 residents living within eight Statistical Local Areas (SLAs). Geographically it lies within the Southern Flinders Ranges and covers an area in excess of 54,000 square kilometres. It includes the regional centre of Port Pirie and is spread from the coastal areas of Port Broughton, Port Pirie and Port Germein east to the hinterland bordering New South Wales. Local Government areas within the Mid North cluster include the following (note the Unincorporated Pirie SLA is not covered by a Local Government area):

- Barunga West District Council
- Northern Areas District Council
- Mount Remarkable District Council
- Orroroo/Carrieton District Council
- Peterborough District Council
- Port Pirie Regional Council
- Part of Regional Council of Goyder (south of Peterborough)

Of all the health services within the Mid North cluster, the Orroroo Health Service is the most distant from Adelaide (263 kilometres) and 102 kilometres from Pt Pirie. Port Broughton and Jamestown are both approximately 150 kilometres from Port Augusta. Port Pirie is the closest regional centre for all health services except in the case of Orroroo which is closer to Port Augusta (95 kilometres). The following map highlights the catchment area.



Source: [www.atlas.sa.gov.au](http://www.atlas.sa.gov.au)

### **Population**

The resident population for the catchment is 30,509 (DPLG 2011 Population Projections) with approximately 55% of this population residing in the Port Pirie catchment area. The catchment area has a lower proportion of Aboriginal and Torres Strait Islander population when compared with country South Australia but a higher proportion than for South Australia in total. Overall the South Australian Aboriginal and Torres Strait Islander population is projected to increase by 2% to 2021. In the Port Pirie area, Aboriginal and Torres Strait Islander people represent 2.4% of the catchment area. Approximately 4.1% of the Port Pirie catchment population speak a language other than English at home, compared with 3.9% across country South Australia.

The demographics of the catchment area highlight a higher proportion of people in the 45-84 and 85 years and over age groups when compared with country South Australia and for South Australia in total. The 45-84 year age group is projected to increase over the next 15 years. In most areas of the Mid North cluster the projected population is expected to decrease slightly or remain similar to current population counts. However the Port Broughton and Port Pirie catchment areas are projected to increase slightly. In the 5 year period 2001 to 2006 the population in the catchment areas of Mid North Health and Crystal Brook decreased slightly and Port Broughton, Port Pirie and Laura catchment areas increased slightly. The fertility rate for the Mid North cluster catchment area (average 2.23) is higher than the South Australian rate (1.82). The indirect standardised death rate for the Mid North cluster catchment area is slightly lower (average 6.08) than the South Australian rate (6.1).

**Table 1: Mid North Population**

	Port Pirie	%	Port Brought on	%	Mid North Health	%	Southern Flinders	%	Mid North Cluster No.	Mid North Cluster %	Country SA %	South Australia %
<b>Total Population</b>	<b>16,722</b>		<b>2,120</b>		<b>7,552</b>		<b>4,115</b>		<b>30,509</b>			
Males	8,287	49.6%	1,101	51.9%	3,910	51.8%	2,109	51.3%	15,406	50.5%	50.5%	49.4%
Females	8,435	50.4%	1,019	48.1%	3,643	48.2%	2,006	48.7%	15,103	49.5%	49.5%	50.6%
0-14 yrs	3,247	19.4%	344	16.2%	1,261	16.7%	750	18.2%	5,601	18.4%	20.4%	18.5%
15-24 yrs	2,120	12.7%	200	9.4%	892	11.8%	519	12.6%	3,730	12.2%	11.4%	13.3%
25-44 yrs	3,854	23.0%	424	20.0%	1,528	20.2%	839	20.4%	6,646	21.8%	25.1%	26.7%
45-64 yrs	4,320	25.8%	684	32.3%	2,389	31.6%	1,243	30.2%	8,637	28.3%	27.3%	26.1%
65-84 yrs	2,729	16.3%	403	19.0%	1,270	16.8%	643	15.6%	5,045	16.5%	13.9%	13.4%
85 yrs and over	452	2.7%	65	3.1%	213	2.8%	120	2.9%	850	2.8%	1.8%	2.0%
Aboriginal & Torres Strait Islander*	379	2.4%	19	1.0%	140	2.0%	60	1.5%	598	2.1%	3.1%	1.7%
CALD (Speaks a language other than English at home)*	643	4.1%	13	0.7%	108	1.5%	63	1.6%	827	2.9%	3.9%	12.2%

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

\*Source: 2006 ABS Census

The catchment area is part of the Flinders Ranges which attracts many tourists each year. The southern part of the catchment area (Port Broughton) is part of the Yorke Peninsula<sup>1</sup>. A larger number of visitors come to the Flinders and Outback than most other regions of South Australia. However domestic same day visitors were more frequent to Yorke Peninsula. Visitors to Flinders Ranges and Outback were more likely to be aged 45 years and over, whereas visitors to Yorke Peninsula were more likely to be 25 to 44 years. The catchment area has been identified for exceptional circumstances due to the prevailing drought.

### **Socioeconomic factors**

The catchment area is predominantly considered outer regional except for three Collection Districts to the north east of Peterborough. There is limited public transport for east to west travel and the eastern side of the catchment area has limited public transport north to south to Adelaide. The Western side of the catchment area does have a daily bus service to Adelaide. A community and patient transport scheme functions within the Mid North cluster with transport twice a week from east to west and transport for medical purposes intra-state through a planned booking system.

Overall, the region experiences average to low levels of socioeconomic disadvantage. However the Peterborough catchment area experiences higher levels of socioeconomic disadvantage. The Mid North cluster catchment area has lower median individual, family and household incomes than for total South Australia.

SAMSS data which snapshots the regional community identifies the Mid North region as experiencing higher risk factors than country South Australia and total South Australia for current high blood pressure, obesity, physical inactivity and ex-smoking. The prevalence of chronic disease for persons aged 16 and above in the Mid North region is higher for arthritis, asthma, cardiovascular disease, diabetes and current diagnosed mental health condition. Port Pirie has the second highest prevalence of diabetes nationally<sup>2</sup>.

The Mid North cluster catchment area is a centre for agricultural activity and fishing in the Port Broughton catchment area, and is home to numerous primary industries. The manufacturing industry is more prevalent in Port Pirie due to the Smelting Works. Other significant employment industries are health care, social assistance and retail trade.

The key demographic influences which impact on future health service needs include:

- Ageing population.
- Remoteness from regional centre.
- Socioeconomic status.
- Childhood population.
- Visitor population.
- People with chronic disease.

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<sup>1</sup> South Australian Tourism Commission, 2007

<sup>2</sup> Diabetes Australia, National Diabetes Services Scheme, September 2008

### 3. Needs Analysis summary

The four health services of the Mid North cluster, Port Pirie Regional Health Service, Port Broughton Health Service, Mid North Health and Southern Flinders Health undertook the needs analysis. supported by the Mid North Cluster service planning committee. The needs analysis has included the findings from community surveys distributed, face to face consultations with key stakeholders, community groups and community forums and analysis of the service profile and other relevant data. 41 community groups or forums were facilitated, 166 individual survey responses were received, 16 individual key stakeholder responses, 21 key stakeholder groups facilitated and a key stakeholder forum with 83 agencies/departments invited and 63 attendees.

The focus of the consultation process was to identify what supports the community required to ensure the health of their community, what they considered to be the most prevalent health issues within their community, any issues concerning current services and gaps in services which they determined were required to support the health of their community.

Key emerging themes that were consistently identified through the consultation process were:

Priority Service Gaps	Supports required to maintain healthy community
<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Allied health services</li> <li>• Drug and alcohol service across the continuum which meets the needs of population</li> <li>• Access to specialists and after hours medical services</li> <li>• Increase in aged care services including respite and carer services</li> <li>• Dialysis services</li> <li>• Disability services</li> <li>• Telehealth and video conferencing services</li> <li>• Early intervention and chronic disease self management programs</li> <li>• Culturally appropriate and respectful health services</li> <li>• Public dental service which provides services across the cluster</li> <li>• Alignment of resources for scope work to national screening programs</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy lifestyle</li> <li>• Range of health services and health infrastructure maintained locally</li> <li>• Effective transport system across the Mid North cluster</li> <li>• Effective communication and information about health services</li> <li>• Healthy environment – good housing, water, footpaths</li> <li>• Range of aged care services locally</li> <li>• Community infrastructure</li> </ul>

Priority Health Issues	Priority Service Issues
<ul style="list-style-type: none"> <li>• Drugs and alcohol</li> <li>• Mental health</li> <li>• Chronic disease</li> <li>• Ageing, dementia and disability services</li> <li>• Improved health literacy</li> <li>• Youth activities/programs</li> <li>• Lifestyle programs</li> <li>• Family relationships</li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• Waiting times and access to medical services and specialist services</li> <li>• Access to allied health services</li> <li>• Scope work required but not funded (alignment with national screening programs)</li> <li>• Access to consistent specialist general surgery services in Mid North cluster</li> <li>• Cultural respect for Aboriginal people within health services</li> <li>• Access to dialysis services</li> <li>• Process for PATS requests and services supported</li> <li>• Strengthening relationships with government and non government sectors.</li> <li>• Health services to promote and maintain 'aged care friendly' service.</li> </ul>

The needs analysis process identified a range of strengths; weaknesses; opportunities and threats (SWOT) across the individual service categories and across all service areas. The SWOT analysis highlighted the necessity of recruiting and retaining a suitably skilled workforce; having a flexible, responsive transport and accommodation system; the importance of robust ICT infrastructure for data collection, secure messaging, data recording for sharing across services and analysis, communication, and telehealth/telemedicine modalities; the importance of relationships/partnerships both formal and informal with government and non-government service providers; and the need for sound operational infrastructure and systems.

The Mid North cluster has collectively identified priorities for each major service category for the next 10 years.

These include:

### **Emergency Services**

- Consultation process identified that maintaining 24 hour access to emergency services in each health service was essential. Sustainability of volunteer ambulance service in the rural areas of the Mid North cluster was also identified as an issue due to recruitment and retention.
- The impact of mental health and drug and alcohol issues was identified as significant. The need for access to after hours mental health response within the cluster was identified as a need.
- Rape and Sexual response service is currently available in the Mid North Cluster; however it requires appropriate resourcing to ensure its sustainability.
- 84% of emergency presentations were triage 4 and 5 (assessed as requiring to be treated within one and two respectively following presentation), hence consideration for nurse led clinics aligned with the emergency department was recommended for exploration. Improved protocols to reduce non-essential emergency presentations were identified as an opportunity.

### **Acute Services**

- The availability of some acute beds locally with medical services to manage appropriate presentations was identified as an essential service through the consultation process. The transport system across the Mid North cluster is minimal hence the ability of people (predominantly aged users of service) to travel for basic health services is seen as a major barrier. 75 -85% of all separations from local health service reside in the catchment area of the health service.
- The most prevalent reasons for admission to hospital in the Mid North cluster are general medicine, cardiology, respiratory and gastroenterology. Psychiatry separations were more prevalent in Peterborough and Crystal Brook. The increase in rates of chronic conditions has seen an increase in prevention and early intervention strategies across the Mid North cluster which has seen a reduction of 23% in acute inpatient services over the previous five years. The length of stay has remained relatively stable.
- Mental health was identified as a significant health issue and service gap through the consultation process and a need for improved mental health services was a priority.

### **Elective Surgery**

- Access to services not available locally and waiting times for elective and specialty surgical services was identified as a significant issue through the consultation. Referral patterns indicate that for people residing in the Mid North cluster catchment area, 52% of surgical related groups for people outside of Pt Pirie catchment area is undertaken in metropolitan public hospitals. Less than 13% of general surgery provided in Pt Pirie is major surgery.
- The consultation with key stakeholders and community identified that the model of allocation for the performing of public scopes in the Mid North cluster does not align with the national screening programs (bowel screens) and people have to travel outside of the area for this service after the allocated numbers are reached.
- The ability to maintain the surgical workforce into the future was identified as an important enabler to sustainable surgical services. GPs who are credentialed to undertake surgery and anaesthetics are currently available across the Mid North cluster with a specialist general surgeon in Pt Pirie. Access to a specialist anaesthetist 24/7 in Port Pirie to support surgical and emergency services was identified as a service need. The consideration of one theatre team for Mid North cluster is in early developmental stages.
- Enhanced information technology infrastructure supporting local availability of telehealth and videoconferencing for follow-up care and other services was identified as a need.

## **Maternal and Birthing**

- The maintaining of credentialed workforce was an important requirement to support the future maternal and birthing services model. This model recommends a shared care maternal service for Mid North cluster which provides primary health care, early intervention, ante and postnatal care as close to home as possible with intra-partum services provided in birthing centres where appropriate. The model to be supported by a specialist paediatrician and obstetrician in the Mid North cluster and an improved patient journey for higher risk birthing women and neonates to be considered through a review process to be undertaken in mid 2010<sup>3</sup>.
- Resident GP obstetricians are currently available across the Mid North cluster with a resident specialist obstetrician in Port Pirie. Access to a paediatrician within the cluster was identified as a service need by working with Port Augusta Hospital to increase paediatric services throughout the Mid North Cluster. It was identified that any model of birthing service needs to be culturally appropriate for Aboriginal women.

## **Aged Care**

- The proportion of people aged 65 years and over is higher in Mid North cluster than country SA and SA total. Access to services in a timely manner and travel were identified as health and service issues. The availability of aged care services including aged care places as close to home as possible was identified as a priority need. Transport across the Mid North cluster is minimal so mobile aged care services/programs to be developed and provided in home or as close to home as possible. Focus to be on keeping people at home.
- The highest proportion of inpatient admissions across the Mid North cluster is for people 65 years and over. The prevalence of chronic disease and dementia is higher in the Mid North cluster than country SA and SA total. The aged care services across the Mid North cluster are currently well supported by volunteers. However they are an ageing workforce and recruitment and retention of volunteers was identified as a future need. Access to a high care dementia facility within the Mid North cluster was seen as a priority.
- Access to gerontologist and psycho-geriatrician and waiting times for aged care assessments were identified as future service delivery priorities. Availability of appropriately funded respite places across the Mid North cluster and dementia care services were also identified as a service need into the future. Varying models of aged care services within the cluster – state funded and commonwealth funded programs that do not align well were also identified as limitations to service delivery into the future. A seamless service from community to end of life with a 'one-stop-shop' concept, with each client having a dedicated nominated carer and case manager with services as close to home as possible, is recommended<sup>4</sup>.

## **Primary Health Care Programs and GP Plus strategies**

- The business case for a GP Plus Centre in Port Pirie with a GP Plus service model across the Mid North cluster is currently being developed. Community education on a range of health issues and health literacy was identified as a significant need in the Mid North cluster.
- Drugs and alcohol, mental health and chronic conditions and lifestyle were identified as priorities across the Mid North cluster. The availability of primary health care programs and out of hospital services to address these issues was identified as a priority need. Clients to have a single record with the service being seamless, to include nurse led clinics (including after hours service) and a focus to be on early intervention, prevention and self management programs and in home service models.
- People indicated that these services needed to be available as close to home as possible. The availability of some services over a 5 day week instead of 7 days a week was identified as a service gap.

## **Outpatient Services**

- The feedback from consultations supports the provision of virtual rooms for follow-up care and other appropriate services to reduce the impact of the patient journey. The consultation process indicated that the provision of minor surgical services under local anaesthetic as an outpatient service in all health units was a service priority. Outpatients to be a service not a department which can be delivered in varying ways (i.e. in home, clinic room, community).
- Key stakeholders recommended that public scope procedures be recorded as same day surgery rather than outpatient procedures which reflect activity levels more accurately.
- Cancer care services and chemotherapy as close to home as possible was identified as a priority service for the Mid North cluster. A Specialist Mid North cluster chemotherapy team

<sup>3</sup> Standards for Maternal and Neonatal Services in South Australia 2009

<sup>4</sup> Health Service Framework for Older People 2009 – 2016

providing services as close to home as possible. Clinician led clinics for minor procedural work to form part of the outpatient model.

- Basic radiology service and digital processing locally was identified by key stakeholders as a priority with a mobile private radiology service as an option and an enhanced radiology and scanning service in Port Pirie.

#### **Palliative Care**

- The current palliative care service across the Mid North cluster was identified as 'best practice' through the consultation process. An opportunity was identified by stakeholders for the palliative care service to be delivered 24/7 service with a dedicated 24/7 telephone support service aligned to it. .
- Access to enhanced cancer care services was identified as a service need. Cancer care model to be developed based on the current palliative care model of care.

#### **Respite Services**

- It was identified that respite services are duplicated across service providers and the coordination across agencies has the potential to be enhanced. Respite services were identified as a priority across the Mid North cluster. Delivery of the service as close to home as possible was considered appropriate. The Mid North cluster respite service to be a flexible, seamless and coordinated interagency model with a dedicated respite place in every health service that is flexible and provided in a home-like environment.
- Respite for carers of people with dementia in the rural areas of the cluster was identified as an important priority. Day therapy programs are provided at each local health service and it was recommended that day stimulation programs are expanded and continue to be provided as close to home as possible.

#### **Mental Health**

- Mental health services were identified across the Mid North cluster as one of the most significant priority issues. Depression is the 2<sup>nd</sup> highest morbidity burden in the Mid North cluster. 5.4% of all separations in 2007/08 in the Mid North cluster were for mental illness related conditions. Integration of the service with mainstream services with an increased focus on early intervention and prevention is required.
- Access to mental health services for clients across all population groups was considered a need. Mental health services are provided from a range of government and non-government agencies however the coordination across agencies to be enhanced. Psychiatry, Child and Adolescent Mental Health services and psycho-geriatrician were all identified as service needs. 24/7 access and support for mental health clients in the Mid North cluster were also identified as opportunities to be improved.
- A multi-discipline service model from birth to death with equitable concentration of resources based on Building the Links (community based service delivery model) was recommended with psychiatry services available within the cluster.

#### **Aboriginal Health**

- Aboriginal people identified drug and alcohol, mental health, access, health literacy and ability to navigate health and welfare system, gambling and transport as priority health issues. Immunisation rates for Aboriginal people in the Mid North cluster are very high. Aboriginal health service to be integrated into the GP Plus service model. The model of care for Aboriginal health services is identified as one Mid North cluster Aboriginal health service with workers co-located across the cluster and including a greater percentage of Aboriginal people as employees. It provides a 'one-stop-shop' style of centre (within GP Plus Centre) with a dedicated medical service and drug and alcohol worker.
- Cultural sensitivity was also identified as a significant issue for Aboriginal people in the Mid North cluster. Increase and enhance the education and training with a focus on cultural awareness. Aboriginal health service to be a mobile service providing services as close to home as possible and in a culturally appropriate manner.

#### **Early childhood**

- The Mid North has a higher proportion of people in the 0 – 14 year age group when compared with country SA and total SA. However this is projected to reduce by 1% over the next 15 years. Services for children have been identified as a service requirement within the Mid North cluster.
- An interagency response team across the Mid North cluster available for early childhood services is recommended. An increased focus on early childhood prevention and intervention strategies across the Mid North cluster was identified as a requirement into the future. Early

childhood services to be a one stop wellness centre (as part of GP Plus service model) which is inter-agency with a supporting mobile service across the Mid North cluster.

- The paediatrician service to the Mid North cluster was identified as a priority to meet future demands. Access to child and adolescent mental health services was also identified as a priority. The model of service to be supported by a resident paediatrician or increased and improved access to paediatrician.

### **Medical Specialist**

- Access to medical specialists in the Mid North cluster was consistently identified through the consultation process as a service issue across the Mid North cluster. Waiting periods to be provided with an appointment with a visiting specialist could range from 1 week to 5 months. Travel to medical specialists for brief follow up services was also identified as a service issue. The use of telehealth and video conferencing for follow-up and other appropriate specialist services was identified as a service priority.
- Predominantly most visiting specialist services are private services provided at Port Pirie with some being provided at Jamestown and Crystal Brook. The consultation process identified that specialist services including access to an endocrinologist, cardiologist, gastroenterologist, psychiatrist, general physician, psycho-geriatrician, anaesthetist and paediatrician were required.
- Explore models for public specialist services accessible in the Mid North cluster.

### **Allied Health**

- Enhanced access to allied health services has been identified as a need through the consultation process with both community and key stakeholders. Integration between departments and partnerships with other health service providers was identified as an opportunity to improve services. Allied health services in the Mid North cluster may be strengthened through an integrated public/private allied health service with strong partnerships with other health providers.
- Recruitment and retention of allied health workforce is a significant issue in the Mid North cluster. A model of care which is sought by stakeholders supports allied health student training models, promotes wellness through prevention and early intervention strategies that enables clients to return to home as soon as practical with rehabilitation support utilising telemedicine and video conferencing.

### **Dialysis Service**

- The ageing community, increasing rates of chronic disease and distance to the nearest facility (Port Augusta or Clare) have emphasised the identified need for a dialysis service in Port Pirie with 4 dedicated chairs.
- The transport service to Port Augusta for clients 3 days a week has been identified as a limited service which is very demanding on both drivers and clients. A robust transport system available for clients across the Mid North cluster to access the service was identified as a need.

### **Dental Service**

- Dental services and access to these was identified as a priority issue across the area. Private dental services are available in Port Pirie and Jamestown with a visiting service to Gladstone and Booleroo Centre. A public service is available in Pt Pirie and visits the Peterborough School. The GP Plus business case development in Pt Pirie has identified that the integration of SA Dental Services into the GP Plus service model would value add for the community.

### **Drug and Alcohol Services**

- Drugs and alcohol and community attitudes and culture in relation to their use have consistently been raised as an issue through the consultation process with both community and key stakeholders. The Aboriginal community has identified drug and alcohol and the effects on social and family structures as a key health issue. Youth boredom has been identified as a key factor for young people. Drug and alcohol services in the Mid North cluster to have a dedicated prevention and early intervention service for drug and alcohol concerns and also a dedicated Aboriginal prevention and early intervention service appropriately resourced.
- The impact of drug and alcohol misuse and the exacerbation of mental health disorders has also been indicated. Drug and alcohol service was identified as an issue across all age and population groups. Currently there are 140 methadone clients in the Mid North cluster. The Methadone distribution and needle exchange program is a limited service and is not meeting

the demand for the service. Methadone prescribers are minimal. Medical workforce to form part of the drug and alcohol service.

- An interagency Drug Action Team is functional in the Mid North cluster and drug diversion strategies and early intervention programs are implemented. Drug and alcohol misuse is an impacting factor on increased crime rates in the area. Demand for drug and alcohol services is increasing. Currently there is only a 0.8FTE dedicated drug and alcohol resource across the Mid North cluster supported by Statewide Services and this needs to be increased to meet the demand.

### **Environmental Health Centre**

- The Environmental Health Centre is responsible for the provision of services aimed at helping the Port Pirie community lower blood lead levels. Core functions include routine blood lead testing; community advice and education, family support and the investigation of lead sources and pathways of exposure.
- The protection and prevention from long term impacts of smelting activities, past, present and future on the Port Pirie community and the environment remains a priority.
- The proposed increase in mining in the Mid North cluster may have a negative impact on environmental health.
- The proposed increase in mining in the Mid North cluster may have a negative impact on environmental health.

The key elements identified in the needs analysis process that impact on the delivery of health services in the Mid North cluster include:

- 2009 Multi-Purpose (MPS) Service Agreement (Southern Flinders Health).
- Rural Primary Health Service Agreements (Mid North Health).
- HACC Agreement Mid North cluster.
- 2010 Port Pirie GP Plus Model of Care.
- After Hours Fee for Service Agreement - Port Pirie.
- Radiology agreement with I-MED.
- Individual contractual arrangements with general practitioners.
- A community consultation undertaken in the Mid North "Community perceptions of determinants of health in towns of Peterborough, Orroroo, Booleroo Centre and Jamestown and surrounding districts".

## 4. Local implications of Statewide plans

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

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

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

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

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

## 5. Planning Principles

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

1. Focusing on the needs of patients, carers and their families utilising a holistic care approach.
2. Ensuring sustainability of country health service provision.
3. Ensuring effective engagement with local communities and service providers.
4. Improving Aboriginal health status.
5. Contributing to equity in health outcomes.
6. Strengthening the IT infrastructure.
7. Providing a focus on safety and quality.
8. Recognising that each health service is part of a total health care system.
9. Maximising the best use of resources.
10. Adapting to changing needs.

## 6. Service Delivery Plan

### 6.1 Core Services to be Sustained

Service Category	Service Description	Target Group	Directions over next 10 years
Emergency Service	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• 24 hour, 7 day/week emergency triage and assessment; emergency trauma and resuscitation, initial management, mental health service through telehealth, emergency surgical procedures</li> <li>• Appropriately staffed and supported by medical and nursing staff</li> <li>• Inpatient diagnosis, monitoring and treatment of appropriate conditions</li> <li>• Telehealth facility in emergency rooms</li> <li>• Access to Emergency Response Rape and Sexual Assault Services within the Mid North Cluster when available.</li> </ul> <p><b>Boileroo Centre, Crystal Brook, Jamestown, Peterborough, Port Pirie</b></p> <ul style="list-style-type: none"> <li>• 24/7 low risk emergency surgical procedures e.g. reduction of fractures, caesarean sections</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• 24/7 emergency surgical procedures of higher complexity</li> </ul>	All people who live or visit the Mid North cluster	<ul style="list-style-type: none"> <li>• Maintain 24 hr access to accident and emergency in all health units</li> <li>• Improve access to mental health and drug and alcohol emergency response team for all health units</li> <li>• Provision of emergency mental health education for general nursing staff</li> <li>• 24 hour emergency surgical, medical, anaesthetic, radiology, pathology, obstetrics, High Dependency and orthopaedic service available at Pt Pirie accessible by all local health units in Mid North cluster</li> <li>• Development of a process to receive clients to Pt Pirie accident and emergency services for complex specialty needs from local area hospitals</li> <li>• Access to emergency mental health and drug and alcohol response team aligned to Pt Pirie accident and emergency service<sup>5</sup></li> <li>• Provision of adequately resourced Rape and Sexual Assault services in the Mid North Cluster.</li> <li>• Explore opportunities for nurse led clinics or improved protocols to reduce the triage 4 and 5 presentations (assessment identifies need to be treated within one and two hours from presentation respectively) in accident and emergency departments</li> <li>• Explore opportunities for advanced nurse or nurse practitioners in accident and emergency department in Pt Pirie to support and/or reduce the call for medical workforce</li> <li>• Explore opportunities for virtual accident and emergency services to be available</li> <li>• Continue to strengthen patient transport / retrieval model in partnership with SA Ambulance Service and Royal Flying Doctor Service<sup>6</sup></li> </ul>

<sup>5</sup> Country Health SA Model of Care; 'A consumer focused, world class Country mental health system; 2009'

<sup>6</sup> SAAS 2008, *Defining the Road Ahead*, Country Health Service Delivery Model v1.4

Acute Inpatient Care	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Admissions for management of lower risk assessments and treatments; Intermediate care including recuperative care</li> <li>• Admissions for acute medical and mental health</li> <li>• Access to General Practitioners to provide inpatient management of illness.</li> <li>• Special care room for stabilisation and monitoring of higher complex conditions in the short term</li> <li>• Point of Care testing</li> </ul> <p><b>Booloroo Centre, Crystal Brook, Jamestown, Peterborough, Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Admissions for same day or overnight surgery and birthing</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• High Dependency bed with HD trained staff on each shift</li> </ul>	All people who live or visit the Mid North cluster	<ul style="list-style-type: none"> <li>• Acute beds in each health unit to care for appropriate conditions dependent on both human and physical resources and the ability to meet relevant standards</li> <li>• Access to medical services locally</li> <li>• Access to diagnostic services and point of care testing (eg. INR, iCCNet) locally<sup>7</sup></li> <li>• High Dependency Care in Port Pirie with coronary care beds aligned to this</li> <li>• Advocate and explore opportunities for transitional mental health beds in Port Pirie</li> <li>• Specialised paediatric inpatient services available in Port Pirie</li> <li>• Dialysis unit with same day inpatient services available in Port Pirie</li> <li>• Specialist services available for inpatient services in Port Pirie</li> <li>• Hospital in home available locally where appropriate and relevant</li> </ul>
Elective Surgical Services	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Minor procedures under local anaesthetic e.g. removal of skin lesions (outpatient service)</li> </ul> <p><b>Booloroo Centre, Crystal Brook, Jamestown, Peterborough and Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Operating theatre staffed and equipped to support a range of lower risk and appropriate surgery</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Operating theatre with dedicated staff and equipped to support a range of low risk and more complex surgical services</li> </ul>	All people who live in Mid North cluster	<ul style="list-style-type: none"> <li>• Availability of telehealth locally for pre and post surgical care</li> <li>• Ability to maximise minor surgery under local anaesthetic as outpatient service locally</li> <li>• GP Proceduralists and anaesthetists available in the Mid North cluster</li> <li>• Anaesthetist on site in Port Pirie 24/7</li> <li>• Broad range of surgical services available at Pt Pirie</li> <li>• Low risk surgical services available in designated health services within the cluster</li> <li>• The ability to have a choice of general surgeon in the Mid North cluster</li> <li>• Dedicated skilled theatre team for the Mid North cluster</li> <li>• Port Pirie to be a training site for medical and nursing workforce</li> <li>• Step down service available in the Mid North cluster for surgical service</li> <li>• Models for surgical consultations and surgical services to be explored and/or developed (e.g. theatre bus)</li> </ul>

<sup>7</sup> Statewide Cardiology Clinical Services Plan – January 2010

<p>Maternal and Birthing Services</p>	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Parenting programs</li> <li>• Shared Care midwifery services</li> </ul> <p><b>All Health Units other than Laura and Port Broughton</b></p> <ul style="list-style-type: none"> <li>• Antenatal and postnatal care including access to community midwifery services</li> </ul> <p><b>Booloroo, Crystal Brook, Jamestown, Peterborough, Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Admissions for maternal and neonatal care</li> <li>• Low risk, single births, 24 hour, 7 day/week including theatre and staffing for elective caesarean sections</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Resident specialist obstetrician</li> <li>• All birthing, except for high risk pregnancies transferred to tertiary centres, and including pregnancy related illnesses that remain stable</li> </ul>	<p>All women birthing and their families in the Mid North Cluster</p>	<ul style="list-style-type: none"> <li>• Internal review of maternal services in Mid North cluster</li> <li>• Service to be client centred, flexible and seamless</li> <li>• Focus to be on quality, safety, choices, continuity and access</li> <li>• Each woman to have a nominated midwife in collaboration with an obstetrician or GP obstetrician for antenatal, intra-partum and postnatal care</li> <li>• Baby friendly initiative to be maintained within the model</li> <li>• A maternal care service for the Mid North cluster which provides primary health care, early intervention, ante and postnatal care as close to home as possible, with intra-partum care available in birthing centres where the workforce has the appropriate credentials and skills and maternal and neonatal standards are able to be met</li> <li>• Natural attrition and inability to meet the critical elements may shift the current model to future model</li> <li>• Access to specialist paediatrician in the Mid North cluster</li> <li>• Develop strategies to improve the patient journey for higher risk birthing women and neonates.</li> <li>• Work with Port Augusta Hospital to increase paediatric services throughout the Mid North Cluster</li> <li>• Supporting Mid North cluster theatre team</li> <li>• Model to have a focus on best practice for maternal services for youth</li> <li>• Birthing service to be culturally appropriate for Aboriginal women</li> </ul>
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<p>Medical Specialist Services</p>	<p><b>Peterborough</b></p> <ul style="list-style-type: none"> <li>• Visiting cardiologist and psychiatrist for treatment</li> </ul> <p><b>Jamestown, Crystal Brook</b></p> <ul style="list-style-type: none"> <li>• Visiting specialists for consultations</li> <li>• Medical specialists providing treatment and procedures</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Medical specialists providing treatment and procedures, both resident and visiting</li> </ul>	<p>All people who reside in Mid North cluster</p>	<ul style="list-style-type: none"> <li>• Visiting specialist service based on priority needs of Mid North cluster</li> <li>• Virtual rooms available for specialist consults – for telehealth and video conferencing with follow-up services to be provided close to home based on need</li> <li>• Coordinated model of specialist services</li> <li>• Visiting specialists marketed broadly across communities in Mid North cluster</li> <li>• Good referral system and pathways</li> <li>• Increase partnerships between specialists and GPs</li> <li>• Recruitment of specialist services in endocrinology, cardiology, general physician, gastroenterology, psychiatry, anaesthesia, paediatrics and psycho-geriatrician in the Mid North cluster</li> </ul>
<p>Medical Service</p>	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Medical service available locally to provide a range of general medicine services</li> <li>• GP training practices with Adelaide to Outback Medical training program.</li> <li>• GP Proceduralists who are able to support surgical, anaesthetic and obstetric services across the cluster.</li> </ul> <p><b>Jamestown, Booleroo Centre, Crystal Brook, Peterborough, Port Pirie, Port Broughton</b></p> <ul style="list-style-type: none"> <li>• GP Proceduralists - surgical, anaesthetics, obstetrics providing a range of services locally and within the cluster.</li> <li>• GP registrar program</li> </ul>	<p>All people who reside or visit Mid North cluster</p>	<ul style="list-style-type: none"> <li>• Maintain current medical services</li> <li>• Continue to work with GP Practices and communities in the development of effective recruitment and retention strategies to attract appropriately skilled medical practitioners to the Mid North Cluster.</li> <li>• Promote, enhance and, increase GP registrar, intern and medical student programs across the Mid North cluster as a recruitment strategy.</li> <li>• Inclusion of medical workforce in service models across the Mid North cluster</li> </ul>
<p>Mental Health</p>	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Local admissions for mental health</li> <li>• 24 hour, 7 day/week emergency mental health service through telehealth (private and public)</li> <li>• Access to community mental health services</li> <li>• Access to specialist mental health services</li> <li>• Respite admissions, ability to detain, admit and provide short term treatment for acute admission</li> <li>• Access to drought counselling</li> </ul> <p><b>Mid North Health</b></p> <ul style="list-style-type: none"> <li>• Early Intervention and prevention program provided by Rural Health Team</li> <li>• Visiting Child and Adolescent Mental Health service weekly to Peterborough</li> </ul> <p><b>Port Pirie</b></p>	<p>All people who reside in Mid North cluster</p>	<ul style="list-style-type: none"> <li>• Establish local Mental Health Network</li> <li>• Implement the provisions of the new Mental Health Act from 1<sup>st</sup> July 2010</li> <li>• Develop skilled multidisciplinary care management team with GP, nursing and allied health staff with access to psychiatrist and telemedicine consulting room</li> <li>• Maintain local voluntary admissions for mental health care.</li> <li>• Encourage consumer and / or carer participation in the development of mental health programs</li> <li>• After hours support for mental health clients</li> <li>• Ongoing mental health education for mainstream workers</li> <li>• Improved access to specialist mental health</li> </ul>

	<ul style="list-style-type: none"> <li>• Early intervention and prevention programs</li> <li>• Community mental health child and adult (services provided on a visiting basis across the cluster)</li> <li>• Shared care management in partnership with a general practitioner</li> <li>• Psychosocial rehabilitation and community counselling provided locally and across the cluster on a visiting basis</li> <li>• Specialised assessment for clients with lower complexities, respite admissions, ability to detain, admit and provide short term treatment for acute admission</li> </ul>		<p>services through increased visiting services and utilisation of telehealth network for videoconferencing consultations utilising virtual rooms for consultations and assessments, particularly community treatment orders and psychiatrist consultations</p> <ul style="list-style-type: none"> <li>• Appropriate security in local health services</li> <li>• Integration of mental health services with mainstream health services</li> <li>• Mental health services from birth to death with equitable concentration of resources<sup>5</sup></li> <li>• Model to be developed utilising the 'Building the Links' (community based service delivery model)</li> <li>• Empowered staff using capacity building model</li> <li>• Psychiatry services available within the cluster where the need is evident</li> <li>• Early intervention programs for mental health to be increased<sup>8</sup></li> <li>• Low stimulus room available at each health unit</li> <li>• Utilise a buddying model for mental health clients (based on the Red Cross model)</li> <li>• Strengthen primary mental health care services through improved partnerships with general practice and other primary care providers</li> <li>• Expand services to respond to substance misuse needs</li> <li>• CHSALHN MH will explore funding opportunities to increase mental health services across the Mid North region</li> <li>• The Mid North will work towards providing a sustainable fully integrated seamless Mental Health service incorporating the Community Mental Health team, Rural and Remote Mental Health Service, Emergency Triage Liaison Service and psychosocial support services to support mental health clients being maintained as close to home as possible.</li> <li>• The Mid North Mental Health service will continue to develop a local mental health network working closely with a range of service providers including the non government sector who have been engaged to deliver psychosocial support services.</li> <li>• The Mid North Mental Health service will continue</li> </ul>
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<sup>8</sup> South Australia's Mental Health and Wellbeing Policy

			<p>to work with other key organisations in the management and care of mental health consumers across the region this includes SA Ambulance Service, Royal Flying Doctor Service and SA Police to improve transport systems for the unwell mental health client.</p> <ul style="list-style-type: none"> <li>Strengthened 24/7 mental health services</li> </ul>
Rehabilitation Services	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>Admissions for recuperative and maintenance care</li> <li>Community/home based rehabilitation support</li> <li>Centre based day therapy</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>Single and multi-discipline outpatient rehabilitation</li> <li>Geriatric rehabilitation through Hammill House</li> <li>Cardiac rehabilitation outpatient service</li> </ul>	All people who reside in Mid North cluster	<ul style="list-style-type: none"> <li>Maintain admissions for recuperative care (down transfers) with the required allied health service support</li> <li>Expand opportunities for Transitional Care Packages</li> <li>Explore opportunities to increase rehabilitation services in Mid North cluster including cardiac</li> <li>Develop community based rehabilitation options<sup>9</sup></li> </ul>
Respite Services	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>Access to hospital respite</li> <li>Day therapy programs</li> <li>Access to National Carer Respite Services</li> </ul> <p><b>Mid North Health, Port Broughton, Crystal Brook and Port Pirie</b></p> <ul style="list-style-type: none"> <li>Access to residential aged care respite</li> </ul> <p><b>Southern Flinders Health</b></p> <ul style="list-style-type: none"> <li>MPS service provides flexible respite places</li> </ul>	All people who reside or visit the Mid North cluster with Focus on: <ul style="list-style-type: none"> <li>Carers</li> </ul>	<ul style="list-style-type: none"> <li>Respite services to be enhanced for carers of frail, aged or disabled people.</li> <li>Seamless service, client focussed</li> <li>Flexible coordinated model across Mid North cluster comprising home, motel, health service and other options for overnight and community day respite</li> <li>Emergency respite to be included for both short term and medium term</li> <li>Respite to be coordinated including when client is at home or away</li> <li>Dedicated respite beds in every health service that are flexible and provided in a home-like environment</li> <li>Coordination and continuity and expansion of leisure and lifestyle activity across Mid North cluster</li> <li>Establish stronger partnerships with government and non government agencies providing or supporting respite services i.e. Disability SA, Commonwealth Aged Care Providers</li> <li>Integrate health promotion and early intervention into respite services</li> <li>Develop stronger links and partnerships with carers' associations, Uniting Care Wesley</li> </ul>

<sup>9</sup> Statewide Rehabilitation Services Plan 2009 - 2017

Aged Care Services	<p><b>All Health Units and local aged care facilities</b></p> <ul style="list-style-type: none"> <li>• Domiciliary care in home and the community</li> <li>• Community based services</li> <li>• Aged Care day therapy and community workshops</li> <li>• Inpatient admissions for elderly, including respite care</li> <li>• High care residential aged care (State and/or Commonwealth)</li> <li>• Access to aged care assessment</li> <li>• Access to community and extended aged care packages</li> <li>• Low care residential aged care beds</li> <li>• Multi Purpose Service at Southern Flinders Health (Laura and Crystal Brook)</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Dementia day therapy</li> <li>• Visiting psycho-geriatrician</li> </ul> <p><b>Port Pirie and Pt Broughton</b></p> <ul style="list-style-type: none"> <li>• Access locally to high care dementia residential beds</li> </ul>	All people aged 65 years and over who are frail, disabled and their carers who reside in the Mid North cluster	<ul style="list-style-type: none"> <li>• An aged care service that is seamless from community to end of life<sup>10</sup></li> <li>• A dedicated and consistent carer and case manager per client throughout their journey</li> <li>• One-stop-shop concept for access to services</li> <li>• Client centred documentation in the home</li> <li>• All health units to maintain and enhance services as close to home as possible.</li> <li>• Enhancement of dementia care services and development of a high care dementia facility in the Mid North cluster<sup>11</sup></li> <li>• One accreditation model for all aged care services across the Mid North cluster</li> <li>• Increase and improve aged services to small outlying communities and monitor and evaluate the needs of these services.</li> <li>• Some services to be 'mobile' services where appropriate</li> <li>• Increase in lifestyle programs for elderly</li> <li>• Model to focus on keeping people at home with services to support this.</li> <li>• Aged care friendly services</li> </ul>
Palliative Care	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Inpatient admissions for palliative care in dedicated palliative care rooms</li> <li>• In home support for palliative care clients</li> <li>• Access to specialist palliative care services</li> <li>• Access to multi-discipline palliative care support team</li> <li>• Access to dedicated palliative care equipment in the cluster</li> <li>• cluster wide approach to standards of care</li> </ul> <p><b>Pt Pirie</b></p> <ul style="list-style-type: none"> <li>• 3 dedicated palliative care beds</li> <li>• Visiting palliative care specialist</li> <li>• Locally based palliative care team</li> </ul>	All people who reside in Mid North cluster who are diagnosed with a terminal illness and their family supports	<ul style="list-style-type: none"> <li>• Retain the status quo (in line with the Palliative Care Services Plan) and value add with 7 day week service across the Mid North cluster<sup>12</sup></li> <li>• Work with metropolitan specialists to ensure a return to home is expedited</li> <li>• Increase access to telehealth for palliative care services</li> <li>• Establish virtual rooms for palliative care clients</li> <li>• Ensure model is working within the Palliative Care Clinical Network Framework<sup>13</sup></li> <li>• Include volunteers in the model</li> <li>• Maintain and expand links between government, non government and private agencies supporting palliative care services</li> </ul>

<sup>10</sup> Health Service Framework for Older People 2009 – 2016 *Improving Health and Wellbeing Together*, SA Health

<sup>11</sup> South Australia's Dementia Care Action Plan 2009 - 2010

<sup>12</sup> Palliative Care Services Plan 2009 - 2016

<sup>13</sup> Statewide Clinical Care Network for Palliative Care (July 2009)

Aboriginal Health	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Access to Aboriginal health workers</li> <li>• Limited access to transport service for Aboriginal people</li> </ul> <p><b>Peterborough/Terowie</b></p> <ul style="list-style-type: none"> <li>• Visiting service by Aboriginal health mobile bus to Terowie community.</li> </ul> <p><b>Pt Pirie</b></p> <ul style="list-style-type: none"> <li>• Aboriginal health team located in Pt Pirie</li> <li>• Tarpari Aboriginal Wellbeing Health Centre located centrally to Pt Pirie Business Centre</li> </ul>	All Aboriginal people who reside or visit the Mid North cluster	<ul style="list-style-type: none"> <li>• One Aboriginal health service in the Mid North cluster with workers co-located across the cluster</li> <li>• Regular and consistent opening hours</li> <li>• Larger percentage of Aboriginal people as employees in the Aboriginal health team</li> <li>• One-stop-shop style of service which provides packages of care to clients – package of health and welfare services</li> <li>• Aboriginal health service to have a medical service aligned with it that is culturally appropriate</li> <li>• Mid North cluster Aboriginal health service to have the same services and benefits that an Aboriginal community controlled service has</li> <li>• Aboriginal health service to be a service of excellence no matter where people live<sup>14</sup></li> </ul>
Primary Health Care Programs and Out of Hospital Services	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Local primary health care initiatives, chronic disease services and self management, early intervention and prevention programs and access to these services not available locally within the cluster</li> <li>• Access to range of specialised chronic disease practitioners either locally or within cluster e.g. diabetes educator, lymphoedema therapist, continence nurse and lifestyle coordinators</li> <li>• Community nursing services, Domiciliary Care, day care activities and specific out of hospital strategies</li> <li>• RIB's, TCP's Country Home Link and Mental Health RIBS</li> </ul> <p><b>Mid North Health</b></p> <ul style="list-style-type: none"> <li>• Rural Health Service providing primary health care services and programs to the catchment area</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Targeted out of hospital services</li> </ul>	<p>All people who reside or visit the Mid North cluster;</p> <p>Focus on:</p> <ul style="list-style-type: none"> <li>• Chronic Disease</li> <li>• Youth</li> <li>• Aged Care</li> </ul>	<ul style="list-style-type: none"> <li>• Cluster wide approach to community health based on GP Plus service model</li> <li>• Equity in resources and services across the Mid North cluster</li> <li>• Single record and seamless service across the continuum</li> <li>• Coordinated, consistent and responsive community health programs across the Mid North cluster</li> <li>• Person centred service provided where best meets the person's needs.</li> <li>• Flexibility of staff location in GP Plus service model</li> <li>• Innovative re-direction of accident and emergency service models</li> <li>• Increase nursing skill base to manage minor injuries and intravenous cannulation</li> <li>• Nurse led clinics</li> <li>• Community based and in home service models</li> <li>• Strengthen community health partnership with medical services for GP practice nurses</li> <li>• Increase equity of access to health services</li> <li>• Decreasing the number of patients requiring referral to hospital inpatient services</li> <li>• Increase the availability of minor injury services at the community level</li> <li>• Delivery of services closer to home</li> </ul>

<sup>14</sup> National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, 2008

			<ul style="list-style-type: none"> <li>• Integration of all primary health care and existing community health services<sup>15</sup></li> <li>• Support the enhancement and expansion of Family Safety program models across the mid North Cluster</li> <li>• Increase the use of self management programs</li> <li>• Increase partnerships with other agencies providing 'like' services i.e. Disability SA, Uniting Care Wesley</li> <li>• Increase prevention, early intervention and detection of health status risk factors</li> <li>• Improved chronic disease management<sup>16</sup></li> </ul>
Outpatient services	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Outpatient services in all health units</li> <li>• Basic radiology and ultrasound services locally</li> <li>• Access to pharmacy services</li> <li>• Access to pathology testing facility</li> <li>• Access to clinic services for chronic disease management either locally or within the cluster – diabetes, respiratory, continence, lymphoedema</li> <li>• Access to specialist outpatient clinic service in the Mid North cluster</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy clinic</li> <li>• Nurse procedure clinics</li> <li>• Access to local breast cancer contact worker</li> <li>• Specialist outpatient clinic service</li> <li>• General X-ray, ultra sound, CT scanning facility</li> <li>• Pharmacy service for clinical pharmacy and dispensing</li> <li>• Well Women's Clinic</li> </ul> <p><b>Southern Flinders</b></p> <ul style="list-style-type: none"> <li>• Well Women's Clinic</li> </ul>	All people who reside or visit the Mid North cluster	<ul style="list-style-type: none"> <li>• Outpatient focus to be a service and not a department (without walls – delivered anywhere)</li> <li>• Well functioning radiology service at Pt Pirie with enhanced technology and diagnostic services.</li> <li>• Explore a mobile private radiology service for Mid North cluster</li> <li>• Specialist chemotherapy team in Mid North cluster that delivers the service locally</li> <li>• Work with metropolitan oncologists to ensure a return to home is expedited</li> <li>• Develop a cancer care model for Mid North cluster based on the palliative care model</li> <li>• Develop stronger links with the McGrath Foundation Breast Care nurses</li> <li>• Establishment of a nurse led venous access service</li> <li>• Partnerships developed with general medicine practices for delivery of treatment room type services in outpatient departments</li> <li>• Nursing staff to be credentialed in minor procedural services</li> <li>• Scope clinics to be provided in Mid North cluster at designated health services within the Mid North cluster catchment area</li> <li>• Continue to advocate for scopes to be treated as same day surgery and not an outpatient service</li> <li>• Virtual rooms for outpatient services funded appropriately</li> </ul>

<sup>15</sup> GP Plus Health Care Strategy 2007

<sup>16</sup> Chronic Disease Action Plan for South Australia 2009 - 2018

			<ul style="list-style-type: none"> <li>• Outpatient services to be provided close to home or in the home</li> <li>• Clinician led outpatient services – using midwives, nurses and Aboriginal health workers</li> </ul>
Allied Health	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Access to a range of allied health services (eg. podiatry, physiotherapy) within the cluster</li> <li>• Access to early childhood Tiny Tots Team</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Range of allied health workers who provide services locally and across the cluster</li> <li>• Private allied health workers – physiotherapy and podiatry</li> <li>• Visiting orthotic service</li> </ul>	All people who reside or visit Mid North cluster	<ul style="list-style-type: none"> <li>• Allied health student training model</li> <li>• Multi-layered workforce utilising allied health assistants</li> <li>• Interdisciplinary approach to service delivery across all sectors</li> <li>• Private practice providers integrated into service</li> <li>• Mix public/private workforce opportunities for workers</li> <li>• Preventative strategies included in model</li> <li>• Private providers utilised as mentors to new graduates</li> <li>• Telemedicine and video conferencing used for workforce support and mentoring</li> <li>• Multi-site delivery of service</li> <li>• Advocate with teaching providers for generalist allied health course</li> <li>• Create better links with SARRAH around new graduate learning packages</li> <li>• Interagency approach</li> <li>• Local rehabilitation incorporated into service delivery model<sup>9</sup></li> <li>• Service delivery model allows clients to return to home as soon as practical with rehabilitation support</li> <li>• Professional development for acute sector by allied health workers on evidence based best practice treatments</li> <li>• Advanced practice clinicians within the model</li> <li>• Increase links and communication with universities</li> </ul>
Drug and Alcohol Services	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Access to early intervention programs</li> <li>• Access to drug diversion initiatives</li> <li>• Safe partying model</li> <li>• Access to drug and alcohol service in the cluster</li> </ul> <p><b>Southern Flinders</b></p> <ul style="list-style-type: none"> <li>• Home Alive program</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Drug and alcohol service – minimal resources with 0.8FTE worker which does not meet need</li> </ul>	All people who reside or visit Mid North cluster.  Focus on; <ul style="list-style-type: none"> <li>• Youth</li> <li>• Aboriginal People</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in skilled specialist staff for drug and alcohol services</li> <li>• Build the capacity of mainstream health workers to recognise and intervene in less complicated alcohol and drug issues.</li> <li>• Improve partnerships with other agencies</li> <li>• Dedicated early intervention service for drug and alcohol misuse issues</li> <li>• Dedicated early intervention Aboriginal health service for drug and alcohol problems</li> </ul>

	<ul style="list-style-type: none"> <li>• Drug diversion programs</li> <li>• Early intervention initiatives</li> <li>• Drug action team</li> <li>• Opioid substitution program</li> <li>• Clean Needle Program</li> <li>• Methadone/Buprenorphine prescribers</li> </ul>		<ul style="list-style-type: none"> <li>• Community cultural change model – working with communities to change the community response to drug and alcohol misuse.</li> <li>• Explore other recreational activities as well as competitive sport</li> <li>• Advocate for early intervention for drug and alcohol problems to be part of core school curriculum</li> <li>• Support the continuation of self esteem programs</li> <li>• Expand Clean Needle programs across the cluster</li> <li>• Extend the number of community prescribers for the opioid replacement program.</li> <li>• Provide low risk detoxification as close to home as possible</li> <li>• Improve access to specialised detoxification services for clients in the Mid North cluster</li> <li>• Improve links with state-wide services</li> </ul>
Environmental Health Centre	<p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Protection and prevention of environmental health impacts on Port Pirie residents arising from smelting activities with a priority on lead sources and pathways.</li> <li>• Early intervention and prevention programs</li> <li>• Testing of blood lead levels</li> </ul>	All people who reside in Port Pirie Focus on: • Children	<ul style="list-style-type: none"> <li>• Protection and prevention from long term impacts of smelting activities, past, present and future on the Port Pirie community and the environment<sup>17</sup></li> </ul>
Early Childhood Services	<p><b>All Health Units</b></p> <ul style="list-style-type: none"> <li>• Access to Child Development Unit</li> <li>• Access to Tiny Tots Team</li> <li>• Access to Child and Adolescent Mental Health Service</li> <li>• Healthy weight strategy</li> </ul> <p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Child Development Unit</li> <li>• Child and Adolescent Mental Health Service</li> <li>• Tiny Tots Team</li> <li>• Early Intervention and prevention healthy weight programs</li> <li>• Visiting paediatrician</li> </ul>	All children and their parents/carers who reside in Mid North cluster	<ul style="list-style-type: none"> <li>• Parenting activities</li> <li>• Stronger partnerships between agencies and maternity services</li> <li>• Access to paediatric service in Mid North cluster</li> <li>• Early childhood service modelled on evidence based<sup>18</sup> research</li> <li>• Autism assessment available locally</li> <li>• One Stop Wellness Centre for early childhood – pre pregnancy to maternity services to early childhood</li> <li>• Mobile bus service for early childhood services across Mid North cluster</li> <li>• Family partnership program implemented</li> <li>• All early childhood workers to have family partnership training</li> <li>• Development of basic core competencies for early childhood service</li> </ul>

<sup>17</sup> 10 by 10 project

<sup>18</sup> Early Childhood Services Plan 2007 - 2016

			<ul style="list-style-type: none"> <li>• Support implementation of better health, better learning program in Mid North following Pt Augusta pilot</li> <li>• Develop improved partnerships with DECS</li> </ul>
Oral Health Services	<p><b>Port Pirie</b></p> <ul style="list-style-type: none"> <li>• Private dental service</li> <li>• Public dental service</li> <li>• Visiting orthodontist</li> <li>• Visiting oral surgeon</li> </ul> <p><b>Jamestown</b></p> <ul style="list-style-type: none"> <li>• Private dental service</li> </ul> <p><b>Gladstone and Booleroo Centre</b></p> <ul style="list-style-type: none"> <li>• Visiting private dental service</li> </ul> <p><b>Peterborough</b></p> <ul style="list-style-type: none"> <li>• Visiting dental technician to school</li> </ul>	<p>All people who reside in Mid North cluster</p> <p>Focus on: general population</p>	<ul style="list-style-type: none"> <li>• Increased partnership with SA Dental Service and private dental practitioners to increase services across the Mid North Cluster</li> <li>• Advocate for dental service transport to be included in Patient Assistance Transport Scheme</li> <li>• SA Dental Service to be integrated in GP Plus Centre in Pt Pirie</li> <li>• Oral Health assessments as part of health checks</li> </ul>

## 6.2 Strategies for new /expanded services

**Service objective:** Increase access to dialysis service for the Mid North cluster<sup>19</sup>

**Target Group:** Entire community

**Critical milestones:**

- Development of model of care
- Establishment of haemodialysis unit in Port Pirie
- Develop the transport service (including repatriation of clients closer to home from current service providers)
- Commencement of haemodialysis service in Mid North cluster

Outcomes	Strategies	Time Frames
<ul style="list-style-type: none"> <li>• Dialysis service available in Port Pirie</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a business case for the provision of dialysis services in Port Pirie</li> </ul>	February 2010
<ul style="list-style-type: none"> <li>• Reduce the need for travel out of the Mid North cluster</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of dedicated dialysis unit with 4 chairs = 16 clients in Port Pirie Hospital, with appropriate resources – workforce, financial and infrastructure</li> </ul>	April 2010
<ul style="list-style-type: none"> <li>• Reduce the impact on people who have to access dialysis services three times a week outside of the Mid North cluster</li> </ul>	<ul style="list-style-type: none"> <li>• Improved transportation system to support access for dialysis clients to the service</li> </ul>	December 2010

<sup>19</sup> Statewide Renal Clinical Network Recommendations 2008

## 7. Key Requirements for Supporting Services

### 7.1 Safety & Quality

**Objective:** A Mid North cluster health service model focussed on quality and safety with the appropriate systems in place to monitor effectiveness<sup>20</sup>.  
**Critical milestones:** NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>Development and implementation of a quality and safety structure across the Mid North cluster</li> </ul>	<ul style="list-style-type: none"> <li>Quality and Safety Committee in place incorporating clinical risk, quality, safety both with clients and community which meets monthly with effective terms of reference and reporting mechanisms</li> <li>Quality and Safety Implementation Plan</li> </ul>	<ul style="list-style-type: none"> <li>Define the Mid North cluster quality and safety manager and officer roles</li> <li>Determine reporting relationships with the cluster and to Country Health SA quality and safety standards</li> </ul>
<ul style="list-style-type: none"> <li>Development and implementation of a quality and safety (clinical governance) framework across the Mid North cluster (in accordance with Country Health SA quality and safety strategic priorities 2009. Australian Commission on Safety and Quality in Healthcare programs and priorities)</li> </ul>	<ul style="list-style-type: none"> <li>Functional quality and safety committee for Mid North cluster</li> <li>Draft quality framework being developed</li> <li>Clinician involvement in the establishment of quality and safety (clinical governance) framework</li> <li>Implementation of the new CHSALHN OHSW&amp;IM Manual</li> <li>Use of clinical practice guidelines and standards</li> <li>Participate in local and state clinical networks</li> <li>OH&amp;S/patient safety programs and initiatives</li> <li>Advanced Incident Management Systems (AIMS) reporting and follow-up</li> <li>Mid North cluster consumer feedback policy and procedures in place</li> <li>Implementation of shared (ICT) drive across the cluster</li> <li>Use of prescribed data collection and management programs</li> </ul>	<ul style="list-style-type: none"> <li>Clinical governance framework in place</li> <li>Establishment of standard electronic quality register to effectively monitor all quality initiatives</li> <li>Standard audit processes and tools across the Mid North cluster</li> <li>Country roll-out of Care Connect electronic health record project and other ICT initiatives</li> <li>Improved utilisation of data and information collected to inform best practice (consumer feedback system/data)</li> <li>Development and implementation of key performance indicators across all cluster committees to monitor performance</li> <li>Clinical risk incorporated into all quality and safety aspects</li> </ul>
<ul style="list-style-type: none"> <li>Continual improvement and patient-centred approach underpinning service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Maintain ACHS accreditation</li> <li>Maintain HACC accreditation and other aged care accreditations for Commonwealth programs and services</li> <li>Adherence to the Aged Care Act</li> <li>Audit programs in place to ensure client satisfaction</li> <li>Implement the Australian Charter of Health Care Rights</li> </ul>	<ul style="list-style-type: none"> <li>Formation of Mid North cluster accreditation working party to coordinate and formalise a cluster wide approach to accreditation process</li> <li>Work toward the implementation of the National Open Disclosure Standard in all health facilities</li> </ul>

<sup>20</sup> Country Health SA Quality and Safety Strategic Priorities 2009-2010  
Country Health SA Model of Care August 2009

	<ul style="list-style-type: none"> <li>• Implement strategies to improve the State and National Patient Safety priority areas</li> <li>• Implementation of a new consumer feedback monitoring tool as part of a SA Health program</li> <li>• Implement strategies to improve the State and National Patient Safety priority areas</li> <li>• Transition to one accreditation provider from April 2010 which will integrate acute, community health, mental health and aged care in accreditation</li> </ul>	
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## 7.2 Patient Journey

**Objective 1:** Access to health services as close to home as possible; where this isn't possible, access to affordable, flexible and responsive transport options

**Objective 2:** Improved pre-admission and discharge planning

**Critical milestones:** NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>• Local access to specialists and clinical consultations through telehealth services</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance access to rural and remote mental health services through existing telehealth facility</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to telehealth and telemedicine facilities at all sites to avoid unnecessary patient journeys</li> <li>• Establish clinical software programs capable of recording data to share across services (between health services and GP practices)</li> <li>• Secure messaging within ICT services</li> <li>• Integrate with Statewide planning to coordinate access to specialists and clinicians across South Australia</li> </ul>
<ul style="list-style-type: none"> <li>• Accessible public transport service between Mid North cluster and Port Pirie and Mid North cluster and Adelaide for increased access to health services</li> </ul>	<ul style="list-style-type: none"> <li>• Northern Passenger Transport scheme with cars and supported by volunteer drivers across the Mid North cluster</li> <li>• Northern Passenger Transport bus service across the Mid North cluster (east to west) on a weekly basis for each area</li> <li>• Taxi service available in Peterborough, Jamestown, Port Broughton and Port Pirie</li> </ul>	<ul style="list-style-type: none"> <li>• In partnership with other key stakeholders, facilitate the development of an improved transportation system for patients needing to travel to access services</li> </ul>
<ul style="list-style-type: none"> <li>• Expand access to local clinical support services</li> </ul>	<ul style="list-style-type: none"> <li>• Point of care testing available locally</li> <li>• Clinic car available at Booleroo Centre</li> </ul>	<ul style="list-style-type: none"> <li>• Increase point of care testing at local health services to avoid unnecessary patient journeys</li> <li>• Explore opportunities for clinic cars for non urgent transport services inter-hospital</li> <li>• Explore opportunities for use of clinic cars within local communities.</li> </ul>

<ul style="list-style-type: none"> <li>Fast and efficient patient transport and retrieval</li> </ul>	<ul style="list-style-type: none"> <li>Helipad available on hospital site at Port Pirie</li> <li>Sealed airstrip at Jamestown and Port Pirie</li> <li>All weather strip at Booleroo Centre</li> <li>Sites allocated and protocols in place for helicopter to land at all communities where health services currently exist</li> <li>Volunteer ambulance services available at all centres across the Mid North cluster</li> <li>Paramedic and advanced paramedic ambulance service available from Pt Pirie.</li> </ul>	<ul style="list-style-type: none"> <li>Work with SA Ambulance Service and the Royal Flying Doctor Service to explore opportunities to reduce delays in patient transport</li> <li>Support SA Ambulance Service in recruitment drives for volunteers<sup>6</sup></li> <li>Include GPs in retrieval process (register as being prepared to be involved in roadside retrievals)</li> </ul>
<ul style="list-style-type: none"> <li>Pre-admission and discharge planning is effective and ensures client time away from home is maintained at a minimum</li> </ul>	<ul style="list-style-type: none"> <li>Discharge planning mechanisms in place in all health units</li> <li>Pre-admission clinic at Port Pirie</li> </ul>	<ul style="list-style-type: none"> <li>Multi-discipline approach to discharge planning (all health disciplines engaged in the planning process)</li> <li>Access to videoconferencing for pre-admission services where appropriate</li> <li>Availability of a range of step down services for effective discharge planning</li> </ul>
<ul style="list-style-type: none"> <li>Improved support for those needing to relocate to access health services</li> </ul>	<ul style="list-style-type: none"> <li>Discharge planning officer available in Pt Pirie</li> <li>Hospital social worker available in Pt Pirie</li> <li>Fact sheets available at local health services providing information when clients need to relocate to Adelaide to access services</li> </ul>	<ul style="list-style-type: none"> <li>Accommodation options in Pt Pirie for clients' carers when needing to relocate to Pt Pirie to access services</li> </ul>

## 7.3 Cultural Respect

### Objective

Provide culturally sensitive services for Aboriginal people and other people from culturally and linguistically diverse backgrounds that meet their health and wellbeing needs – either through mainstream or Aboriginal health services<sup>14</sup>

**Critical milestones:** NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>Health services provided for Aboriginal people are in a culturally sensitive and respectful manner</li> </ul>	<ul style="list-style-type: none"> <li>All staff have attended Aboriginal cultural awareness training</li> <li>Aboriginal employees are encouraged to complete further education</li> <li>Pt Pirie GP Plus Health centre incorporating an Aboriginal health centre with its own entry point into the business case</li> <li>Aboriginal Health Advisory Committee for the Mid North cluster is in place and has been integral in the 10 year health service planning for Aboriginal community</li> </ul>	<ul style="list-style-type: none"> <li>Expand opportunities for Aboriginal people to be employed at all areas of the health service</li> <li>Ensure the priorities for Aboriginal health service in the 10 year plan are implemented</li> <li>Continue to engage with Aboriginal people through Aboriginal Health Advisory Committee, Aboriginal Health Council, Aboriginal Health Team and Aboriginal elders</li> <li>Continue to provide and enhance cultural respect and awareness training across the Mid North cluster</li> </ul>
<ul style="list-style-type: none"> <li>Targeted Aboriginal health improvement strategies</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal specific chronic disease management program</li> <li>Aboriginal health team within the Mid North community health service</li> <li>Tarpari Wellness Centre centrally located in Pt Pirie for Aboriginal people to access</li> <li>Kapi-Kumpilpa wellbeing centre in Terowie</li> </ul>	<ul style="list-style-type: none"> <li>Support the Aboriginal health team to maintain sustainability of local and visiting Aboriginal health services</li> <li>Build connections with other Aboriginal health services (e.g. Pika Wiya)</li> <li>Continue to explore opportunities to develop Tarpari Wellness Centre further</li> <li>Explore opportunities to further develop Kapi-Kumpilpa wellbeing centre to the Terowie and Peterborough population.</li> </ul>
<ul style="list-style-type: none"> <li>Health Services provided for people from culturally and linguistically diverse backgrounds are in a culturally sensitive and respectful manner</li> </ul>	<ul style="list-style-type: none"> <li>Use of interpreter services</li> <li>Accessible health promotion and prevention programs for all population groups</li> <li>Information provided in languages other than English</li> </ul>	<ul style="list-style-type: none"> <li>Conduct cultural respect education and training programs for all Hospital staff</li> <li>Advocate on behalf of skilled migrants for access to health care services</li> <li>Culturally sensitive programs for women and children as required</li> <li>Establish stronger partnerships with the Migrant Resource Centre and Skilled Migrant Programs</li> <li>Strengthen relationships between Hospital and patients from a range of cultural backgrounds</li> </ul>

## 7.4 Engaging with our community

**Objective:** Develop and implement a community engagement and communication strategy across the Mid North cluster

**Critical milestones:** Development of community communication strategy; implementation; evaluation; ongoing development

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>The community is kept informed and up to date about health services and provided with health information that they can understand</li> </ul>	<ul style="list-style-type: none"> <li>Support for the Health Advisory Councils of the Mid North cluster to implement their ongoing role of engaging with their community and local stakeholders</li> <li>Establishment of a consistent marketing approach for the role of Health Advisory Councils across the Mid North cluster</li> <li>Health Advisory Council websites</li> <li>Community forums held across the Mid North cluster</li> <li>Health community development committees in place in some areas of the Mid North cluster</li> </ul>	<ul style="list-style-type: none"> <li>Development and implementation of a coordinated and consistent community communication strategy for Mid North cluster – e.g. service directories, newsletters, Internet-based communication, provision of non-threatening opportunities for feedback/comment</li> <li>Effective health literacy principles to be considered and incorporated into the development of all health information</li> <li>Implementation of strategies for community engagement which the community identified during the 10 year health service planning process</li> </ul>
<ul style="list-style-type: none"> <li>The community provides feedback in a structured manner to assist in the ongoing planning and development of services</li> <li>Health service needs of the community are understood</li> </ul>	<ul style="list-style-type: none"> <li>Consumer feedback mechanisms – e.g. complaints, satisfaction surveys</li> <li>Health Advisory Councils</li> <li>Health Advisory Council websites with mechanisms for community feedback established and marketed to community</li> </ul>	<ul style="list-style-type: none"> <li>Health Advisory Councils to develop an ongoing community engagement and consultation plan (based on feedback from 10 year Plan), taking into account minority groups, the disabled and Aboriginal community</li> <li>Development of sustainable partnerships with other key community organisations and groups for effective engagement with community</li> <li>Ongoing contribution to and participation in the country-wide community engagement and consumer participation policy framework</li> </ul>

## 7.5 Local Clinical Networks

**Objective:** Build coordinated and seamless links between health and related services/providers across the Mid North cluster and Country Health SA  
**Critical milestones:** NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>Formal ties with health service organisations in the Mid North cluster</li> </ul>	<ul style="list-style-type: none"> <li>Mid North cluster governance structure in place supported by eight sub committees</li> <li>Build on linkages with the Mid North Division of Rural Medicine</li> <li>Continue to expand relationship with local general practice and other private health service providers</li> <li>Continue to expand relationship, access to specialists, and other services provided within the Mid North cluster which are not available locally</li> </ul>	<ul style="list-style-type: none"> <li>Implement, monitor and evaluate plans of the Mid North cluster governance structure</li> <li>Establish an appropriate service model for Mid North cluster based on GP Plus service delivery model</li> <li>Support integrated and enhanced programs that support general practice – e.g. practice nurses, mental health, chronic disease management</li> </ul>
<ul style="list-style-type: none"> <li>Formal ties with Statewide and Country Health SA clinical networks</li> </ul>	<ul style="list-style-type: none"> <li>Mid North cluster governance structure that supports the implementation of state-wide and Country Health SA clinical networks plan</li> <li>Strengthen networks with metropolitan and state-wide services to sustain outpatient chemotherapy services, access to Yarrow Place service, Rural and Remote Mental Health Service, Mental Health Services for older people and other clinical services</li> </ul>	<ul style="list-style-type: none"> <li>All Mid North cluster planning process to be aligned to state-wide clinical and other planning processes</li> <li>Expand collaborative relationships with visiting specialists throughout the Mid North cluster</li> <li>Further expansion of state-wide and Country Health SA clinical networks</li> <li>Strengthen relationships and partnerships with state-wide services to build the local capacity of the service e.g. DASSA, C&amp;YHS, CAMHS, Yarrow Place</li> </ul>

## 8 Resources Strategy

### 8.1 Workforce

**Objective:** Maintain a skilled and experienced workforce equipped to meet the changing health environment

**Critical milestones:** Adequate workforce numbers and skill mix to meet delineated service requirements over the next 10 years and beyond

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>Highly skilled and qualified workforce</li> </ul>	<ul style="list-style-type: none"> <li>Continue clinical staff up skilling and development</li> <li>Staff skilled in providing both high and low level residential care services</li> </ul>	<ul style="list-style-type: none"> <li>Expand training opportunities for nursing staff, particularly aged care nursing staff, advanced nurse practitioners in emergency services, midwifery and theatre</li> <li>Up-skilling / support of local persons to obtain allied health qualifications given difficulty faced in recruiting allied health staff to rural and remote locations</li> </ul>
<ul style="list-style-type: none"> <li>Recruitment and retention of the workforce to support the service profile</li> </ul>	<ul style="list-style-type: none"> <li>Support to retain qualified medical staff</li> <li>Maintenance of credentialed medical staff</li> <li>Recruitment of qualified nursing staff via graduate nurse and cadetship programs</li> <li>GP practice intern and registrar programs</li> <li>Allied health training opportunities</li> <li>Nursing training opportunities</li> <li>SA Ambulance Service ambulance workforce comprising paramedics, extended care paramedics and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>Explore options to strengthen the recruitment and retention of all personnel in the health service</li> <li>Improved succession planning for leadership roles within the Mid North cluster – ongoing support of clinical and broader health leadership programs; improved mentoring opportunities</li> <li>Support the training of new registered midwives and ongoing professional development of current midwives, building on the strong staff interest in gaining and/or maintaining midwifery qualifications across the Mid North cluster</li> <li>Development of a theatre and midwifery team to meet future demands for service</li> <li>Plan for implications of an ageing workforce</li> <li>Explore a sustainable model to recruit and retain specialist medical staff within the Mid North cluster</li> <li>Explore a sustainable model to recruit and retain a volunteer workforce within the Mid North cluster</li> <li>Establishment of university training facility aligned to GP Plus Service centre in Pt Pire for the training of allied health and medical staff</li> <li>Collaborative approach with SA Ambulance Service to maintain an emergency response workforce in the Mid North cluster</li> </ul>

<ul style="list-style-type: none"> <li>Increased accessibility for Aboriginal people to be employed in the health service</li> </ul>	<ul style="list-style-type: none"> <li>Continue to encourage Aboriginal employees to complete further education</li> <li>Maintain Aboriginal nursing placements</li> <li>Continue to seek all staff to undertake Aboriginal cultural awareness training</li> </ul>	<ul style="list-style-type: none"> <li>Encourage and recruit Aboriginal people across all levels of the health service.</li> </ul>
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## 8.2 Infrastructure

**Objective:** Maintain and enhance the infrastructure and equipment of health services in the Mid North cluster to meet future service requirements

**Critical milestones:** NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>Infrastructure and equipment that meets the standards and supports existing and future service profiles.</li> </ul>	<ul style="list-style-type: none"> <li>Preventative maintenance programs</li> <li>Cluster wide approach to minor works programs</li> <li>Capital works planning</li> <li>Shared sterilisation services across health units</li> <li>Provision of equipment through clinical networks and other Country Health SA programs i.e. point of care testing (iCCNet); Electro-cardiograph machines (CHSALHN Accident and Emergency project)</li> <li>Local Country Health SA capital funds and Health Advisory Council Funds</li> <li>Aged care capital funds</li> <li>One off funding for specific infrastructure improvements</li> <li>Community donations</li> <li>Pharmacy service in Pt Pirie to support inpatient and outpatient programs (e.g. methadone; chemotherapy; dialysis)</li> </ul>	<ul style="list-style-type: none"> <li>Share capital resources where appropriate across Mid North cluster</li> <li>Consideration of mobile services (radiology, theatre, chemotherapy) where appropriate to reduce impact on infrastructure and equipment</li> <li>Incorporate sonograph equipment, coronary care unit equipment and enhanced point of care testing equipment into capital/ minor works programs</li> <li>Partnership with other agencies who have a vested interest in health infrastructure and equipment – e.g. general practice; private medical services; local government</li> <li>Promotion of bequests/gifts to Health Advisory Council.</li> </ul>

### 8.3 Finance

**Objective1:** Enhanced best practice in service delivery through benchmarking of service delivery

**Objective 2:** Changed service delivery to provide resources for future changed initiatives

**Critical milestones:** NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>Sustainable funding which meets the current and future service profile requirements</li> </ul>	<ul style="list-style-type: none"> <li>Maintain funding to support the existing services to be sustained.</li> <li>Evaluate grant funded programs such as RHS and bench mark other services to ensure that financial sustainability is achieved to maintain existing successful initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of effective data collection and bench marking strategies to monitor effectiveness of service delivery</li> <li>Develop business cases to seek funding to implement new services, changed services or ease demand pressures on existing services</li> <li>Promote changed models of service delivery as best practice</li> <li>Seek pilot funding for establishment of new ways of delivering services</li> </ul>

### 8.4 Information Technology

**Objective:** Improve the ICT connectivity to enhance telehealth/telemedicine and communication opportunities

**Critical milestones:** NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>Patient journey reduced</li> <li>Case management improved</li> <li>Seamless entry to service</li> <li>Improved admission process</li> </ul>	<ul style="list-style-type: none"> <li>Telehealth and telemedicine available locally</li> <li>Video conferencing available locally (aged and not very effective)</li> <li>ICT that supports point of care testing</li> <li>Pathology and radiology results available via the Internet</li> </ul>	<ul style="list-style-type: none"> <li>Care Connect Strategy – country roll out (information and communication strategy)</li> <li>Reduce patient journey by providing greater telehealth opportunities – e.g. specialist consultations via videoconferencing; pre- anaesthetic checks</li> <li>Improve and enhance patient journey for Aboriginal people with effective ICT systems in place for case management and care coordination.</li> <li>Participate in common systems and data sharing arrangements with Aboriginal Health organisations across South Australia.</li> <li>Improve staff skills and confidence in using ICT modalities in daily practice</li> <li>Explore opportunities/options for digital x-ray</li> <li>Expand point of care testing</li> </ul>
<ul style="list-style-type: none"> <li>Safer practice</li> </ul>	<ul style="list-style-type: none"> <li>ICT connectivity across the cluster via a shared drive</li> <li>Data collection and analysis programs e.g. CME</li> <li>Professional development – e-based interactive skills development programs</li> </ul>	<ul style="list-style-type: none"> <li>Improve ICT connectivity with general practice</li> <li>Secure messaging across service providers</li> <li>Improve data collection and analysis to assist with ongoing service planning</li> <li>Improve range and opportunities for online staff professional development</li> </ul>

## 8.5 Risk Analysis

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

**Critical milestones:** NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
<ul style="list-style-type: none"> <li>• Successful implementation of models of care for each service category which is within the 10 year service plan of Mid North cluster</li> <li>• Implementation plan established from the Mid North cluster 10 Year Health Service Plan for each of the health services within the Mid North cluster to implement the model of care</li> </ul>	<ul style="list-style-type: none"> <li>• Mid North cluster clinical governance structure in place to monitor the delivery of health services in Mid North cluster</li> <li>• Quality and safety committee in place for Mid North cluster</li> <li>• Mid North cluster service planning committee</li> <li>• Mid North cluster risk register</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an implementation, monitoring and review strategy for the 10 Year Health Service Plan across the Mid North cluster</li> <li>• Develop local implementation plans and monitor and review the implementation at a local level in line with the cluster wide plan</li> <li>• Develop a risk analysis for the release of the 10 Year Health Service Plan to the community and key stakeholders</li> <li>• Ensure all models of care to be established and strategies to be implemented from 10 Year Health Service Plan are undertaken following an analysis of any risk associated with the development</li> <li>• Ongoing contribution and participation in the Country Health SA Risk Management policy framework</li> <li>• Ongoing participation and contribution to other Country Health SA nominated risk management activities</li> <li>• Development of strategies to continue to inform the community and other key stakeholders of the progress of the implementation of the 10 Year Health Service Plan (progress reports)</li> </ul>

## 9 Appendix

### 9.1 Leadership Structure

The leadership structure for the Mid North 10 Year Health Service Plan has included the following:

Mid North Cluster Executive in association with the four Health Advisory Councils has provided leadership and direction for the cluster within the 10 Year Health Service Plan framework. The Executive Committee comprises executive staff from each health service including community health, corporate services and medical services from across the Mid North cluster.

Health Advisory Councils in the Mid North cluster are Mid North Health, Southern Flinders Health, Port Broughton and Port Pirie. The Health Advisory Councils had a consolidated approach to the 10 year health service planning process with their role being developed and endorsed at the beginning of the process. They determined that their role was one of engagement with the community with the Service Planning Committee having responsibility for key stakeholder engagement. The role of the Health Advisory Councils included:

- Facilitation of discussion in the community about health issues, priorities and needs.
- Provision of advice and advocacy on behalf of the community.
- Communication and consultation with the community and with Country Health SA on behalf of the community.
- Engagement with the community and evaluation of progress.
- Monitoring progress of development of planning process.

The objectives to achieve this role were:

1. To develop strong communication links and a two-way feedback process between community members/groups – older persons (56+), adults (25-55), youth, children and disadvantaged/minority groups.
2. To maintain a true and correct record of individual discussions and community feedback.
3. To provide accurate information to the CHSALHN Planning Project Team to assist in the development of the local needs analysis and Health Service Plan.
4. To provide the local community with current information.

The Service Planning Committee supported the Mid North 10 year planning process and is a sub committee of the Mid North Cluster Executive. The role of this Committee was to facilitate, coordinate and monitor the effectiveness of the planning process and to engage with key stakeholders during the planning process. This Committee has representation from community health, smaller rural health units in the cluster, residential aged care, Multipurpose Service (MPS), allied health, health promotion, RHS, Aboriginal Health Advisory Committee, environmental health, Health Advisory Councils and the Mid North Division of Rural Medicine.

The Local Liaison Service Development Manager facilitated and coordinated the leadership structure working together to achieve the documented milestones.

### 9.2 Methodology

The Mid North Cluster Executive and the four Health Advisory Councils have led the planning process, guided the development of the Plan, liaised with the Service Planning Committee, and will oversee the ongoing implementation, monitoring and review of the Plan.

April - June 2009	Planning structure established; Local Liaison Service Development Manager appointed; Health Advisory Councils and Service Planning Committee engaged in the planning process. Health Advisory Councils undertook training in community engagement with Emily Jenke.
July-August 2009	Community, staff and stakeholder engagement strategy planned in partnership with Health Advisory Councils and Service Planning Committee.

Sept – Dec 2009	Community, staff and stakeholder engagement strategy implemented; local plans and past consultations reviewed by Local Liaison Service Development Manager. Service profiles developed, finalised and endorsed for each health service. Service profile fact sheets developed.
Dec – Mar 2010	Service profile priorities documents developed. Findings consolidated in needs analysis. Workshops held with staff and stakeholders. Feedback on draft needs analysis obtained via email or in hard copy (all staff, all GP practices, Executive group, Health Advisory Councils, Aboriginal Health Advisory Committee).
March – April 2010	Draft 10 Year Health Service Plan developed, endorsed in draft by Mid North cluster Executive and forwarded to Country Health SA Planning Implementation Steering Committee.
May 2010	Health Advisory Councils endorse draft plan for distribution to community and key stakeholders. Distribution to community and key stakeholders using a range of strategies.
June 2010	Re-draft Plan to include community feedback; forward Plan to Health Advisory Councils for endorsement.
16-24 June 2010	Pt Pirie, Mid North, Port Broughton, Southern Flinders Health Advisory Councils endorsed the final plan at the June meetings.
17 June 2010	Mid North Aboriginal Health Advisory Council endorsed the final plan at the meeting held 17 June 2010.
30 June 2010	Final endorsed Plan submitted to Country Health SA for sign off by the Minister.

### 9.3 Review Process

This process is yet to be finalised. The key stakeholders and community were asked how they would like to be involved in the monitoring of the implementation of the Plan. A range of strategies were identified which include:

- Annual community forum which provides a report against the plan and also identifies any change in community needs.
- Target individuals, key community and stakeholder groups annually to provide an update.
- Produce a report of the achievements against the Plan.
- Provide an annual feedback report in association with the Health Advisory Council AGM.
- Utilise media, web based and newsletter feedback.

## 9.4 Glossary

A&E	Accident and Emergency
ACHS	Australian Council of Healthcare Standards
AGM	Annual General Meeting
Building the Links	Community based mental health service delivery model developed in the Mid North during the 1990s
CAMHS	Child and Adolescent Mental Health Service
CHSALHN	Country Health SA Local Health Network
Clinical Governance	A systematic approach to maintaining and improving the quality of patient care within a health system
CME	Client Management Engine (data base program for Community and Allied Health)
C&YHS	Child & Youth Health Services
DASSA	Drug and Alcohol Services SA
DECS	Department of Education and Children's Services
GP	General Practitioner
GP Plus service model	Out of hospital services provided by building partnerships and relationships with key stakeholders to improve health outcomes for the population through service integration and coordination
GROW	Mental health community based intervention group
HAC	Health Advisory Council
HACC	Home and Community Care
ICCNet	Integrated Cardiac Assessment Regional Network
ICT	Information and communication technology
INR	International Normalised Ratio (test of blood clotting)
Level 4 Birthing service	Restricted to caring for the pregnant woman with only minor complications who delivers her singleton neonate at a gestation greater than or equal to ( $\geq$ ) 34 weeks or uncomplicated twins who deliver ( $\geq$ ) 35 weeks and the neonate(s) weigh greater than or equal to ( $\geq$ ) 2000 g
MPS	Multipurpose Service
OHSW&IM	Occupational Health Safety Welfare and Injury Management
Outpatient	Non admitted planned health service (booked in)
PATS	Patient Assisted Transport Scheme
Pika Wiya	Aboriginal Community Controlled Health Service located in Port Augusta
Point of Care Testing	Testing (eg pathology) performed on-site during the patient consultation which allows a rapid test result
RIBS	Rapid Intensive Brokerage Support
RHS	Rural Health Service Program
Separations	Number of admitted patients either discharged or transferred from a hospital
SAMSS	South Australian Monitoring and Surveillance System
SARRAH	Services for Australian Rural and Remote Allied Health
Shared Care	Care provided between GP/GP obstetrician and/or midwife and GP obstetrician and midwife
SLA	Statistical Local Area

SWOT	Analysis of strengths, weaknesses, opportunities and threats
TCPs	Transitional Care Programs
Telehealth	The use of telecommunication technology to provide health care services and access to health information
Triage	A process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment
Virtual Rooms	Being actively connected to a network or computer system; usually being able to interactively exchange data commands and information between people across a secure network
Yarrow Place	Statewide rape and sexual assault service