



Murray Bridge

10 Year Local Health Service Plan

2011 – 2020

Murray Bridge Health Advisory Council
Murray Bridge Soldiers' Memorial Hospital
Murray Mallee Community Health Service
Country Health SA Local Health Network



Government
of South Australia

SA Health

10 Year Local Health Service Plan
Murray Bridge Soldiers' Memorial Hospital
2011 - 2020

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Date: 30 June 2011

1. Executive Summary

Background and context

The Murray Bridge Soldiers' Memorial Hospital (MBSMH) and Murray Mallee Community Health Service (MMCHS) have taken the lead and determining role in the development of the Health Service Plan, with the support of the Country Health SA Local Health Network (CHSALHN) Planning Projects Team. The MBSMH Health Advisory Council Inc (HAC) has worked closely with the MBSMH and MMCHS in the planning and implementation of the community consultation as well as the review and consultation of the draft Plan. A Local Liaison Planning Officer was nominated in April 2009 to work with the Executive group and the HAC in the planning and implementation phases of the community consultation and needs analysis processes.

As a major stakeholder, The Bridge Clinic medical staff in Murray Bridge were involved with the consultation and engaged closely with the planning team in providing information and advice to the 10 Year Health Service Local Plan.

A workshop was held in May 2009 with the Local Liaison Planning Officer, Executive and the HAC members to identify the priority areas for community consultation. Small groups from the workshop were then selected to progress the consultations through focus groups during September-November 2009 in the areas identified including local government, local medical practitioners, youth, Aboriginal health, aged care, disability and injecting drug users. A letterbox drop was also conducted in August 2009 within the Rural City of Murray Bridge notifying residents of the consultation phase of the Health Service Plan and encouraging phone contact to HAC members or alternatively an email address to send in their feedback. Feedback was accepted up until the 15 December 2009.

A significant issue expressed from the community feedback indicated concern around the significant growth that has been projected over the next 10 years for the Rural City of Murray Bridge and surrounds, and the capacity of the health services being able to support the increased demand on services. The needs analysis has included all of the findings from these community consultation processes as well as analysis of the Health Service Profile and other relevant data.

Key components of the plan

The key evidence which supports the strengthening of existing services, as well as the development of new programs, includes the projected population statistics, the right for people to access services close to home within resources, a higher young population and fertility rate, a significant Aboriginal population, a high degree of socioeconomic disadvantage and risk factors (alcohol consumption, high blood pressure, obesity, physical inactivity, and smoking) as well as a higher prevalence of chronic disease (arthritis, asthma, cardiovascular disease and mental illness) in comparison to the overall South Australian rate.

To sustain, maintain and develop services to meet the growth and needs of the community is the primary focus of the plan including 24/7 emergency services, acute inpatient care, elective surgery, maternal and neonatal care, aged care, community and outpatient care, palliative care, clinical support services, medical specialties services, mental health and Aboriginal health care.

Recommendations

- Maintenance of a 24 hour emergency service and refurbishment of emergency area.
- Ongoing review and planning of acute care hospital, dialysis services and community health services to meet the projected growth of the area.
- Implement strategies to reduce elective surgery waiting lists in pressure areas (eg orthopaedics) and the waiting times for gastroenterology investigations.
- Ongoing workforce development, recruitment and retention of community, hospital and medical health professionals.
- Review of the model of provision of maternity services including implementation of Aboriginal and maternal care programs and refurbishment of maternity area.
- Improve and coordinate GP Plus strategies and packages of care across the Mallee Coorong cluster.

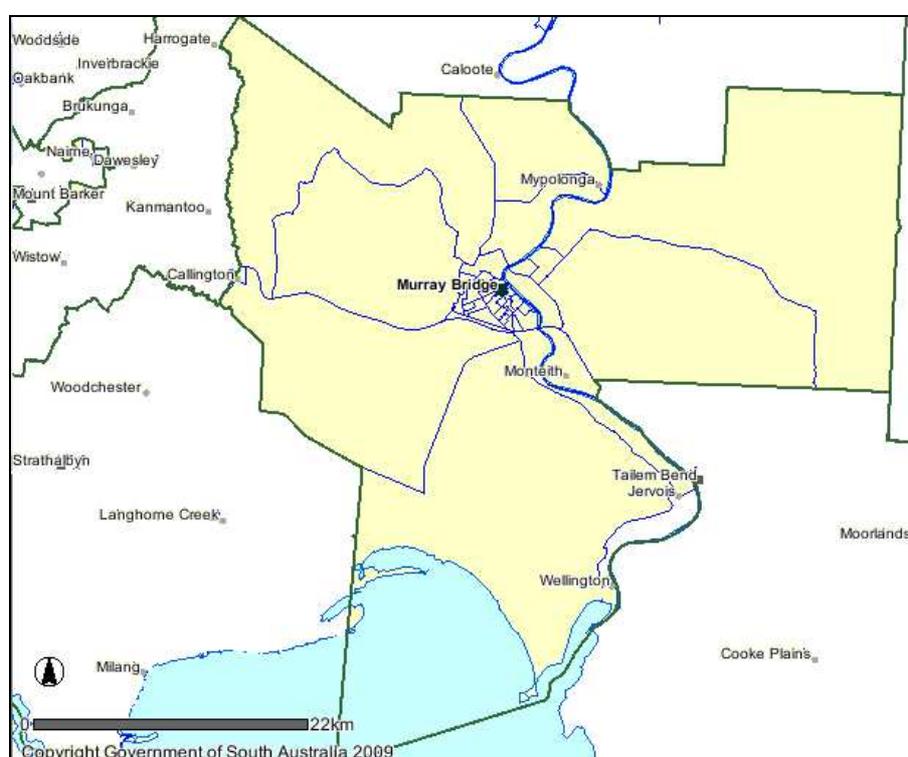
- Development of level 2 palliative care services and effective coordination of palliative care for cancer patients including review of oncology services.
- Improve ICT support to meet clinical requirements.
- Improve and maintain mental health services.

2. Catchment summary

Introduction

The township of Murray Bridge is located approximately 75 kilometres south-east of Adelaide. The Murray Bridge Hospital is situated within the Murray Bridge Statistical Local Area (SLA) and the catchment area for the Hospital extends from Callington to the west, Wellington to the south, Mypolonga to the north and towards Harrogate to the north-west (see map below).

Murray Bridge is also the regional centre for the broader Mallee Coorong area extending from Mannum to the north, Tintinara to the south, and Pinnaroo and Murrayville (Victoria) to the east. This broader catchment area includes the Mannum, Mallee (Karoonda, Lameroo, Pinnaroo) and Coorong (Meningie, Taillem Bend) Health Services. Murray Bridge Clinic provides GP services to a large number of community both within the Murray Bridge catchment and the broader Mallee / Coorong region.



Reference: <http://www.atlas.sa.gov.au/>

Population

The resident population for the Murray Bridge catchment is 19,606 (DPLG, ERP, 2011). People from Aboriginal and Torres Strait Islander backgrounds comprise 4.8% of the Murray Bridge catchment compared with 3.8% of the Mallee Coorong area and 3.1% of the total country South Australian population (ABS, 2006). Approximately 5.2% of the population in the Murray Bridge catchment speak a language other than English at home, compared with 3.9% of the Mallee Coorong area and 3.9% of the total country South Australian population. 83.9% of the population were reportedly Australian born with 10.4% born overseas.

The structure of the population is relatively consistent with country South Australia. The highest proportion of the population (25%) is in the 44-64 year age group, followed by 24.9% in the 25-44 year age group. Approximately one-third of the population is under 24 years of age. The projected population for the catchment area is estimated to increase to 20,887 by the year 2021. The fertility rate for the catchment is approximately 2.19. This is above replacement level and higher than the South Australian rate (1.82). The indirect standardised death rate for the catchment is consistent with the South Australian average (6.1).

The broader Murraylands region (which includes Murray Bridge and the Mallee Coorong area) had an estimated 308,000 overnight visitors and 857,000 day visitors in 2007. There were 21,889 visitors to Murray Bridge in 2007/08.

Table 1: Murray Bridge catchment population

	No.	%	Cluster* No.	Cluster* %	Country SA %	SA total %
Total Population	19,605		32,574		490,635	1,667,444
Males	9,834	50.2%	16,545	50.8%	50.5%	49.4%
Females	9,771	49.8%	16,029	49.2%	49.5%	50.6%
0-14 years of age	3,688	18.8%	6,026	18.5%	20.4%	18.5%
15-24 years	2,580	13.2%	4,127	12.7%	11.4%	13.3%
25-44 years	4,880	24.9%	7,783	23.9%	25.1%	26.7%
45-64 years	4,897	25.0%	8,722	26.8%	27.3%	26.1%
65-84 years	3,105	15.8%	5,182	15.9%	13.9%	13.4%
85 years and over	454	2.3%	734	2.3%	1.8%	2.0%
ATSI*	745	4.3%	1,165	3.8%	3.1%	1.7%
CALD (Speaks a language other than English at home)	909	5.2%	1,172	3.9%	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 Murray Bridge Urban Growth Plan report (July 2007) has indicated that even more significant growth of the Rural City of Murray Bridge could occur with the population doubling to 30,000 over the next 20 years. The report indicates that Murray Bridge is strategically positioned to assist the South Australian Strategic Plan and Population Strategy, due to:

- Existing population base.
- Existing infrastructure base.
- Strong economy.
- Connectivity to metropolitan Adelaide.

Socioeconomic factors

The catchment region has been identified as inner regional which indicates a lower level of remoteness than other more isolated country South Australian locations. The catchment reflects a high degree of socioeconomic disadvantage, which is also reflected in significantly lower median individual, family and household incomes when compared with averages across country South Australia. The unemployment rate for the area is approximately 7.1% and 18.9% of the local population comprise one parent families. Of all rental accommodation in the area, 39% were managed through real estate companies and 39% managed via a state housing authority.

Based on data which monitors the trends of diseases, health related problems, risk factors and other issues across major regional areas, the Mallee Coorong cluster demonstrates higher levels of risk factors for alcohol consumption (short and long term), high blood pressure, obesity, physical inactivity, and smoking (including ex-smokers) when compared with total South Australia. The prevalence of chronic disease for persons aged 16 years and over in the Mallee Coorong cluster demonstrates a higher prevalence of arthritis, asthma, cardiovascular disease and mental illness when compared with total South Australia.

The Murraylands region is a lightly settled grain farming and sheep-rearing zone. An outstanding feature of the region is the trench of the River Murray and adjacent irrigated uplands. These support a diverse range of horticultural crops and viticulture with associated packing and processing operations. Manufacturing makes up 18.7% of total employment across the Murray Bridge catchment, followed by retail trade (14.5%), health care and social assistance (10.6%), and agriculture (8.7%). This region, along with other major areas of the State, has been identified for exceptional circumstances due to the prevailing drought.

3. Needs Analysis summary

Introduction

As part of the MBSMH and MMCHS 10 year health service planning process, the MBSMH and MMCHS undertook a needs analysis to capture the strengths, weaknesses, opportunities and threats (SWOT) of existing services and future directions.

A small working group with key staff from the health site, the Local Liaison Planning Officer and the CHSALHN Planning Officer collated and considered all of the information from the HAC community and stakeholder consultations, the Health service Profile and existing local, state and national strategic directions and plans.

Community, staff, stakeholders' engagement and consultation

A key part of the 10 year service planning has been to engage the community and other key stakeholders and offer them opportunities to provide feedback about service gaps and issues. The MBSMH Executive group, Local Liaison Planning Officer and the HAC undertook a planning process in May 2009 to identify the community groups and stakeholders and determine the level of engagement required to meet the needs of the planning process.

Small groups from the workshop consisting of HAC members and Hospital Executives were then selected to progress the consultations through focus groups during September-November 2009. The target groups identified by the HAC fit in two specific areas; the first being agencies which provide broad services to the community and interact with health; and the other being specific consumer groups with high health needs.

As a major stakeholder, The Bridge Clinic medical staff in Murray Bridge were involved with the consultation and engaged closely with the planning team in providing information and advice to the 10 Year Local Plan. The other target groups identified to provide information on current services and feedback on future needs were local government, youth, aged care, disability, injecting drug users and Aboriginal health.

Aged care was identified as priority area with the emphasis on keeping older people in their homes for as long as possible with support systems in place. Community health programs were seen as a significant contribution in this respect and the newer GP Plus strategies has strengthened this approach to care.

Aboriginal health was also seen as a priority area for community consultation due to the significant Aboriginal population in the area. The HAC focus groups received feedback through two local Aboriginal committees, the Aboriginal Elders (Tumake Yande) and the Aboriginal Health Advisory Committee (AHAC). MBSMH and MMCHS have a strong commitment to the provision of cultural awareness and cultural respect training for all managers and staff to assist in the provision of culturally appropriate health services. Staff compliance to the training is reviewed annually through performance development processes. A survey of the Aboriginal community was undertaken through the Winmil Yuntuwallin (Working Together) Committee through a mail out to provide MBSMH, MMCHS and APHCU with feedback on their services. Recommendations from this survey are currently being addressed.

In addition to this process, the HAC Presiding Member along with other Presiding Members met with the Aboriginal Services Manager to obtain advice on mechanisms for strengthening consultation with the Aboriginal community, mechanisms which will be considered and adopted by the HAC and Executive. A follow up meeting will be scheduled for September 2010.

The HAC also identified the need for a wider feedback process for residents within the Rural City of Murray Bridge. A letterbox drop was conducted in August 2009 that notified residents of the consultation phase of the health care plan and encouraged phone contact to any of the HAC members for all concerns and comments regarding health care needs. A 'have your say' email address was also distributed via the flyer for residents to send feedback electronically. The feedback period was completed by the 15th December 2009.

Priorities identified through the needs analysis

The information gained from the consumer feedback and focus groups was analysed via a needs analysis template and the priorities can be found listed in the Service Delivery Plan section of the Plan.

The Service Delivery Plan is divided up into 6.1: Core services to be sustained; and 6.2 Strategies for new and expanded services. These services have been identified as following:

- Emergency care.
- Acute inpatient.
- Elective surgery.
- Maternal and birthing services.
- Community health and outpatients.
- Mental health.
- Aged care.
- Medical specialties.
- Palliative care.
- Clinical support services.
- Aboriginal health.

The key evidence which supported the strengthening of core services as well as the development of new and expanded services is supported by statistics gathered by MBSMH and MMCHS including bed days, waiting times and demands for services. The significant estimated population growth for Murray Bridge is also a major factor to be considered for new and expanded services.

The following data provides some of the evidence for the rationale to strengthen core services as well as the development of new and expanded services, which can be found in 6.1 and 6.2 of the Plan:

- The right for people to access services close to home within resources.
- A higher younger population and fertility rate.
- A significant Aboriginal population.
- A high degree of socioeconomic disadvantage and risk factors (alcohol consumption, high blood pressure, obesity, physical inactivity, and smoking).
- A higher prevalence of chronic disease (arthritis, asthma, cardiovascular disease and mental illness) in comparison to the overall South Australian rate.
- Ageing workforce.

In summary, the Plan has identified the need to review and enhance community health programs, mental health and aged care programs and packages of care. These factors, alongside the expected population growth over the next 10 years reinforces the need to maintain and expand elective surgery to meet the needs of the community (in particular gastroenterology and orthopaedics), acute inpatient services (including clerical support over 7 days, clinical management systems, replacement of ageing equipment, single occupied rooms, dialysis services) and the continual provision of a 24 hour emergency care service at the Hospital.

A higher younger population and fertility rate, significant Aboriginal population and workforce issues highlighted the need to review maternity models of care for sustainability of services and support the implementation of the culturally appropriate Aboriginal maternal and infant care program.

Aboriginal Patient Pathways Officers were identified as a need by Aboriginal communities to ensure patient journeys are delivered appropriately for the Aboriginal communities.

The chronic disease prevalence also supports enhancement of palliative care services to the Mallee Coorong area to a level 2 service as recognised in the SA Health Palliative Care Services Plan 2009-2016.

The implementation of the SA Health Disability Action Plan 2008-2013 through the local Disability Action Plan includes the following key outcomes:

- Greater accessibility to health services for people with disabilities.
- People with disabilities will have trouble free access to buildings and facilities.
- All communications regarding services for people with a disability are made available in the full range of formats and actively promoted.
- There will be a demonstrated awareness and understanding by staff and volunteers of the needs of people with disabilities.

To enable the provision of quality services to the community it was recognised that in all areas identified, recruitment and retention of suitably qualified staff, and addressing workforce issues were paramount to the success of the maintaining and expanding services across Murray Bridge and surrounds.

4. Local implications of Statewide plans

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

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

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

- Multi-disciplinary teams across and external to the public health system.
- Patient focused care.
- Care as close to home as possible.
- Teaching and research integrated in service models.
- Integrated service model across the continuum of care.
- Streamlining access to specialist consultations.
- Increasing use of tele-medicine.
- 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 Service Plan.

5. Planning Principles

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

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

6. Service Delivery Plan

6.1 Core Services to be Sustained

Service Category	Service Description	Target Group	Directions over next 10 years
Emergency Service	<ul style="list-style-type: none"> • Currently provide 24/7 access to A&E with lower triage patients reporting directly to GP between 8.30-8pm Mon-Fri and 8.30-11.30 Sat • Nurse practitioner (Emergency) position • A safe and secure separate room available for people with mental illness • Roadside to Medstar communication and helipad on site 	Mallee Coorong community and visitors	<ul style="list-style-type: none"> • Redevelopment of A&E area both at Hospital and GP practice • Improve current communication and workplace strategies with key stakeholders to provide a more comprehensive A&E service to the community • Review and seek funding to increase emergency care training opportunities • Continue to review security of area for staff safety • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy
Acute Inpatient Care	<ul style="list-style-type: none"> • Provide a broad range of acute care services including high level acute to Mallee Coorong cluster • Provide dialysis services to Mallee Coorong cluster 	Mallee Coorong community and visitors	<ul style="list-style-type: none"> • Review of funding levels to meet projected growth of required acute care services within the next 10 years <ul style="list-style-type: none"> ○ Clerical support levels over 7 days ○ Clinical management system ○ Single occupied rooms ○ GP Plus strategies ○ Dialysis services • Review and seek funding to increase acute care training opportunities • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy

Elective Surgical	<ul style="list-style-type: none"> • Provide broad range of both day and overnight stay surgical services (including such specialties as orthopaedic, gynaecology, ENT, urology, plastics and general surgery) • Rehabilitation services post orthopaedic surgery currently accessed through Strathalbyn Hospital • Trial to increase OT clinical services in acute and community settings to determine long term objectives 	Mallee Coorong Community	<ul style="list-style-type: none"> • Review of funding levels to meet projected growth of required surgical services within the next 10 years <ul style="list-style-type: none"> ◦ Orthopaedic ◦ Other waiting list pressure areas • Increase opportunities for local pre-rehabilitation and rehabilitation services re: orthopaedic surgery • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy
Maternal & Birthing Services	<ul style="list-style-type: none"> • Low risk single birth • Theatre and staffing available for caesarean sections 24 hours a day, 7 days a week • Antenatal clinics provided weekly • Community midwife visits postnatally 	Mallee Coorong community and visitors	<ul style="list-style-type: none"> • Redevelopment and refurbishment of maternity area • Review of funding to develop midwifery model of care • Improve equipment for outreach maternal care services • Implementation of Tumaki Tinyari Program • Review and seek funding to increase midwifery training opportunities • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy
Aged Care	<ul style="list-style-type: none"> • Broad range of services currently provided including day care, ACAT, home help, community nursing and mental health options for older people • Large volunteer base who support community programs and in-patient care • Volunteers are now integrated across acute and community settings • New funding available for a dementia early intervention worker 	Mallee Coorong community	<ul style="list-style-type: none"> • Review of funding levels to meet projected growth of required aged care services within the next 10 years • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy
Community Health & Outpatient Services	<ul style="list-style-type: none"> • Broad range of services currently provided including community nursing, home help, paramedical aide and allied health • Clean needle program currently in place with recent 	Mallee Coorong community	<ul style="list-style-type: none"> • Ongoing implementation of GP Plus strategies (including packages of care) across Mallee Coorong cluster • Review of funding levels to meet

	<p>trialled expansion of 24/7 services</p> <ul style="list-style-type: none"> • A survey was conducted to solicit information from injecting drug users to improve health services to this group for ongoing review and implementation • There is a local Disability Action Plan with 4 key outcome areas for ongoing review and implementation (including building requirements, training and awareness for staff, equipment purchases and loan, signage) • Review of services (HACC and allied health) are informed by annual consumer forums (at optional phone / postal surveys) • Youth support services are provided via a health worker attendance at the MurrayLands Youth Network and HeadSpace Youth Service • Health promotion committees addressing implementation of the Smoke Free Workplace and the healthy food and drinks policies 		<p>projected growth of required aged care services within the next 10 years</p> <ul style="list-style-type: none"> • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy • Review of health needs for youth and current stakeholders (Bridge Clinic, headspace, CAMHS, MMCHS)
Palliative Care	<ul style="list-style-type: none"> • Provide in-patient and community palliative care services • SA Health Palliative Care Services Plan 2009-2016 – ongoing review and development of level 2 service as outlined in the Plan 	Mallee Coorong community	<ul style="list-style-type: none"> • Review and plan palliative care services over the next 10 years in accordance with the statewide Palliative Care Plan (including outpatient oncology services and chemotherapy) • Implement palliative care packages of care across the Mallee Coorong cluster • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy
Clinical Support Services	<ul style="list-style-type: none"> • Radiology services provided on site (including ultrasound and CT) – 24/7 on call • IMVS services provided on site – 24/7 on call • Access to pharmacy services (including starter packs of medication available after hours) 	Mallee Coorong community and visitors	<ul style="list-style-type: none"> • Develop a plan and review funding to replace ageing medical imaging equipment including CT scanner and ultrasound • Actively engage in any proposed clinical IT system roll outs within CHSALHN (pilot site) • Planning and expanding radiology services to the Mallee Coorong cluster (including exploring options for electronic records) • Broader recruitment and retention

			strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy
Medical Specialist Services	<ul style="list-style-type: none"> • GP services currently provided locally at Bridge Clinic (including choice of GP) • Visiting nephrologist located closely to dialysis unit • Visiting specialists consult at Bridge Clinic and undertake procedures at the Hospital 	Mallee Coorong community and visitors	<ul style="list-style-type: none"> • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy • Develop plan to manage increasing requirements for gastroenterology investigations • Continue to support Bridge Clinic with ongoing training of medical student placements • Review needs and requirements with external stakeholders including GPs if future expansion of gaol is considered
Mental Health	<ul style="list-style-type: none"> • In-patient and community mental health workforce on site • Range of mental health programs and services available • Our Wellbeing Place – steps to wellbeing program • Access to rural and remote through telemedicine 	Mallee Coorong community and visitors	<ul style="list-style-type: none"> • Work towards coordination of care to make a seamless service for the consumer • Work towards an early intervention program to assist prevention of hospitalisation • Review and seek funding to increase specialist mental health training opportunities • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy • Implement the key recommendations from the Stepping Up report and new Mental Health Act • Review needs and requirements with external stakeholders if future expansion of secured inpatient facility is considered

<p>Aboriginal Health</p>	<ul style="list-style-type: none"> • Access to centre based and community controlled services including Chronic Disease Support Group, Men's Group and health screenings • Close the Gap initiatives (eg Winmil Yuntuwallin group, Nungas' Club) • Dedicated health promotion position for Aboriginal Health established in 2009 • Survey conducted over health site (including APHCU) for ongoing review and consultation regarding services • Community Health and Medical Imaging have initiated fee waivers for all Aboriginal clients 	<p>Mallee Coorong Aboriginal community and visitors</p>	<ul style="list-style-type: none"> • Extend improvements to services to local communities and outlying communities (Raukkan and Meningie) • Counselling services at Allied Health Clinics • Trial of Winmil Yunti Tumbi Walun (Aboriginal Health Service based at MMCHS) • Implementation of Tumaki Tinyari Program (Aboriginal Maternal and Infant Care Program) • Implementation of the Aboriginal Patient Pathways Officer position • Implementation of the Aboriginal Wellness Check Officers • Implementation of Aboriginal Medical Imaging traineeships • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy
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6.2 Strategies for new / expanded services

Service objective: Be able to provide more elective surgery procedures at Murray Bridge Hospital to minimise patients travel to Adelaide to receive required surgery
Target Group: Mallee Coorong community
Critical milestones: NA

Outcomes	Strategies	Time Frames
<p>Ensure all patients receive their elective surgery within the clinical need wait times.</p> <p>Increase elective surgery capacity at Murray Bridge Hospital to cater for the needs of the Murray Bridge / Mallee / Coorong cluster</p> <p>Community being able to have elective surgery closer to home</p>	<ul style="list-style-type: none"> Using already collected elective surgery data (via the Booking List Information System) and leakage data to metropolitan hospitals to explore the opportunity to expand elective surgery at Murray Bridge Hospital on the range of services and pre-admission clinics Develop processes and ensure training and education to manage the complexity of activity and acuity 	TBA

Service objective: Provide a flexible approach to the provision of dialysis services at Murray Bridge Hospital
Target Group: Mallee Coorong community (including people not in catchment area) and visitors needing to access dialysis services
Critical milestones: NA

Outcomes	Strategies	Time Frames
<p>Accessible and flexible service provision</p>	<ul style="list-style-type: none"> Monitor and review demand for services locally Explore potential for having service provided at other sites within the cluster Improved transportation system to support access for dialysis clients to the service Develop processes and ensure training and education for nursing staff to manage the complexity of activity and acuity 	TBA

Service objective: Enhanced maternal and neonatal care services¹
Target Group: All women having babies, and their families; Considering Aboriginal women, CALD women
Critical milestones: NA

Outcomes	Strategies	Time Frames
Establish broader choice of maternal care service models	<ul style="list-style-type: none"> • Through the redevelopment, enhance services to accommodate birthing needs (including redevelopment and refurbishment of maternity area) • Explore ability to provide midwifery models of care • Enhance the environments through culturally welcoming imagery (A&E, waiting rooms) • Develop processes and ensure training and education for nursing staff to manage the complexity of activity and acuity 	TBA

¹ Standards for Maternal and Neonatal Services in South Australia 2009

7. Key Requirements for Supporting Services

7.1 Safety & Quality

Objective: Continue to improve the quality and safety of care in a sustainable manner

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Sustainable skilled employment models in place to deliver the local service profile	<ul style="list-style-type: none"> Continue to build the skills of clinicians to deliver the service profile 	<ul style="list-style-type: none"> Enhance clinician involvement in clinical governance leadership
Continual improvement and patient-centred approach underpinning service delivery	<ul style="list-style-type: none"> Ensure in home care packages are secure and safe Maintain ACHS accreditation Meet Australian Standards, including the ACORN standards Credentialing via CHSALHN 	<ul style="list-style-type: none"> Improve capacity to effectively care for bariatric clients Monitor readmission and frequent users of the Hospital to analyse opportunities for improved care models Contribute to a country-wide accreditation framework Developing the consumer role in safety Re-develop the CME system and medical record to reflect guardianship orders Establish the utilisation of patient hand-held records for obstetrics to support better care for transfers to Adelaide for delivery
Integrated access across the health system	<ul style="list-style-type: none"> 24 hr access to remote specialist support particularly in the areas of obstetrics, paediatrics, stroke services and cardiology (iCC-Net) Access to perinatal practice guidelines and maternal and neonatal standards which ensure the provision of evidence based care Maintain inter-agency agreement for 'Keeping Them Safe' protocols 	<ul style="list-style-type: none"> Strengthen community based support following discharge Improve systems to implement Keeping Them Safe strategy Further expansion of statewide and Country Health SA clinical networks Expand relationships and combine resources within Murray/Mallee/Coorong cluster Improve the use of knowledge, information management and technology to increase quality and safety

7.2 Patient Journey

Objective: Increase the accessibility of the health system to reduce the impact on the patient journey

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Access to safe and quality care near home	<ul style="list-style-type: none"> • GP Plus strategies project worker in place • GP Plus strategies coordinator managing packages of care for Mallee Coorong cluster 	<ul style="list-style-type: none"> • Enhance implementation of GP Plus packages to provide care closer to home • Explore nurse practitioner and other workforce models that enable increased local access to services • Increase use of telemedicine to access services locally • Support staff and medical specialists to provide local care • Manage the majority of health care needs so that only patients requiring highly specialised or complex care will need to access this in Adelaide
Provide a smooth and supported journey when people do need to travel to access services		<ul style="list-style-type: none"> • Enhance coordination across the statewide health system to ensure a client orientated approach when having to travel for more specialised services • Explore initiatives and develop options to support local community accessing transport for health related appointments including: <ul style="list-style-type: none"> ○ consumers undertaking elective eye surgery at Mount Barker Hospital ○ consumers needing to attend specialist and surgery appointments in Adelaide • Map the patient journey and develop clinical pathways and psychosocial supports around emergency care of person effected by mental illness • Improve discharge planning and coordination • Contribute feedback / solutions to improve the Patient Assistant Transport Scheme for residents of the catchment

7.3 Cultural Respect

Objective: Increase capacity to contribute to the priority of Closing the Gap in Aboriginal health life expectancy

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Provide a culturally safe and accessible health service	<ul style="list-style-type: none"> • Build on the strength of existing Aboriginal maternity care and outcomes • Strengthen Aboriginal Health Liaison Officer position to provide enhanced support and advocacy for patients • Established annual calendar of ATSI events • Established NAIDOC calendar of events 	<ul style="list-style-type: none"> • Increase the uptake of Aboriginal Health Impact Statements • Staff trained in cultural awareness, particularly to contribute to their roles within the health service such as cultural and spiritual consideration around end of life for palliative care staff. A comprehensive cultural training program linked to development reviews and accreditation • Enhance access and appropriateness of services, Aboriginal specific resources and facilities for Aboriginal families • Engage closely with the Aboriginal communities within the catchment to improve uptake of services that are available • Ensure all health service programs have an understanding of the specific needs of the Aboriginal community • Employ and train more Aboriginal people across all levels of the workforce • Aboriginal health related displays to be duplicated at Community Health and Hospital • Reviewing outreach services and engagement of remote communities in Mallee Coorong
Reciprocal relationships built with Aboriginal Community Controlled Health Services in the catchment area	<ul style="list-style-type: none"> • Continue to build partnership with APHCU 	<ul style="list-style-type: none"> • Strengthen Aboriginal liaison between Health Service and Aboriginal Health Service – through Aboriginal and non-Aboriginal staff cultural training program

7.4 Engaging with our community

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

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Health service needs of the community are understood	<ul style="list-style-type: none"> • Support the Murray Bridge Health Advisory Council to implement their ongoing role of engaging with their community and local stakeholders • Support the HAC members to continue in their roles as strong advocates for their community on health related issues • HAC link to community and staff link to Community Health and Hospital • Ongoing follow up of patient questionnaire information and feedback • Ongoing follow up and reporting of complaints and compliments • Service staff involvement in the Murray Bridge Regional Centre of Culture 2010 'Ripples' • Regular promotion of services and health literacy information through events, publications, local papers, interagency networks, newsletters (including mental health and other program areas) 	<ul style="list-style-type: none"> • Explore opportunities for ongoing and meaningful discussion with the community through local forums and existing specialty groups • Raise community awareness about support groups • Promote opportunities for volunteering in the Health Service and to increase the HR resources and budget for volunteer program • Actively engage community participation in primary health promotions • Ensure that community in smaller towns across the catchment are able to contribute their needs to the planning, implementation and monitoring of the health services • Build awareness in community of programs that have been established and how they are accessible • Work in partnership with other agencies to review available transport options for community to allow better access to services (within community and to metropolitan areas) and make information available to the community • Work in partnership with other agencies to review available respite services for community to allow better access to services within the Mallee Coorong area and make information available to the community

7.5 Local Clinical Networks

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

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Formal ties with Health Service organisations in the region	<ul style="list-style-type: none"> • Staff are active in committees including Murray Mallee Mental Health Forum, Murray Bridge Community Services Forum, Murray Mallee Health and Community Services Network • Continue networking between government and non-government organisations • Strengthen relationships with service providers associated with responding to emergencies • Continue to build partnership with Aboriginal Health Service • Build integration across and between clinicians both employed and external to the Health Service (Murray Mallee Local Health Alliance) • Strengthen continuity between hospital and home based services • Strengthen relationships with other health services in the catchment to share resources and improve access to services, such as respite 	<ul style="list-style-type: none"> • Seek to establish formalised partnerships with local external agencies to foster collaboration which leads towards better outcomes and more flexibility in health care for the catchment • Investigate the opportunity for support workers which can provide pathways to both community and other relevant services • Increased use of technology for staff education and resourcing and case conferencing (eg. online self directed cultural training)

<p>Formal ties with statewide and Country Health SA clinical networks</p>	<ul style="list-style-type: none"> • Strengthen networks with metropolitan and statewide services (such as iCCnet SA Cardiologist, MedStar and Rural and Remote Mental Health Service) to sustain visiting and remote access service 	<ul style="list-style-type: none"> • Expand collaborative relationships with visiting specialists throughout the region to build service models that meet local needs • Further expansion of clinical networks with tertiary specialist centres for coordination of follow up care • Further expansion of statewide and Country Health SA clinical networks • Establish partnerships with other centres of excellence to share ideas and resources
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8. Resources Strategy

8.1 Workforce

Objective: Improve ability to recruit, develop and retain a skilled health workforce

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Recruitment and retention of the workforce to support the service profile	<ul style="list-style-type: none"> • Maintain close ties with the local Murray Mallee Local Health Alliance and Inner Country Health Network • Currently have an EAP program in place for all staff • Flexible working arrangement opportunities for all staff • Employment information sessions conducted to provide information on the range of employment opportunities of working within the country 	<ul style="list-style-type: none"> • Build the capacity to support debriefing of staff by providing staff with an EAP program that is culturally appropriate • Closely align workforce values with core business principles such as multi-disciplinary approaches (eg. Position description to include a commitment to embrace the 'Statement of Recognition of Ngarrindjeri Culture') • Employ and train more Aboriginal people across all levels of the workforce • Strengthen nursing workforce model and formula to meet the changing complexity of acute care needs • Develop a workforce development strategy which responds to the future challenges of an ageing workforce, staff turnover, contractual nature of new positions and reducing barriers to gaining employment • Meet future shortage of qualified mental health staff in acute sector, staff to implement packages, midwives, future retirements of key clinicians, substance abuse management and specialised nursing and medical care • Train and offer scholarships for professional development to people within the workforce • Broader recruitment and retention strategies across cluster to address both ageing workforce and workforce development plus Aboriginal employment strategy

Highly skilled and qualified workforce	<ul style="list-style-type: none"> • Have established staff development opportunities across health site • Cultural training program has been developed and is ongoing • Recent appointment of nurse practitioner, Emergency • Mandatory training program • Induction package is monitored and reviewed 	<ul style="list-style-type: none"> • Up skill and maintain existing staff and health care professionals across the health units to achieve future service profile • Focus training on areas including acute clinical areas, disability, CALD, ATSI, LGBT, violence • Ongoing review and development of nurse practitioner positions • Ongoing review and development of consistent mandatory training program
New workforce models explored	<ul style="list-style-type: none"> • Mid models of care project completed July 2009 • Staff currently involved in allied health assistant projects • Nurse practitioner position appointed • Increased recruitment capacity to employ ENs in community nursing 	<ul style="list-style-type: none"> • Explore various models for resident medical services which support resident GPs and medical specialists and visiting medical specialists • Explore additional workforce models to support accident and emergency services such as dedicated specialised nursing staff and advanced allied health staff • Targeted expansion of visiting and resident services based on community need and clinical priority • Explore alternative maternity care models

8.2 Infrastructure

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

Outcomes	Existing Strategies Sustained	Strategies for the Future
Infrastructure and equipment that meets standards and supports existing and future service delivery	<ul style="list-style-type: none"> • Ongoing review of existing equipment for replacement to maintain services 	<ul style="list-style-type: none"> • Undertake a business case to examine improved infrastructure and equipment needs to support (including radiology equipment and car parking) • Existing pressures on space for clinical and community areas (eg. counselling rooms, trauma, mental health, drug and alcohol, medical imaging) • Advocate for increased access to supported accommodation
Better infrastructure in A&E will improve patient flow, waiting times and outcome for patient	<ul style="list-style-type: none"> • Ongoing review of waiting times for A&E patients 	<ul style="list-style-type: none"> • Engage in a infrastructure upgrade to address current shortfalls • Current design of A&E to increase patient flow and decrease waiting times. • When infectious patients need to be admitted, instead of using a complete 2 or 4 person bay, more single rooms are available
Improved infrastructure to manage increasing workforce	<ul style="list-style-type: none"> • Ongoing assessment of suitable workspaces with increase of staffing 	<ul style="list-style-type: none"> • Develop a plan for the expected growth of community services

8.3 Finance

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

Outcomes	Existing Strategies Sustained	Strategies for the Future
Financial budgets established for GP Plus strategies	<ul style="list-style-type: none"> • GP Plus strategies project worker in place reviewing and reporting opportunities for packages of care for the Mallee Coorong cluster • GP Plus strategies coordinator managing packages of care for the Mallee Coorong cluster • Regularly review and monitoring of uptake of packages of care and financial implications 	<ul style="list-style-type: none"> • Recruitment and retention of allied health and clinical staff to support packages of care across the continuum of care • Increase the opportunities and usage of packages of care across the Mallee Coorong cluster • Finalise the cluster wide model for the staffing, training, referral of packages of care
Support the patient journey process	<ul style="list-style-type: none"> • Appointment of Aboriginal Pathways positions • Review and monitor patient journey through Admission and Discharge Coordinator 	<ul style="list-style-type: none"> • Review and evaluate the Aboriginal Pathways positions

8.4 Information Technology

Objective Increase access to communication and information technology systems to strengthen health care

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Access to specialised services through telehealth	<ul style="list-style-type: none"> • Implemented digital medical imaging equipment and investigated digital reporting system • Strengthen existing telehealth facilities 	<ul style="list-style-type: none"> • Further develop digital medical imaging capacity through: <ul style="list-style-type: none"> ○ The centralising Picture Archiving Communication System ○ Updates to Fluoroscopy and OPG ○ Commissioning of direct radiography general x-ray system • Advocate for flexible funding to enable clinicians in other areas to effectively utilise telehealth services to improve patient outcomes • Increased local access of staff training and development through video-conferencing
Information system which is integrated within operational monitoring, planning and implementation	<ul style="list-style-type: none"> • AIMS incident monitoring system in place • OACIS (dialysis only) 	<ul style="list-style-type: none"> • Review clinical management systems to support coordination of patient care and facilitate effective transfer of patient information

8.5 Risk Analysis

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

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Successful implementation of the service directions identified in the 10 Year Health Service Plan	<ul style="list-style-type: none"> • Maintain the risk register • Maintain the Hospital and Health Service accreditation 	<ul style="list-style-type: none"> • Develop an implementation, monitoring and review strategy for the 10 Year Health Service Plan – early identification of risks • Ongoing contribution and participation in the CHSALHN risk management policy framework • Ongoing participation and contribution to other CHSALHN nominated risk management activities

9. Appendix

9.1 Leadership Structure

Country Health SA including staff from the Murray Bridge Soldiers' Memorial Hospital, Murray Mallee Community Health Service and the Planning Projects Team have coordinated the development of the 10 Year Local Health Service Plan. The Murray Bridge Soldiers' Memorial Hospital Health Advisory Council Inc. has undertaken an important role in leading and analysing the community and stakeholder feedback and providing an overarching oversight of the local planning process.

9.2 Methodology

June-Dec 2009	Community, staff and stakeholder engagement strategy planned in partnership with HAC
December 2009	Community engagement report developed
January 2010	Final DRAFT Preliminary Service Profile completed
Feb-March 2010	Needs Analysis workshop
April 2010	Draft Health Service Plan ready for CHSALHN Steering Committee, HACs and community consultation
April-May 2010	Community consultation on Draft Health Service Plan
June 2010	Re-draft Plan to include community feedback; Plan to HACs for endorsement
30 June 2010	Final Plan submitted to CHSALHN for sign off by the Minister

9.3 Review Process

A process to determine how this Plan will be monitored and reviewed will be developed.

9.4 Glossary

24/7	24 hours / 7 days a week
A&E	Accident and Emergency
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACORN	Australian College of Operating Room Nurses
AHAC	Aboriginal Health Advisory Council
AIMS	Advanced Incident Management System
APHCU	Aboriginal Primary Health Care Unit
ATSI	Aboriginal & Torres Strait Islander
C&YHS	Child & Youth Health Services (Statewide Service)
CACP	Community Aged Care Package
CALD	Culturally and Linguistically Diverse
CAMHS	Child & Adolescent Mental Health Service (Statewide Service)
CHSALHN	Country Health SA Local Health Network
CME	Client Management Engine
CT	Computerised Tomography

DASSA	Drug & Alcohol Services SA (Statewide Service)
EAP	Employee Assistance Program
EN	Enrolled Nurse
ENT	Ear, Nose, Throat
GP	General Practitioner
HAC	Health Advisory Council
HACC	Home and Community Care
HR	Human Resources
iCCNet	Integrated Cardiac Assessment Regional Network
ICT	Information and Communication Technology
IMVS	Institute of Medical & Veterinary Science
IT	Information Technology
IV	Intravenous
LGBT	Lesbian, Gay, Bisexual, Transgender
MBSMH	Murray Bridge Soldiers' Memorial Hospital
MMCHS	Murray Mallee Community Health Service
NAIDOC	National Aboriginal Islander Day Observance Committee
NGO	Non-Government Organisation
NP	Nurse Practitioner
OACIS	Open Architecture Clinical Information System
OT	Occupational Therapy
RN	Registered Nurse
SA	South Australia
SLA	Statistical Local Area
SWOT	Analysis of strengths, weaknesses, opportunities and threats
TCP	Transitional Care Package