



Barossa Hills Fleurieu Local Health Network

Kangaroo Island Health Service

Service Plan

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Health

Barossa Hills Fleurieu
Local Health Network

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Disclaimer

This document has been prepared by the Rural Support Service (former Country Health SA Local Health Network) Planning and Population Health Team to assist the Kangaroo Island Service Planning Steering Group with future planning.

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

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The Kangaroo Island Health Service - Service Plan was developed prior to 1 July 2019 and the transition to regional Local Health Networks. The Kangaroo Island Service Plan will be considered in future strategic service planning by BHFLHN where the priorities highlighted are consistent with BHFLHN strategic planning processes and within available resources.

1. Executive Summary

The Kangaroo Island Health Service is part of the Barossa Hills Fleurieu Local Health Network (formerly Country Health SA Local Health Network's, Barossa Hills Fleurieu Region). The Kangaroo Island (KI) Health Service has been a recognised Multi-Purpose Service since 1997. The flexibility of this model has facilitated the delivery of hospital, aged care and community health services to the wider Island community, incorporating the towns of Kingscote, American River, Penneshaw and Parndana.

- Kangaroo Island Health Service offers the following services: 24 hour, seven day per week Accident & Emergency
- Acute inpatient care
- Level 1 theatre service
- Pre, peri and postnatal Maternity Services
- Chemotherapy
- End of life care (hospital and community based)
- Residential aged care services
- Residential and in-home respite services
- Diversional activities
- Community Home Support Program (CHSP)
- Mental health services
- Community and allied health services
- Outpatient services
- Out of hospital services.

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

This Service Plan identifies a range of service initiatives which will support the provision of safe and quality services closer to home and is underpinned by a number of key strategic drivers, including:

- Country Health SA Local Health Network Strategic Plan 2015 - 2020
- SA Health Clinical Services Capability Framework
- SA Health Strategic Plan 2017 - 2020
- South Australia's Strategic Plan
- CHSA Community and Consumer Engagement Strategy
- A Partnership Framework for Health Advisory Councils and Country Health SA
- SA Health Aboriginal Cultural Respect Framework.

PRIORITY AREAS SUMMARY

Emergency Services priorities to explore include:

- Staffing requirements and model for Emergency Department (ED) demand including peak emergency presentations in the mornings
- Mental health support
- Expanded SAAS support
- Increase out of hospital strategies to support ED avoidance
- Work alongside KI Medical Clinic to facilitate patients being seen in the right place at the right time
- Development of a master plan for the site to optimise the safe configuration and functionality of emergency and acute spaces in the hospital
- Continue to develop use of videoconferencing facilities to reduce the need for client travel.

Maternity & Neonatal priorities to explore include:

- Workforce recruitment and retention including midwives, anaesthetists and GP/obstetrician
- Maintain sufficient birthing numbers to sustain skills
- Explore opportunities to promote and grow maternity services
- Sustainability of the on-call model of care for maternity services
- Postnatal care
- Reduce the number of women who travel to Adelaide for maternity services
- Ongoing support, training and development of midwifery staff.

Inpatient Services priorities to explore include:

- Development of a master plan for the site to optimise the safe configuration and functionality of emergency and acute spaces in the hospital
- Ongoing support, training and development of nursing staff
- Continue to develop use of videoconferencing facilities to reduce the need for client travel.

Surgical Services priorities to explore include:

- Continue to support visiting specialists to KI to reduce the need for residents to travel to the mainland for surgery
- Explore the feasibility of ophthalmology services
- Development of a master plan for the site to optimise the safe configuration and functionality of operating theatre flow/spaces in the hospital to meet required standards
- Designated recovery space rather than a shared A&E space.

Allied & Community Health Services priorities to explore include:

- Chronic disease management
- Specialist roles
- Community wellness programs
- Awareness and understanding of referral pathways for community and allied health services
- Build networks to support collaboration
- Opportunities to reduce potentially preventable admissions
- Layout of the current “gym/clinic area”
- Purchase of suitable equipment to meet the various needs of clients
- Development of a master plan for the site to optimise the availability and functionality of client meeting/activity spaces in the Community health building
- Explore single point of entry for community health and hospital (one reception)
- Continue to develop use of videoconferencing facilities to reduce the need for client travel.

Mental Health Services priorities to explore include:

- Staff training
- Psychiatry care
- Older persons mental health
- Improved patient journey
- Facilities to ensure private and confidential multipurpose rooms
- Work with external providers to advocate for services
- Continue to develop use of videoconferencing facilities to reduce the need for client travel.

Aged Care (Residential and Community) priorities to explore include:

- Development of a plan for the site to facilitate staged redevelopment and expansion of residential aged care facilities to meet the current and growing need for residential aged care services into the future
- Geriatrician visits to the Island and utilising telemedicine for consultations
- Older persons mental health access
- Older people to be supported to remain at home
- Training and support for community aged care staff to reduce unnecessary admissions
- Increase use of videoconferencing and other supports to enable assessment of clients at home.

Patient Journey priorities to explore include:

- PATS issues
 - Obtaining regular reports
 - Accessing services off island
 - Payments and guidelines review
- Access to GP’s appointments and access to GP of choice
- Visiting specialists
- Transport intra island and off island
- Continue to develop use of videoconferencing facilities to reduce the need for client travel.

2. Project Background and Context

2.1 Strategic Enablers

As outlined in the former CHSALHN Strategic Plan 2015-2020, work will continue on increasing access to services for country residents by investing in infrastructure and providing services as close to home as safely as possible, to reduce the need for people to travel to Adelaide.

This Strategic Plan sets the vision and direction for the health care system in rural South Australia to provide safe, high quality, accessible health care, tailored to the needs of country residents. The Plan supports the vision and direction of the South Australian Strategic Plan and builds on the 10-year Local Health Service Plans which were developed as part of the Strategy for Planning Country Health Services in South Australia.

The SA Health Strategic Plan 2017-2020 aims to support South Australians to be healthy, enjoy a great quality of life and experience a safe, contemporary and sustainable health care system, underpinned by three key roles for SA Health to:

1. Lead: Enable, protect, guide and support the health and well-being of all South Australians
2. Partner: Collaborate with a diverse range of partners so that South Australians benefit from a full range of health and well-being services
3. Deliver: Directly provide evidence-informed, high quality services across our communities from beginning to end of life.

The following principles will guide the implementation of strategic actions:

Unified

Design and implementation of these initiatives will involve a collaborative approach, involving people from across SA Health and, when appropriate, partners outside SA Health.

Flexible

The team that implements strategic actions will require a mindset that is willing to adapt and change to achieve outcomes and suit the dynamic environment. A focus on the outcomes that are to be achieved supersedes the need to follow predetermined steps – adjustments to methodology are progressively made to achieve goals and manage risks.

Nimble

A nimble approach to strategic action implementation requires defining clear outcomes and a high-level implementation plan, and then an adaptable approach and willingness to change during the planned implementation. Each stage of an initiative is to be implemented based on careful planning of that stage, rather than waiting on a detailed plan of the full initiative or project. As subsequent stages are planned in more detail, they will be informed by the experience and learning from earlier stages.

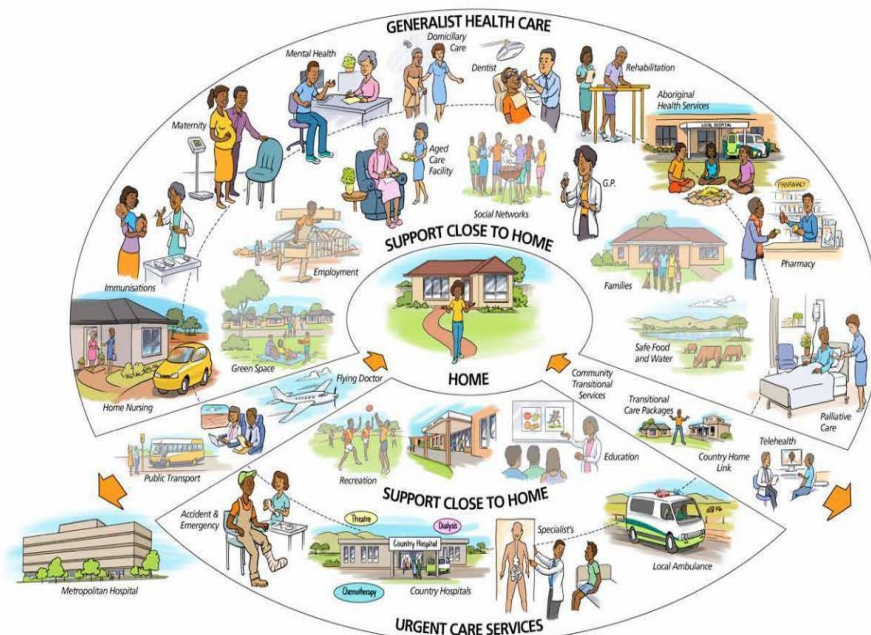
Primary Drivers

The primary drivers to achieve an effective Health Service Plan include:

1. Reviewing current service models in line with the key principles and priorities identified in the former Country Health SA Local Health Network Strategic Plan 2015-2020, South Australia's Strategic Plan and the SA Health Aboriginal Cultural Respect Framework.
2. Partnerships with the Royal Adelaide Hospital (RAH), Flinders Medical Centre (FMC), Women's and Children's Hospital (WCH) for step down care and reducing emergency presentations and admissions to metropolitan services.
3. Ensure the development and implementation of safe, high quality, equitable, accessible and efficient services delivered close to home.
4. Improve patient access and flow across the system of care.
5. Improve the consistency and quality of care.
6. Implement evidence based, state-wide models of care.
7. Reduce episodes of unplanned hospitalisations for all population groups.
8. Improve collaborative working relationships with other service providers.
9. Culturally appropriate and respectful physical facilities and services for Aboriginal people.
10. Increase the ability to recruit and retain the required workforce.
11. The workload and transport pathways of South Australian Ambulance Service (SAAS).
12. Service models which will have the flexibility and capacity to respond to and meet the changing health and wellbeing needs of the population over the next 10+ years.

2.2 The former Country Health SA Model of Care

The former Country Health SA Model of Care builds on the metropolitan Model of Care concepts and describes the way health care is provided across the country region, as well as the integration with the broader statewide health system. Care pathways within local networks are important, as well as structured links with metropolitan tertiary services.



The Health services in Kangaroo Island, in partnership with general practitioners, will manage the patient journey from primary care in the community, through acute care and back to primary care, supported by efficient processes, clinical protocols, information sharing and a team approach to achieving safe, high quality care.

2.3 Kangaroo Island Health Service Catchment Profile

Catchment

- The Kangaroo Island Health Service catchment consists of Kangaroo Island.
- The population of the Kangaroo Island catchment is 4 852, with 17.1% aged under 14 years, and 22.3% aged over 65 years. The Kangaroo Island catchment has a lower proportion of persons aged 15-24 years and a higher proportion of people aged 45-64 years, compared to the CHSALHN and SA populations.
- In total, 1.4% of Kangaroo Island residents identify as Aboriginal and 3.5% speak a language other than English at home (CALD background). The Kangaroo Island catchment has a lower proportion of Aboriginal persons and people from a CALD background compared to the former CHSALHN and SA populations.
- The Kangaroo Island Hospital has 15 beds available, an average of 5.3 occupied each night.

The Kangaroo Island Health Service catchment area is located within the ABS defined Kangaroo Island Statistical Area 2 (SA2).

Map 1. Kangaroo Island Health Services Catchment



Source: SA Health Data & Reporting Services Branch,
<http://hlt142sip001.had.sa.gov.au/CHSA/>, (Kangaroo Island catchment indicated
by light brown/green shading)

Population Growth & Projections

The population for the Kangaroo Island catchment is expected to increase by 12.2% from 2016 to 2031, with the 65+ years age group projected to grow by 63% in the same period.

Population projections are based on the 2011 Census of Population and Housing. These population projections should not be regarded as forecasts, but as calculations of future populations based on particular assumptions about future fertility, mortality and migration. Actual future populations will vary from these projections.

Table 1.

Area (SLA)	2016	2021	2026	2031
Kangaroo Island SLA	3.5%	3.7%	4.0%	4.0%

Source: <http://www.dpti.sa.gov.au/planning/population>, accessed 9/03/2016

Table 2.

Year	0-4	5-14	15-24	25-64	65-74	75-84	85+	Total
2011	250	560	364	2601	449	196	102	4522
2016	285	606	372	2398	635	272	114	4682
2021	258	678	376	2319	736	372	117	4856
2026	247	662	439	2220	787	549	147	5051
2031	257	619	489	2219	801	664	203	5252
% change 2016 to 2026	-13.3%	9.2%	18.0%	-7.4%	23.9%	101.8%	28.9%	7.9%
% change 2016 to 2031	-9.8%	2.1%	31.5%	-7.5%	26.1%	144.1%	78.1%	12.2%

Source: <http://www.dpti.sa.gov.au/planning/population>, accessed 9/03/2016

Visitor Profile

The information below has been taken from the 'Kangaroo Island Regional Profile December 2014- 2016', as prepared by the South Australian Tourism Commission.

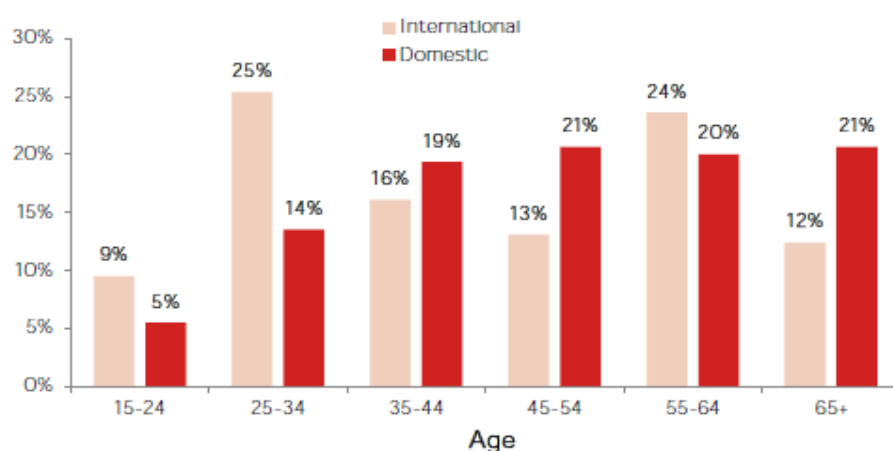
Table 3. Kangaroo Island Annual Visitor Summary December 2014 – December 2016

ORIGIN					
	Intrastate	Interstate	Total Domestic	International	Total visits
Visits	75,000	29,000	103,000	40,000	143,000
%	73%	28%	72%	28%	100%
Nights	293,000	123,000	416,000	132,000	547,000
%	70%	30%	76%	24%	100%
Average Length of Stay	3.9	4.2	4.0	3.3	3.8
Day Trips					
Average Annual Day Trips to Kangaroo Island					31,000
PURPOSE					
	Holiday	VFR	Business	Other	Total
Visits	124,000	13,000	6,000	1,000	143,000
%	87%	9%	4%	1%	100%
Nights	420,000	72,000	25,000	30,000	547,000
%	77%	13%	5%	5%	100%
Average Length of Stay	3.4	5.5	4.2	30.0	3.8

Source: Kangaroo Island Regional Profile December 2014-2016, Released September 2017, and accessed 17/01/2018 via <http://tourism.sa.gov.au/documents/CORP/documentMedia.ashx?A={54B6A449-880E-45D4-8921-9E9F0E7BBA54}&B=True>

- 72% of visitors are Domestic Visitors and 28% International Visitors.
- Of Domestic Visitors, 73% are from within the state compared to 28% from Interstate.
- 96% of visitors to Kangaroo Island are Leisure visitors (Holiday + Visiting Friends and Relatives (VFR)).

Graph1. Age of Visitors to Kangaroo Island, December 2014 – December 2016



Source: Kangaroo Island Regional Profile December 2014-2016, Released September 2017, and accessed 17/01/2018 via <http://tourism.sa.gov.au/documents/CORP/documentMedia.ashx?A={54B6A449-880E-45D4-8921-9E9F0E7BBA54}&B=True>

- International Visitors peak in the 25-34 age group at 25% of the total International Visitors. For Domestic Visitors, this age group contributes 14%.
- With Domestic Visitors, Kangaroo Island peaks in the 45-54 and 65+ age groups at 21% of the total Domestic Visitors each.

Kangaroo Island Service Utilisation Data Summary

The Kangaroo Island Health Service Plan Steering Group and local clinicians considered a range of health utilisation data, identifying trends and key influencing factors. Insights from this analysis included:

Emergency Department

There were a total of 2 422 emergency presentations at the Kangaroo Island Health Service in 2016-17. This is broken down by 85 Triage 1 or 2, 425 Triage 3, and 1 912 Triage 4 or 5 presentations. There was a high peak of emergency department presentations on weekdays between 9am and 10am – predominately Triage 4 or 5 presentations. Easter and summer school holidays provide an influx of visitors who make up between approximately 40% and 50% of emergency presentations during these times with the majority being Triage 4 or 5.

Maternal & Neonatal

In 2016-17, there were a total of 39 births for women from the catchment, of which, 82% were at the Kangaroo Island Health Service.

Medical Inpatient

In 2016-17, the top 5 same-day separation types at the KI Health Service for KI residents by total number of separations were Adult Medical, Adult Surgical, Mental Health, Paediatric Medical and Paediatric Surgical. For the same time period, the top 5 same-day separation types accessed outside of the catchment for KI residents were Adult Surgical, Adult Medical, Paediatric Medical, Paediatric Surgical and Mental Health.

The top 5 multi-day separation types at the Health Service for KI residents by total number of separations were Adult Medical, Adult Surgical, Mental Health, Obstetric and Paediatric Medical. For the same time period, the top 5 multi-day separation types accessed outside of the catchment for KI residents were Adult Surgical, Adult Medical, Mental Health, Paediatric Surgical, and Obstetric.

Surgical

There were a total of 218 surgical procedures for the 2016-2017 year performed on the Island. A number of surgical procedures are leaking off island which could possibly be performed on island (e.g. ophthalmology).

Allied & Community Health

Top 5 requested services include Community Mental Health, Nursing, Physiotherapy, Dietetics and Occupational Therapy. 50% are clients from Kingscote.

Mental Health

Mental health separations make up 6% of all separations for Kangaroo Island Health Service compared with under 4% for the former CHSA hospital average. The community mental health team averages 2 300 client contacts per year (over the past 3 years) equating to over 200 per month.

Aged Care

Aged care beds are at or over capacity. Based on the projected number of people aged 80+, it is estimated another 35 aged care beds will be needed by 2027. As of March 2018, there were 315 active home care clients who were residents on Kangaroo Island.

2.4 Service Planning Process

The service planning process was led by the Kangaroo Island Health Service Planning Steering Group, with representation from the Kangaroo Island Medical Practice, the Kangaroo Island Health Advisory Council, the former CHSA Planning and Population Health Team and the Kangaroo Island Health Service. Further details of the memberships are provided in Appendix A.

The role of the Steering Group was to:

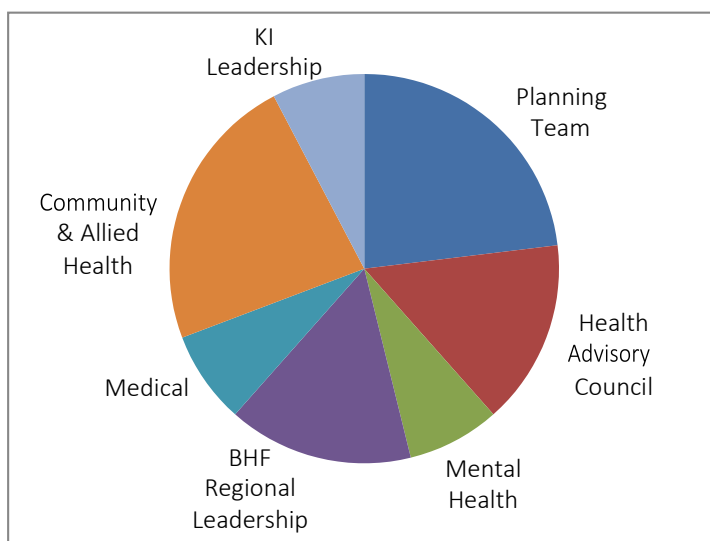
- Provide advice to the former CHSALHN Executive on future scope of services and capacity required based on the data, local knowledge and best practice clinical standards.
- Review existing and projected health utilisation data to quantify future activity, demand and workforce requirements.
- Consider existing plans for the Kangaroo Island catchment to determine the future implications for the Health Service.
- Provide advice on future self-sufficiency of the Kangaroo Island Hospital.
- Provide feedback on recommendations and priorities as they are developed.
- Identify and engage other stakeholders as required to contribute to the service planning process.
- Receive ideas, advice and recommendations from any consultation processes and ensure its consideration in the development of the Service.

The planning process was conducted by the Kangaroo Island Health Service Planning Steering Group, supported by the former Country Health SA Planning and Population Team and a wide range of clinicians who were engaged through workshops and focus groups in 2018. The broader and ongoing involvement of clinicians will be essential to progress service initiatives proposed in the plan.

The Kangaroo Island Service Plan Steering Group endorsed a service profile that was the foundation of the data gallery provided for the local clinician workshop. A range of health utilisation data, identifying trends and key influencing factors were analysed.

A conversations summary was distributed to all members at the completion of each meeting summarising discussion points, issues and actions in addition to the meeting minutes.

Fig 1. Steering Group Breakdown



Clinical Stakeholder Engagement

On 2 July 2018 a clinician workshop was held in Kangaroo Island and key themes were presented to the Steering Group. The focus of the clinical engagement concentrated only on the following priorities as identified by the Steering Group:

- Maternity Services
- Surgical Services
- Emergency Services
- Patient Journey
- Community & Allied Health
- Mental Health
- Aged Care
- Inpatient Services

Local existing and projected health utilisation data was displayed during the workshop and discussion followed on the identified priority/topic areas. Strengths, challenges, opportunities and recommendations for the future were discussed for each topic. Key priorities areas for each topic are summarised below.

Patient Journey:

- *Intra island community transport*
- *Anomalies of PATS issues for KI residents*
- *Issues for aged clients having to access services off the island*
- *Prioritisation and timing of RFDS transfers*
- *Access to doctor of choice*

Aged Care

- *Facilities need improving, parking access, need more space*
- *Single ensuite rooms*
- *Triage improvement*
- *Better support for outreach services*
- *Carer respite*
- *Visiting geriatrician*
- *Strengthen aged care in the community*
- *Advance care directives awareness*

Obstetrics

- *Strengthening of antenatal and post-natal service interaction*
- *Keeping women on the island where possible*
- *Log booking patient journey for areas of improvement*

Mental Health

- *Improve patient journey with Rural and Remote Mental Health Service*
- *Access to other CHSA mental health in-patient units at Berri and Whyalla*
- *Access to Drug and alcohol workers*
- *Increase CAMHS services*

ED & Surgical Services

- *Privacy for patients in ED waiting area*
- *Triage*
- *Investigation re any additional surgery can be done locally*
- *Private patients and private lists to be investigated*
- *SAAS – community paramedic*
- *Peak for ED 9am? What's causing this?*
- *Flow of patients' needs to be considered*

Allied and Community health

- *Facility space*
- *Dental services*
- *School OT and speech is limited*
- *NDIS access and issues*
- *Public housing*
- *Allied Health hours, social work, family counselling, pre acute focus*
- *Pathology*
- *Health promotion – chronic disease, obesity, healthy lifestyles*
- *Youth mental health*
- *Communication between all services*
- *Drug and alcohol services*
- *Expand use of videoconferencing and other technology*
- *Flexibility of workforce to meet growing needs*
- *Collaborative service models*
- *Lack of disability services*

In addition, some of the key issues impacting future planning and service development included:

- Partnerships with private health providers and other key stakeholders to ensure a collaborative approach to planning health and related services.
- Continuous improvement in quality and safety.
- Sustainability implications associated with static – decreasing number of births.
- Build a culture within Kangaroo Island which addresses appropriate risk management, mutual respect, communication and transparency to ensure safe patient-centred care.
- Engage with consumers and community to both build awareness of services available locally and design future care.

Community and Consumer Stakeholder Engagement

A range of community consultations were conducted by the local Health Advisory Council (HAC) prior to the commencement of this service planning process. This content informed the clinician engagement process and focus areas for discussion. The themes from the HAC consultation created the basis for the clinician pre-workshop survey and are incorporated into the results outlined above.

Consumer views were identified as an important component of the service planning and in particular a process of ongoing engagement and in-depth targeted consultation regarding implementation of the plan is required.

The KI HAC took a leading role in the community engagement component of the service planning process with support from the former CHSA Planning and Population Team, CHSA Communications / Engagement Team and local KIHS staff with the intent of engaging as many community members as possible. Advertising took place via posters, newspaper, email lists, personal attendance at meetings, along with an extensive Facebook program.

Engagement was delivered via multiple drop-in sessions, a paper-based survey placed at multiple locations across the Island (all key townships, hospital, surgery, chemist, community centre etc), along with surveys being posted by the local member to all residents on the electoral role. A digital platform was also developed which contained discussion forums as well as the survey in electronic form.

A key component of the process was the use of a postcard. The postcard provided all the details of the engagement process, a QR code for direct link to the digital platform, along with a space to comment. There was one simple question on the back "What would you like to tell us?". The rest of the materials were designed to elicit genuine uninhibited responses from the community, which was not influenced by how we asked the question.

Key groups were invited to meet with the group (HAC members, several staff from CHSA who visited the Island to actively participate in the face-to-face engagement sessions and local KIHS staff) such as the Cancer Support Group, Men's Shed and Lions Club to provide feedback from their perspective. The HAC also worked with the school to ensure that a wide range of demographics were considered.

The biggest responders were those that filled in the survey (over 200 people) and those that attended consultation sessions (over 150 people). Below is a summary of the results of the community and consumer engagement process with further details attached in the Appendices.

Satisfaction with health services from the survey

58.2% of survey respondents gave a score of 8/10 or greater for their satisfaction with current health services. The top 3 responses for people who were unsatisfied with the current health services were:

- GPs – lack of bulk billing, inconsistent, long wait times, lack of accessibility (Kingscote only), unable to make same day appointment, poor communication
- Travelling – lack of services on KI results in frequent trips to mainland, travelling from other towns to Kingscote for basic services, PATS issues
- Services available – poor professionalism, not the range or access to services required, current services require improvement.

Current Services

The top 10 current services that were used were:

- *KI Medical Centre (115 respondents)*
- *Physiotherapy (70)*
- *Doctor/GP (66)*
- *Kangaroo Island Hospital (59)*
- *Dentist (58)*
- *Chemist (51)*
- *Gym/groups/classes (26)*
- *Podiatry (21)*
- *Domiciliary Care (20)*
- *Specialists (19)*

Services Accessed Off-Island

Respondents identified 165 different areas of off island service usage. The top 10 were:

- *Specialists (78 respondents)*
- *Dentist (43)*
- *MRI (30)*
- *Optometrist (30)*
- *None (26)*
- *Eye (24)*
- *Surgeon/Surgery (21)*
- *Flinders (18)*
- *Scans (18)*
- *Services (18)*

Summarised below are the main themes from all methods of community consultations, see Appendices for detailed consultation summaries.

Patient Journey

- *PATS issues including accessing services off island, payments, guidelines discrepancies, number of rejected applications.*
- *Access to GP's appointments and access to GP of choice.*
- *Visiting specialists, difficulty in accessing.*
- *Transport issues both intra island and off island.*
- *Continue to develop use of videoconferencing facilities to reduce the need for client travel.*

Aged Care– Residential and Community

- *Development of a plan for the site and to facilitate staged redevelopment and expansion of residential aged care facilities to meet the current and growing need for residential aged care services into the future, current facilities are at capacity.*
- *Geriatrician visits to the Island and utilising telemedicine for consultations.*
- *Older persons mental health access.*
- *Older people to be supported to remain at home with services in place.*
- *Training and support for community aged care staff to reduce unnecessary admissions.*
- *Increase use of videoconferencing and other supports to enable assessment of clients at home.*

Inpatient Services

- *Development of a master plan for the site to optimise the safe configuration and functionality of emergency and acute spaces in the hospital.*
- *Ongoing support, training and development of nursing staff.*
- *Continue to develop use of videoconferencing facilities to reduce the need for client travel.*

Allied & Community Health Services

- *Chronic disease management support for clients.*
- *Specialist staff roles.*
- *Community wellness programs.*
- *Awareness and understanding of referral pathways for community and allied health services.*
- *Build networks to support collaboration.*
- *Opportunities to reduce potentially preventable admissions.*
- *Layout of the current “gym/clinic area” is not functional.*
- *Purchase of suitable equipment to meet the various needs of clients.*
- *Development of a master plan for the site to optimise the availability and functionality of client meeting/activity spaces in the Community healthbuilding.*

Emergency Services

- *Staffing requirements and model for ED demand including peak emergency presentations in the mornings.*
- *Mental health support.*
- *Expanded South Australian Ambulance Service (SAAS) support.*
- *Increase out of hospital strategies to support Emergency Department avoidance.*
- *Work alongside KI Medical Clinic to facilitate patients being seen in the right place at the right time.*
- *Development of a master plan for the site to optimise the safe configuration and functionality of emergency and acute spaces in the hospital.*

Maternity & Neonatal

- *Workforce recruitment and retention including midwives, Anaesthetists and GP / obstetrician.*
- *Maintaining sufficient birthing numbers to sustain skills.*
- *Explore opportunities to promote and grow maternity services.*
- *Sustainability of the on-call model of care for maternity services.*
- *Continue to support and improve post-natal care for mothers.*
- *Reduce the number of women who travel to Adelaide for maternity services.*
- *Ongoing support, training and development of Midwifery staff.*

Mental Health Services

- *Staff training.*
- *Increased psychiatry care.*
- *Older persons mental health.*
- *Improved patient journey for clients.*
- *Facilities to ensure private and confidential multipurpose rooms.*
- *Work with external providers to advocate for services.*

Surgical Services

- *Continue to support visiting Specialists to reduce the need for residents to travel to the mainland for surgery.*
- *Explore the feasibility of ophthalmology services.*
- *Development of a master plan for the site to optimise the safe configuration and functionality of operating theatre flow/spaces in the hospital to meet required standards.*

3. Service Plan

3.1 Service Capacity

The Kangaroo Island Health Service has 53 places jointly funded by the Commonwealth and State Governments which can be used flexibly. There are 15 acute beds and 36 residential aged care beds, with 20 aged care beds in Anchusa wing attached to the hospital and 16 aged care beds in Carnarvon Hostel, located on the hospital site.

The Health Service provides 24 hours a day, seven days a week (24/7) accident and emergency service, acute inpatient care, elective surgery, maternal and neonatal services, community midwifery service, mental health, low risk chemotherapy and outpatient services.

The Kangaroo Island Country Health Connect Service provides a range of allied health and community nursing services. The goal of these services is to keep people independent and healthy at home, and to return them to this state following hospital intervention.

3.2 Clinical Services Capability Framework

The SA Health Clinical Services Capability Framework (CSCF) 2016 is a set of an initial 30 service modules for clinical service areas. The modules detail the minimum service and workforce requirements, risk considerations and support services to provide safe and quality care at South Australian hospitals. It is an important tool for statewide strategic planning by defining the criteria and capabilities required for health services to achieve safe and supported clinical service delivery. It also provides planners and clinicians with a consistent approach to the way clinical services are described and identifies interdependencies that exist between clinical areas.

3.3 Service Priorities

An overview of the proposed service priority areas for Kangaroo Island follow in the tables below.

EMERGENCY SERVICES

Current	Proposed
<p>Service Description Summary:</p> <ul style="list-style-type: none"> • Level 2 providing on-site, 24-hour access to emergency Registered Nursing staff trained in triage & advanced life support (adults) and triage of all presentations. • Capable of providing treatment for minor injuries and illnesses and treatment of acute illnesses and injuries. • Provides resuscitation and stabilisation, prior to admission and/or transfer to higher level service. • Medical practitioner on-call. • Dedicated theatre staff on call 24/7 for emergency obstetrics. <p>Current Capacity:</p> <ul style="list-style-type: none"> • 24/7 service. • Meeting triage timeframes. • High number of emergency presentations during mornings between 9am and 10am. • 7 GPs with admitting rights from KI Medical Clinic. • 1 in every 4 weeks serviced by locum. • Access to MedSTAR via phone and videoconference within ED. 	<p>Service Description Summary:</p> <p>Maintain existing Level 2 Service and project future needs for the facility, equipment and workforce.</p> <p>Service Improvements Summary:</p> <p><i>E1. Explore staffing requirements for ED demand considering:</i></p> <ul style="list-style-type: none"> • Safe rostering requirements for peak demand periods (tourism influx e.g. Easter and summer school holidays). • Nursing capacity to support roster. • Recruitment and retention strategies. • Analysis of data for peak emergency presentations in the mornings – in particular the number of ED attendees in triage 4 and 5. • Staff training to continue at current level and look to include Advanced Paediatric Life Support. <p><i>E2. Explore the potential for increased mental health support with ED admissions considering:</i></p> <ul style="list-style-type: none"> • Mental Health liaison team. • Mental Health Remote Support Services accessible for advice. • Training and education for ED staff to increase confidence and skills. <p><i>E3. Investigate demand and requirements for expanded SAAS support considering:</i></p> <ul style="list-style-type: none"> • Community paramedic. <p><i>E4. Explore service improvement opportunities to current infrastructure considering the current facility and layout to meet future demands including:</i></p> <ul style="list-style-type: none"> • Privacy for patients in the waiting area. • Quiet areas for mental health presentations and safe areas for Drug and Alcohol presentations. • Ambulance arrivals.

	<ul style="list-style-type: none">• Minor procedure / treatment areas.• Dedicated Accident & Emergency area that is not shared as recovery space on theatre days. Relocation of morgue to appropriate private area so it is not in public view in ambulance arrival area. Community need for viewing area that does not impact on hospital. <p><i>E5 Development of a master plan for the site and HAC owned land to:</i></p> <ul style="list-style-type: none">• Facilitate staged redevelopment and expansion of residential aged care facilities and associated support services.• Optimise the safe configuration and functionality of emergency, operating theatre and acute spaces in the hospital. <p><i>E6 Investigate ability to increase out of hospital strategies to support ED avoidance considering:</i></p> <ul style="list-style-type: none">• Virtual clinical care.• Extended Care paramedic.• Community health nursing / hospital in the home / nurse practitioner.
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MATERNITY AND NEONATAL SERVICES

Current	Proposed
<p>Service Description Summary:</p> <p>Level 3 service provided: (<i>summarised – see SA Health (CSCF) 2016</i>)</p> <ul style="list-style-type: none"> • Maternal & neonatal services providing low risk births ≥ 37 weeks gestation; Safe care for singleton neonate ≥ 2.5kg at birth, convalescent care for neonate ≥ 36 weeks (corrected gestation) who weighs ≥ 2kg, when supported by Neonatologist/Paediatrician consultant advice from Level 4-6 service. • Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available. • Capacity to provide emergency care to support the sick neonate until the retrieval service arrives. • Capacity to manage the care of the ‘low risk’ pregnant woman during the antenatal and postnatal periods. <p>Current Capacity:</p> <ul style="list-style-type: none"> • Kangaroo Island hospital births <ul style="list-style-type: none"> • 38 in 17/1 • 32 in 16/17 • 33 in 15/16 • The majority of local residents who did not birth locally went to the Flinders Medical Centre (approximately 20% of all births for KI residents). • Community midwifery team consisting of 3 midwives. • 2 x GP obstetricians available to support birthing services. 	<p>Service Description Summary:</p> <p>Maintain existing maternal and neonatal services, identify service improvement opportunities and project future needs for the workforce.</p> <p>Service Improvements Summary:</p> <p><i>MN1. Investigate the future workforce recruitment and retention opportunities to maintain the current Maternity and Neonatal services considering:</i></p> <ul style="list-style-type: none"> • Midwifery staffing. • Anaesthetic sustainability. • GP/obstetrician sustainability. • Maintaining sufficient birthing numbers to sustain skills. <p><i>MN2. Explore opportunities to promote and grow the maternity services provided at KI to meet community expectations:</i></p> <ul style="list-style-type: none"> • Increase access to the number of births to support maintenance of skills and experience. <p><i>MN3. Explore ways to improve the sustainability of the on-call model of care for maternity services considering:</i></p> <ul style="list-style-type: none"> • High risk women presentations. • Management of the 24/7 coverage with small workforce numbers (burnout). <p><i>MN4. Improve postnatal care provided considering:</i></p> <ul style="list-style-type: none"> • Timely access to peri-natal clinical support services (i.e. mental health and dietetic services). • Improve coordination and communication processes of postnatal midwifery care for women and their families who transfer back from Adelaide following birth. • Monitor patient journey to identify further improvement opportunities. • Reduce delays in accessing postnatal support following birth (i.e. CAFHS linkages, timely communication/referrals, mums/bubs groups).

	<p><i>MN5. Improve the quality of maternity services provided from KI to meet the needs of the community:</i></p> <ul style="list-style-type: none">• Reduce the number of women who travel to Adelaide for maternity services.• Education and awareness for GPs of maternity services offered at KI.• Ongoing support, training and development of midwifery staff to maintain skills and contemporary knowledge.
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MEDICAL INPATIENT SERVICES

Current	Proposed
<p>Service Description Summary:</p> <ul style="list-style-type: none"> • Level 2 Service provided as both an ambulatory and inpatient service, including overnight nursing care and patients under care of medical practitioner. • Inpatient services usually provided for low- to medium- acuity, single-system medical conditions with significant but stable comorbidities. • Patients with pre-existing significant comorbidities typically not admitted at this service level except in palliative care situations. <p>Current Capacity:</p> <ul style="list-style-type: none"> • 7 GPs with admitting rights from KI MedicalClinic. 	<p>Service Description Summary:</p> <p>Maintain level 2 medical inpatient services and enhance patient care</p> <p>Service Improvements Summary:</p> <p><i>MI1. Improve communication systems to enhance patient centred care considering information sharing between hospital and medical practice regarding process changes and patient care requirements referral/discharge.</i></p> <p><i>MI2. Enhance services for patients with a mental health condition considering:</i></p> <ul style="list-style-type: none"> • Access to community mental health team. • Referral process to specialist services and clear clinical pathway to follow. • Training and education for staff to assess acuity and appropriate care needs. <p><i>MI3. Explore the ability to prevent avoidable admissions considering:</i></p> <ul style="list-style-type: none"> • Specialist nursing, community nursing and allied health services to prevent or reduce length of admissions, improve management of chronic conditions e.g. diabetes, respiratory, cardiac. • Opportunities for hospital in the home and alternative models of care to inpatient admissions considering • Avoidance of ED presentations. • Funding opportunities. • Coordination and collaboration across sectors to support the patient journey (Community Health, ED, acute, RAC, GP practices, transport). <p><i>MI4. Consider the need for step down care/temporary accommodation (not Inpatient) for patients needing regular care (used to use Carnarvon, but currently full).</i></p>

	<p><i>MI5. Radiology – explore increased access to medical radiology and ultrasound services.</i></p> <p><i>MI6. Explore opportunities to improve facilities for inpatients including:</i></p> <ul style="list-style-type: none">• Move towards single room accommodation with more bathroom/ensuite access.• Space for infusion/chemotherapy administration.• Space for stress testing.• Dedicated space for videoconference appointments to take place. <p><i>MI7. Improve management and appropriate support for patients with drug and alcohol conditions considering:</i></p> <ul style="list-style-type: none">• Mental health review for patients with drug and alcohol addictions.• Strengthen linkages with Drug and Alcohol Services SA (DASSA) and advocate where appropriate for additional services.• Training and clear guidelines according to regulations on how care should be appropriately provided/referred for patients with drug and alcohol addictions/withdrawal? <p><i>MI8. Link with CHSA private patient revenue project for possible opportunities to enhance private patient revenue for hospital in stays (while remaining public for GP treatment).</i></p>
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SURGICAL AND ANAESTHETIC SERVICES

Current	Proposed
<p>Service Description Summary: provides Level 3:</p> <ul style="list-style-type: none"> • Provided in hospital setting with designated but limited surgical, anaesthetic services. • Manages: <ul style="list-style-type: none"> ○ Surgical complexity I procedures with low to high anaesthetic risk. ○ Surgical complexity II procedures with low to high anaesthetic risk. ○ Surgical complexity III procedures with low to medium anaesthetic risk. ○ Surgical complexity IV procedures with low to medium anaesthetic risk. • May be offered 24 hours a day and may include day surgery. • May also provide emergency surgery. <p>Capacity:</p> <ul style="list-style-type: none"> • Anaesthetic support from 4 GP anaesthetists with locum support. • 24 hour on call nursing theatre team available for obstetric emergencies can be used for emergency surgery. 	<p>Service Description Summary Maintain existing surgical and anaesthetic services and project future needs for the workforce.</p> <p>Grow the surgical services in the following specialties considering urology, gynaecology, ophthalmology and ENT – including private/public lists.</p> <p>Service Improvements Summary:</p> <p><i>S1. Define the surgical services required to better meet the needs of the catchment considering:</i></p> <ul style="list-style-type: none"> • Analysis of self-sufficiency data to understand service profile. needs and identify opportunities to retain procedures which flow out to Adelaide. • Explore ability to provide safe surgery and post-care for patients with BMI and co-morbidities risk factors with support from SAVES or telemedicine support and advice. <p><i>S2. Exploring recruitment and retention opportunities:</i></p> <ul style="list-style-type: none"> • Country wide leadership of recruitment and retention of specialists. • Promoting Kangaroo Island as an attractive location. • Arrangements with visiting specialists to ensure consistent services. <p><i>S3. Increase collaboration and engagement with surgeons and specialists:</i></p> <ul style="list-style-type: none"> • Engagement on equipment purchases. • Improve local GP awareness and understanding of specialist services offered at Kangaroo Island to increase local referrals. • Increase integration of specialist services with GPs. • Clarify guidelines and processes for discharge and post-care to improve patient journey and support linkages with local GPs. • Support the rural generalist model. • Develop and invest in post-surgical recovery services i.e.

	<p>specialised rehabilitation and physiotherapy services.</p> <p><i>S4. Improve the theatre utilisation where possible to support growth in surgical services considering:</i></p> <ul style="list-style-type: none">• Continuum of care.• Equipment needs.• Anaesthetist workforce sustainability.• Theatre staffing levels and skill maintenance.• Training and development opportunities.• Modernising scheduling system.• Radiology requirements.• Consumable requirements. <p><i>S5. Review of theatre facilities for compliance, flow, maintenance of standards and accreditation.</i></p> <p><i>S6. Review theatre equipment and storage to meet requirements / standards.</i></p>
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ALLIED AND COMMUNITY HEALTH SERVICES

Current	Proposed
<p>Service Description Summary:</p> <p>Services comprised of multidisciplinary teams providing a comprehensive range of community and hospital-based health services via individual assessment, one-to-one therapy, group work, in-home care and hospital-based services</p> <p>Community Health employs the following allied health professionals:</p> <ul style="list-style-type: none"> • Social workers • Podiatrists • Speech pathologists • Dieticians • Occupational therapists • Physiotherapists. <p>All referrals for inpatients are a Priority 1 referral and will receive a response within 48 hours. The response may not be a visit to the hospital depending on the clinical complexity for the patient and may instead be a telephone response to conduct an initial assessment and plan for a hospital visit or referral to Community Health post discharge. Referrals are prioritised according to clinical and service priority.</p> <p>Current capacity</p> <ul style="list-style-type: none"> • All of the above services are available via referral on the Island. The Cook Centre (Community Health facility) is located adjacent to the hospital. All clinicians consult in their offices with two consulting rooms on a booking system and one large meeting room available. 	<p>Service Description Summary:</p> <p>Maintain and grow allied & community health services to meet the future demands of the KI population.</p> <p>Service Improvements Summary:</p> <p><i>CH1. Explore opportunities to improve chronic disease management including:</i></p> <ul style="list-style-type: none"> • Target the identified chronic disease “domains” identified within the islands population (e.g. diabetes, heart disease, obesity, osteoarthritis, mental health etc.) Evidence suggest exercise is a positive influence in the management of all of these conditions – the development of a more sustainable and more easily accessible gym/exercise space to achieve this would be highly advantageous. • Flexible, multi-disciplinary opportunities to support communities to understand all the facets of lifestyle that contribute to chronic disease. • Community integrated opportunities to assist the above (e.g. community gardens, walking groups etc.). • Preventative or early intervention strategies – again linked to education and exercise. • GP involvement would be advantageous in identifying those at higher risk. <p><i>CH2. Explore ability to support Allied Health and Community nursing staff to upskill into specialist roles considering:</i></p> <ul style="list-style-type: none"> • Improving relationships with specialised centres. • Access to training and professional development. • Increasing telemedicine capacity to provide supported advice and access to specialist care. <p><i>CH3. Improve access to the national disability Insurance scheme (NDIS) for clients in need considering:</i></p> <ul style="list-style-type: none"> • Responding to increasing demands. • Linking with local NDIS providers.

	<p><i>CH4. Increase the range of community wellness programs provided to the community considering:</i></p> <ul style="list-style-type: none"> • Use of allied health assistants. • Address social isolation and improve community connectedness. • CHSP/HACC funded programs. • Advocate for additional community managed drug and alcohol programs. <p><i>CH5: Improve awareness and understanding of referral pathways for community and allied health services considering:</i></p> <ul style="list-style-type: none"> • Service mapping to understand service needs and gaps. • Clear and well defined referral pathways. <p><i>CH6: Build networks to support collaboration to improve the health and wellbeing of the community considering:</i></p> <ul style="list-style-type: none"> • Improving communication internally within the region to understand all roles and services available. • Develop an open communication mechanism between State, private and Federal services (i.e. forum). • Explore partnership opportunities to link up services. • Improve relationships between community and allied health staff, acute staff, GPs and transport services to provide quality linked up services across the care continuum. • Explore opportunities to reduce potentially preventable admissions. <p><i>CH7: Consider the layout of the current “Cook Centre and gym/clinic” area including:</i></p> <ul style="list-style-type: none"> • Locating staff where possible closer to the community health clinic. • Consider other areas instead of a multipurpose area – separate areas for adult and paediatrics, separate gym area and separate consulting areas. • Purchase of suitable equipment to meet the various needs of clients (i.e. bariatric exercise equipment) and increase participation. • Development of a master plan for the site to optimise the availability and functionality of client meeting/activity spaces in the Community Health building. • Explore single point of entry for Community Health and Hospital (one reception).
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MENTAL HEALTH SERVICES

Current	Proposed
<p>Service Description Summary:</p> <ul style="list-style-type: none"> • Short to long-term or intermittent non admitted mental health care to low and moderate-risk/complexity voluntary adult mental health consumers. • Day programs primarily consist of block-based intervention periods and may only be delivered at certain times of the year. • Services delivered predominantly by small team (not necessarily multidisciplinary) of mental health professionals who provide local mental health care service via hospital-based outpatient clinic or day program, community mental health clinic or home-based care. • Service provision includes: assessment and targeted interventions by mental health professionals; care coordination / case management; consumer and carer education and information; documented case review; primary and limited secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate. • CHSA Mental Health helps country people experiencing functional disability due to mental illness in their recovery. As a specialist mental health service aiming to maximise the opportunity for people to manage their mental health condition, we work in partnership with consumers, carers and community services to access the right level of care and facilitate community integration based on our expert assessment, treatment and review. <p>Current Capacity</p> <ul style="list-style-type: none"> • Local clinicians are supported by a country wide mental health model of care, including the Rural & Remote Mental Health Service at Glenside and tele-psychiatry available within 24 hours for assessment/management. 	<p>Service Description Summary:</p> <p>Maintain and enhance existing ambulatory and inpatient services.</p> <p>Service Improvements Summary:</p> <p><i>MH1. Maintain and enhance existing ambulatory and inpatient services by increasing skills, confidence and support for GPs and nursing staff to manage patients locally in inpatient and emergency settings including:</i></p> <ul style="list-style-type: none"> • Training for staff on Mental State Examination (MSE) and Risk Assessment and mental health triage training for A&E staff. • Hospital staff accessing training through Clinical Practice Consultant (CPC) Nurse Practitioner (NP) within the Adelaide Hills Mental Health team. • Enhancing access to specialist psychiatry care, particularly assessments in the first 24 hours and review current cover. • Improve patient journey for clients transferring from the island to Rural and Remote. • Consider the feasibility of accessing other CHSA Mental health inpatient units. • Determine capability requirements for holding agitated patients for short periods. <p><i>MH2. Review of facilities to ensure private and confidential multipurpose rooms which can be used by local/visiting clinicians and mental health clients.</i></p> <p><i>MH3. Work with external providers to advocate:</i></p> <ul style="list-style-type: none"> • Additional access to drug and alcohol worker, child and adolescent mental health workers. • That the community has appropriate access to visiting psychiatrists through private providers. <p><i>MH4. Work with aged care clients to ensure their mental health needs are being met.</i></p>

AGED CARE SERVICES – RESIDENTIAL AND COMMUNITY CARE

Current	Proposed
<p>Service Description Summary:</p> <ul style="list-style-type: none"> • Kangaroo Island Health Service is the sole residential aged care provider on the island. This MPS is funded for 53 residential aged care places and 8 home care packages. • It has 36 physical residential aged care beds, with the remaining flexible aged care places funding community based care. <ul style="list-style-type: none"> ○ Anchusa wing has 20 high level care aged care beds attached to the hospital and includes secure premises for people with dementia. ○ Carnarvon Hostel has 16 low level aged care beds in a separate building co-located on the hospital site. • The regional Community Health Service also provides community aged care funded under the Commonwealth Home Support Program. In March 2018, there were 315 active home care clients who were residents on Kangaroo Island. <p>Current Capacity</p> <ul style="list-style-type: none"> • Between 2 and 6 hospital beds are used for respite and residents waiting for placement, due to full aged care bed occupancy. • While 53 funded aged care places are in line with the population benchmark for residential care, there are only 36 physical aged care beds. All 53 are needed as physical beds to meet current and predicted demand. • Carnarvon Hostel requires replacement with a new facility as it is no longer able to meet contemporary standards for residential aged care, including “ageing in place” and higher levels of resident dependency. • Additional community aged care support would be needed to replace aged care places redirected to staff more physical aged care beds. 	<p>Service Description Summary:</p> <p>Kangaroo Island Health Service will continue to provide residential and community aged care which meets existing and projected aged care needs and contemporary standards.</p> <p>Service Improvements Summary:</p> <p><i>A1. Develop a master plan for the site and HAC owned land to:</i></p> <ul style="list-style-type: none"> • Facilitate staged redevelopment and expansion of residential aged care facilities and associated support services. • Optimise the safe configuration and functionality of emergency and acute spaces in the hospital. • Plan for existing and projected residential aged care needs, require consideration of 100% single ensuite rooms and a layout which supports effective use of staffing <p>Stage 1 – 53 single ensuite rooms for existing funded places</p> <p>Stage 2 – Based on the projected number of people aged 80+, it is estimated another 35 aged care beds will be needed by 2027; this would require additional land or a two-storey solution.</p> <p><i>A2. Explore the feasibility of increasing the frequency of geriatrician visits to the Island and utilising telemedicine for consultations.</i></p> <p><i>A3 Explore the feasibility of accessing an Older Persons Mental Health Worker to the Island and utilising telemedicine for consultations.</i></p> <p><i>A4. Increase the number of community aged care packages to enable the growing number of older people to be supported to remain at home.</i></p> <p><i>A5. Develop a training and support program for community aged care staff to reduce unnecessary admissions considering:</i></p> <ul style="list-style-type: none"> • Acute clinical staff support. • Increase use of videoconferencing and other supports to enable assessment of clients at home.

PATIENT JOURNEY

Current	Proposed
<p>Service Description Summary: Clients travel across the island to get to Kingscote for services and treatment.</p> <p>Clients travel off the island (regionally and to Adelaide) for specialist services and services not available at Kangaroo Island Health Service.</p> <p>The Patient Assistance Transport Scheme (PATS) is a scheme which provides subsidies towards the cost of travel and accommodation when rural and remote South Australians have to travel to see their nearest medical specialist.</p> <p>Current Capacity</p> <ul style="list-style-type: none"> • 1743 approved PATs claims for the 12 month period from September 2017 to July 2018. 197 claims rejected. • Highest PATS claims by specialty radiology, ophthalmology, orthopaedics and oncology. • Council currently provides the Rockhopper, a public bus service that operates on 2 routes around the island, however there are no taxi services and no community transport services. • Sealink ferry operates up to 3 times daily from Cape Jervisto Penneshaw (weather dependent). • Rex and Qantas have regular flights from Adelaide to Kingscote daily. • Kangaroo Island Hospital offers various transport for clients including aged and day care clients. The health services has a number of vehicles and a bus for these purposes. • Very limited volunteers for transport and delivered meals. 	<p>Service Description Summary: Continue to liaise with consumers to better understand what individuals experience throughout their patient journey locally, regionally and to Adelaide and explore ways to improve these journeys.</p> <p>Service Improvements Summary:</p> <p><i>PJ1. Better communication and coordination between country and metropolitan health services:</i></p> <ul style="list-style-type: none"> • Engage with metropolitan hospital discharge planners to improve the process for patients, promote timely communication with local service providers, earlier referrals for equipment and community support services. <p><i>PJ2. Continue to liaise with state wide and regional NGO's and government agencies for services and partnership enhancement including:</i></p> <ul style="list-style-type: none"> • Drug & Alcohol • Child & Youth Health (including sexual health) • CAMHS • NDIS providers • Private regional providers located off island • Disability support services <p><i>PJ4. Investigate community transport options including:</i></p> <ul style="list-style-type: none"> • Sharing with council the Our Say Survey results in relation to transport and exploring options for council vehicle/scheme. • Consider a recruitment drive of volunteers or undertake an audit of current drivers from other agencies and consider a joint transport scheme. <p><i>PJ5. PATS awareness campaign for GPs and clients including:</i></p> <ul style="list-style-type: none"> • Ensuring PATS guidelines books are in the medical clinic and the hospital ED and waiting areas. • Consider putting together a PATS story book from the Our Survey results for advocating for changes to PATS guidelines. • Consider a meeting with the CHSA PATS coordinator and the HAC to advocate for input into the next guidelines review.

	<ul style="list-style-type: none">• Obtain reports on a regular basis from PATS for KI residents and the reasons behind declines.• Share the results of the Our Say Engagement process with the Manager of PATS for CHSA <p><i>PJ6. Share finds of Our Say survey with the medical centre including:</i></p> <ul style="list-style-type: none">• Access to GP appointments• GP of choice• Demand for clinics at other locations on the island <p><i>PJ7. Encourage direct consumer feedback at sites to inform continuous improvement of service delivery.</i></p>
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OTHER CLINICAL SERVICES - CANCER SERVICES

Current	Proposed
<p>Service Description Summary:</p> <p>Kangaroo Island has Level 3 low risk chemotherapy services.</p> <p>Country cancer services are an integral part of statewide cancer services, providing essential access to treatment outside of metropolitan hospitals and facilitating care closer to home for many country patients.</p> <p>In early 2018, the State Government made an election commitment to double the amount of chemotherapy treatment delivered in regional SA, invest in specialist teams at country chemotherapy units, pilot a GP oncologist role, and implement a statewide electronic cancer information and prescribing system. The former CHSA developed the Expanding Country Cancer Services Implementation Plan, which will be implemented in stages over four years.</p> <p>The Kangaroo Island Health Service provides low-risk chemotherapy treatment under the care of an oncologist based at the Flinders Medical Centre. The unit provides:</p> <ul style="list-style-type: none"> • Coordination of cancer care. • Low-risk chemotherapy treatment including oral chemotherapy and intravenous infusion treatments in the chemotherapy unit or via slow release pumps. • Access to videoconferencing for follow-up appointments with oncologists. • Non-chemotherapy infusion centre services including pump disconnects, PICC and Port flushes. <p>Current Capacity</p> <ul style="list-style-type: none"> • In 2017/18 there were 16 chemotherapy outpatient services provided at the Kangaroo Island Health Service. 	<p>Service Description Summary:</p> <p>Maintain the low risk Level 3 chemotherapy services.</p> <p>Service Improvements Summary:</p> <p><i>CS1. Raise awareness of needs and services available to increase referrals.</i></p> <p><i>CS2. Increase the number of low risk care services provided by reducing flow out where appropriate.</i></p> <p><i>CS3. Review infrastructure to ensure standards are being met in relation to efficiency and increased service provision.</i></p> <p><i>CS4. Maintain strong links for ongoing holistic care with palliative care team and McGrath breast care nurse.</i></p> <p><i>CS5. Link with the CHSALHN Clinical Lead for Cancer Services to implement strategies from the Expanding Country Cancer Services Implementation Plan:</i></p> <ul style="list-style-type: none"> • Explore, with expert advice, the opportunity to increase level of risk services provided on KI. <p><i>CS6. Development of a master plan for the site to optimise the availability and functionality of a dedicated infusion/chemotherapy space within the hospital building.</i></p> <p><i>CS7. Explore use of the chemotherapy unit for other services (e.g. renal).</i></p>

OTHER CLINICAL SERVICES - PALLIATIVE CARE SERVICES

Current	Proposed
<p>Service Description Summary: The Kangaroo Island Health Service provides quality end of life care (level 1) including assessment, triage, care coordination & clinical management, bereavement risk assessment and bereavement care for patients with uncomplicated needs associated with end of life care.</p> <p>Nursing staff on the Island are supported by a palliative care regional team based at Gawler for education, support, direction and medication advice.</p> <p>The health service has no such dedicated palliative care funding. Patients are put on an end of life package which includes additional care to stay at home. These services include nursing care, domestic assistance, personal care and other services and are provided by community health nursing staff.</p> <p>Current Capacity Strong regional palliative care model exists in the Barossa Hills, Fleurieu Region to support the choice of families and patients, with a high proportion of patients supported to die at home.</p>	<p>Service Description Summary: Maintain and enhance existing community and inpatient services to meet the growing needs of the island.</p> <p>Service Improvements Summary: <i>PC1. Increase palliative care services able to be provided in the home considering:</i></p> <ul style="list-style-type: none"> • Social work support including Grief and Loss Palliative Care Outcomes Collaborative (PCOC) assessment and review tools training • Allied health staff training and upskilling to provide suitable support services • Promotion of services available • Support for carers at home caring for a palliative patient. <p><i>PC2. Explore opportunities to access funding and staff availability/capacity for a 24/7 service.</i></p> <p><i>PC3. Consider resource and equipment requirements for palliative care – including the dedicated ward at the health service. Consider community fundraising for identified opportunities.</i></p>

CLINICAL SUPPORT SERVICES

CSCF descriptors level 3	Service Capacity	Proposed service or area to explore
Diagnostic Medical Imaging	<p>Current provider is Dr Jones and Partners Monday and Tuesday – Business Hours</p> <p>Provides X-ray, general ultrasound, guided injections.</p> <p>Outside of these hours there is no formal service, but a number of the nurses and doctors are qualified to take x-rays for emergency purposes.</p>	Continue to explore increased access to medical radiology and ultrasound services.
Pathology	<p>Current provider is SA Pathology Collection centre at the Medical Centre Monday to Friday – 9am to 12pm Daily transfer of specimens from Kangaroo Island to Adelaide.</p>	Maintain existing pathology arrangements.
Pharmacy	Services provided with agreement by Kildea Chemist.	Maintain existing pharmacy arrangements.
Rehabilitation	<p>No specific rehab service provided. TCP can be provided both as residential or community.</p>	Increase rehabilitation capacity, recognising Kangaroo Island's unique needs and aligning with the Statewide Rehabilitation Plan.

3.4 Other factors for consideration

The following enablers have been drawn out of the strategic direction outlined in the service priority tables.

3.4.1 Capital & Equipment

Develop a master plan for the site considering:

- ED layout.
- Residential care services including single room accommodation with ensuite rooms.
- Location of morgue.
- Theatre layout to improve surgical patient flow.
- Space for infusion/chemotherapy administration.
- Space for stress testing.
- Dedicated space for videoconference appointments to take place.
- Step down care/temporary accommodation (not inpatient) for patients needing regular care.
- Private and confidential multipurpose rooms which can be used by local/visiting clinicians and mental health clients.
- The layout of the current “Cook Centre & gym/clinic” area.
- Single point of entry for Community Health and Hospital (one reception).
- Dedicated palliative care area.
- Review theatre equipment and storage to meet requirements/standards.
- Palliative care equipment - consider community fundraising for identified opportunities.
- Ensure health service has appropriate bariatric equipment.
- Conduct audit of gym equipment.

3.4.2 Workforce

Workforce planning will be a key consideration and should be undertaken in consultation with BHFLHN People and Culture Directorate, including the Developing Our Leadership and Culture approach, the findings from the former CHSA Attraction and Retention Strategy evaluation and the former Country Health SA Local Health Network Workforce Plan 2016- 2018.

Future opportunities and implications from the work currently being developed through the Rural Health Workforce project will also be considered as recommendations emerge.

The outcome and implementation of the medical model currently being explored in Wallaroo and the former CHSALHN sustainable midwifery workforce project will need to be incorporated into the relevant improvement opportunities outlined in the service priority tables.

The specific workforce considerations include:

General workforce supports

- Supporting staff to be skilled within in their scope of practice.
- Continue to engage staff to develop a positive workplace culture and focus which focuses on staff wellbeing.
- Develop a localised training program (emergency services, networking, use of VC/telemedicine, allied health, medical officer, nursing).
- Supporting newly graduated clinicians to engage in transition programs.

Nursing

- Establish a nurse exchange between country and metro units to support skill development in complexity of care required.
- Training to support the skill breadth and scope of practice required for the rural generalist nurses.
- Review capacity within the nursing workforce to respond to increasing community needs, ensure that the workforce mix is consistent with hospital activity.

- Develop a recruitment and retention program considering including/encouraging student placements and attending graduate expos, promoting Kangaroo Island as an employment place of choice.

Allied and Community Health

- Recruitment to specialist areas.
- Clarity of scope of practice required.
- Ensure that all allied health professionals have access to transition programs and are engaged within a supervisory arrangement.
- Implement a regional model to enable flexibility within the workforce to support local clinicians to respond to community needs.

Medical

- Ensure Kangaroo Island has a range of visiting medical specialists for meeting the catchment needs.
- Continue to maintain emergency services rostering model to support sustainability and safety.
- Succession planning for GP obstetricians and GP anaesthetists to ensure sustainability.
- Continue to work with medical centre for reviewing of admissions for peak times for Accident and Emergency presentations.

3.4.2 Governance

Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. It describes integrated systems that maintain and improve the reliability and quality of patient care, as well as improve patient outcomes, including the following five criteria:

- **Governance and quality improvement systems** - there are integrated systems of governance to actively manage patient safety and quality risks.
- **Clinical practice** - care provided by the clinical workforce is guided by current best practice.
- **Performance and skills management** - managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high-quality health care.
- **Incidents and complaints management** - patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.
- **Patient rights and engagement** - patient rights are respected and their engagement in their care is supported.

Service Plan Endorsement

Committee/ Responsible Person	Date
Kangaroo Island Health Service Planning Steering Group	15 January 2019
Kangaroo Island HAC (presentation only – not required to endorse)	5 March 2019

For more information

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Appendix A: Kangaroo Island Service Plan Steering Group Terms of Reference

Purpose

The purpose of this Steering Group is to provide advice and direction to Country Health SA Local Health Network (CHSALHN) to guide the development of a Kangaroo Island Hospitals Service Plan.

Scope

The Service Plan will provide a framework for identifying and evaluating potential future service options for health services in the Kangaroo Island areas to meet the future needs of the catchment and visiting tourist population over the next 5-10 years and beyond.

Steering Group Role

The Steering Group's primary role is to:

- Provide advice to a former CHSALHN executive on future scope of services and capacity required based on data, local knowledge and best practice clinical standards
- Review existing and projected health utilisation data to quantify future service profiles
- Consider existing plans for the Kangaroo Island communities and surrounding catchment to determine the future implications for health services.
- Provide advice on future self-sufficiency of Kangaroo Island Hospital
- Provide feedback on recommendations and priorities as they are developed
- Identify and engage other stakeholders as required to contribute to the service planning process
- Receive ideas, advice and recommendations from any consultation processes and ensure their consideration in the development of the Service Plan
- Work within the Partnership Framework: Health Advisory Councils and Country Health SA -
<http://inside.sahealth.sa.gov.au/wps/wcm/connect/9e127e0041ebf32f97f8978069ebbe11/17004.8-1%2BPartnership%2BFramework%2BA4%2BReport-ONLINE.pdf?MOD=AJPERES&CACHE=NONE&CONTENTCACHE=NONE>

Membership

Chair: Debbie Martin, Regional Director Barossa, Hills, Fleurieu Region

Dr Jayanthi Jayakaran	Director Medical Services, Barossa, Hills, Fleurieu, CHSALHN
Nigel Jefford	EO DON/M Kangaroo Island
Kath Bald	NUM Kangaroo Island
Alison King	Regional Manager –Community Health,
Marjo Smith	Program Manager - Community Health
Jeremy Wells	General Practice rep, Kangaroo Island
Darren Keenan	KI HAC Presiding Member
Lynley Jones	Senior Consultant, Major Projects, CHSALHN
Brett Humphrys	Manager, Planning & Population Health, CHSALHN
Kim Hewett	Population Health, CHSALHN
Joanne Lawson	Allied Health Advisor
David Arnold	Mental Health Team Leader
Maree Baldwin	KI HAC Member
Ben Coll	KI HAC Member

Responsibilities of members

The Kangaroo Island Health Service Planning Steering Group has been established in recognition of the skills, knowledge and experience that the members can bring to the planning process. The responsibilities of members include:

- A willingness and ability to attend and participate in meetings of the Steering Group over a period of up to 6 months
- Encouraging input from broader stakeholders
- Declaring any conflicts of interest
- Visit Kangaroo Island to gain a greater understanding of the context

Resources

CHSALHN will provide staff to support the Steering Group including:

- Arranging meetings, agendas, note taking (summary and action items) (BHF)
- Distribution of materials and other administrative functions (BHF)
- Preparation and analysis of required data (Planning team)
- Preparation of draft and final service profile and planning documents (Planning team)
- Engaging other stakeholders as required (Planning team)

Committee Operations

The Steering Group will operate by:

- Ensuring a quorum, this will consist of seven members
- Making decisions about what to recommend to CHSALHN by consensus
- Having a written summary of discussion, comments, recommendations and actions from each meeting prepared in the form of minutes
- Circulating meeting minutes to Committee members prior to the commencement of the next meeting.

Meeting Schedule

Meetings shall be held on the 1st Tuesday of the month at the Kangaroo Island Hospital, Cook Centre Meeting Room or VC

Process Timeline

First Meeting of Steering Group: <ul style="list-style-type: none"> • Setting the Scene, terms of reference • Initial analysis of demographic and health utilisation data profile and identify other data requirements • Agree on the catchment • SWOT of current and future service 	December
Second Meeting of Steering Group: <ul style="list-style-type: none"> • Determine wider clinician engagement approach • Further analysis of demographic and health utilisation data • Discuss initial future service options 	February
Third, fourth and fifth Meetings of Steering Group <ul style="list-style-type: none"> • Workshop for engagement of clinicians and other stakeholders • Consider recommendations / feedback from the clinician engagement • Consider future demand across inpatient, A&E, community health and outpatients and • Recommend future service options for draft service plan 	March May June
Sixth Meeting of Steering Group: <ul style="list-style-type: none"> • Consider final draft service plan. • Determine any further analysis required • Evaluate approach 	July
Finalise plan	September

Appendix B: Clinician Engagement Summary

**July
2018**

Kangaroo Island Health Service Planning - Steering Group

Clinical Engagement Summary

A brief summary of the clinical engagement workshop held 2 July 2018

Aim & Background

In order to assist the Steering Group with the development of the Service Plan, it is important that we engage widely with clinicians including Nursing, GPs, allied health practitioners and visiting services. The KI Health Service Planning Workshop was a valuable opportunity for stakeholders to have a strategic overview of the KI catchment area and its current health services. Local existing and projected health utilization data was provided during the workshop to give stakeholders a better understanding of the current health services and initiate the discussions regarding future health services.

Workshop focus

Local existing and projected health utilization data was displayed during the workshop and the following topics were discussed in groups:

- Aged Care
- Community & Allied Health services
- Emergency services/ Patient Journey
- Maternal and Neonatal/ Surgical Services
- Mental Health
- Medical Inpatient/ Chronic Disease Management

Strengths, challenges, opportunities and recommendations for the future were discussed for each topic

Attendees

Over 40 people attended the workshop including representatives from:

- Nursing
- GP's
- SA Ambulance
- Mental health
- Aged Care
- Allied health
- Pharmacy
- Community Services


Workshop feedback

- Most people felt the principles guiding the service planning were clear to them
- All respondents believed they were able to contribute to the workshop AND agreed that the workshop was useful for future service planning
- All respondents indicated that the diversity of key stakeholders attending this workshop was useful and appropriate – however individual respondents noted:
 - no visiting specialists
 - no disability representative
- Other general comments included:
 - looking forward to the outcome
 - regular updates to participants please
 - Data display was good, feel that some brief explanations / translations would be helpful

WHAT'S NEXT?

- Write up / collation / summary of the workshop for discussion at next steering group meeting
- Community and consumer engagement to continue during July and August
- Priority areas to be identified, focus groups to be determined (if needed) for further work on priority areas.
- Writing of draft plan to begin

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SA Health

KANGAROO ISLAND HEALTH SERVICE

PLANNING STEERING GROUP

OUR

island

health plan

The Kangaroo Island Service Planning Group values your attendance at the recent clinician workshop held on 2 July. This process was part of an extensive engagement process that is currently occurring.

Local existing and projected health utilization data was displayed during the workshop and discussion followed on a range of priority areas. Strengths, challenges, opportunities and recommendations for the future were discussed for each topic. Key priorities areas for each topic are summarised below.

<p>Patient Journey</p> <ul style="list-style-type: none"> • Intra island Community transport • Anomalies of PATS issues for KI residents • Issues for aged clients having to access services off the island • Prioritisation and timing of RFDS transfers • Access to doctor of choice 	<p>Aged Care</p> <ul style="list-style-type: none"> • Facilities need improving, parking access, need more space, • Single ensuite rooms • Triage improvement • Better support for outreach services • Carer respite • Visiting geriatrician • Strengthen Aged care in the community • Advance care directives awareness
<p>Obstetrics</p> <ul style="list-style-type: none"> • Strengthening of antenatal and post natal service interaction • Keeping women on the island where possible • Log booking patient journey for areas of improvement 	<p>Mental health</p> <ul style="list-style-type: none"> • Improve patient journey with Rural and Remote • Access to other CHSA mental health in-patient units and Berri and Whyalla • Access to Drug and alcohol workers • Increase CAMHS services

COMMUNITY ENGAGEMENT SUMMARY - What would you like to tell us?

Residents of Kangaroo Island were invited to have their say on current and future health services for Kangaroo Island, with the information used to help inform the development of a Kangaroo Island Health Service 5-10 year plan. The community had the opportunity to contribute in a number of ways including attending a community session, filling in a paper or online survey, providing feedback on an “Our Say” postcard or using a digital platform.

The biggest responders were those that filled in the survey (over 200 people) and those that attended consultation sessions (over 150 people). Below is a summary of what we heard:

Satisfaction with Health Services from the survey

58.2% of respondents of the survey gave a score of 8/10 or greater for their satisfaction with current health services. Top 3 responses for people who were unsatisfied with the current health services:

- GPs – lack of bulk billing, inconsistent, long wait times, lack of accessibility (Kingscote only), unable to make same day appointment, poor communication
- Travelling – lack of services on KI results in frequent trips to mainland, travelling from other towns to Kingscote for basic services, PATS issues
- Services available – poor professionalism, not the range or access to services required, current services require improvement

Current Services

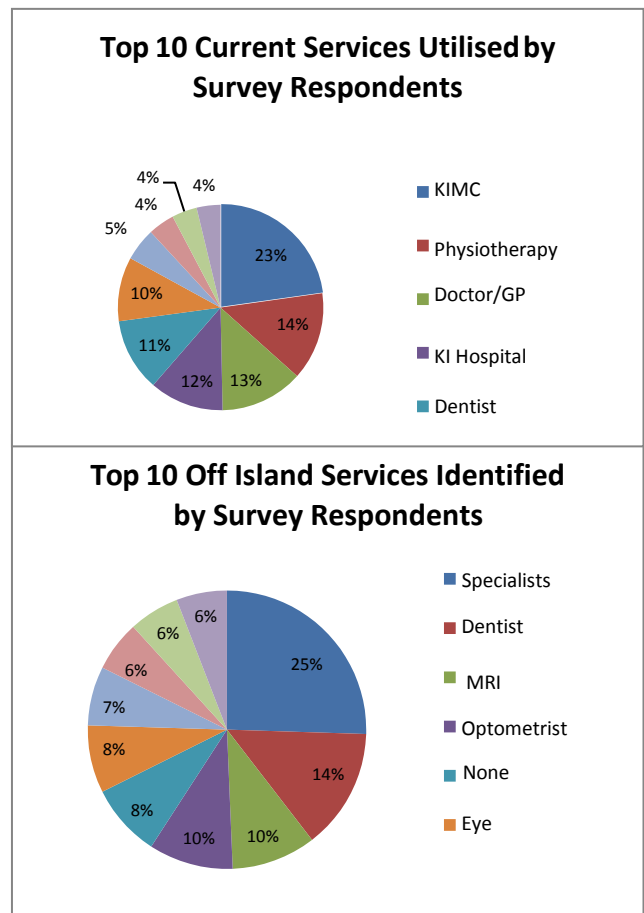
The top 10 current services that were used:

1. KI Medical Centre (115 respondents)
2. Physiotherapy (70)
3. Doctor/GP (66)
4. Kangaroo Island Hospital (59)
5. Dentist (58)
6. Chemist (51)
7. Gym/groups/classes (26)
8. Podiatry (21)
9. Domiciliary Care (20)
10. Specialists (19)

Services Accessed Off-Island

Respondents identified 165 different areas of off-island service usage. The top 10 were:

1. Specialists (78 respondents)
2. Dentist (43)
3. MRI (30)
4. Optometrist (30)
5. None (26)
6. Eye (24)
7. Surgeon/Surgery (21)
8. Flinders (18)
9. Scans (18)
10. Services (18)



Thematic Analysis

Thematic analysis is used to determine patterns in data. Analysis was conducted on language in the surveys and postcards and coded as positive or negative sentiment/feedback.

	<i>Survey</i>	<i>Postcards</i>
Positive	68.5%	58.5%
Neutral	8.1%	29.3%
Negative	23.4%	12.2%

Main themes in postcard feedback and from posters at community consultations

Penneshaw

- o Concerns about lack of health services in area (particularly GPs, community nurses) and the impact on elderly residents
- o Suggestion to have one GP clinic a week for residents unable to travel

Sexual Health

- o Numerous suggestions for a sexual health clinic or a doctor with expertise in sexual health
- o Suggestions also included access to safe sex education, condoms and day after pill

Aged Care

- o Numerous suggestions about facility improvement
- o Increase help to allow people to remain in their own homes for longer
- o More aged care homes/beds
- o Accommodation suitable for old people required

Services

- o Suggestion to focus more on preventative health
- o More allied health services required on island
- o PATS not covering allied health but allied health services unavailable on island
- o Service delivery – quicker services, shorter wait times

Infrastructure

- o Automatic door at medical clinic in Kingscote
- o More acute beds in hospital
- o X-ray machines, access to scanning
- o Services for cancer patients
- o Requirement for hydrotherapy pool (motel is being used at present)
- o Birthing suite upgrade
- o General KI infrastructure i.e. footpaths

Drug and Alcohol/Smoking and Mental health

- o Numerous suggestions relating to services required to reduce smoking
- o More/separate mental health facilities and services
- o Drug & alcohol counsellor is required on the island

If you would like to:

- discuss these recommendations further
- let us know that something's missing
- obtain additional information or view a copy of the full plan

please contact a member of the HAC, visit the Facebook page or call the health service on 08 8553 4200