

Millicent and District Hospital and Health Service



Service Plan

2020-2023

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Disclaimer:

Document prepared by the Rural Support Service (RSS), Planning and Population Health Team to assist the Millicent Service Planning Steering Group with future planning for Millicent and District Hospital and Health Service.

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1. Executive Summary

Millicent and Districts Hospital and Health Service (Millicent Hospital) is part of the Limestone Coast Local Health Network (LCLHN). The Hospital is a medium sized casemix funded site which supports the region by providing emergency, acute inpatient care, surgical, and outpatient services. Millicent Hospital is a 25 acute bed facility. The Millicent catchment encompasses Millicent and Wattle Range council areas.

This Service Plan reflects the overarching future plan for health service provision in the area. The plan 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, 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](#), [Clinical Services Capability Framework, SA Health Strategic Plan 2017-2020](#), [Country Health SA Community and Consumer Engagement Strategy](#), [A Partnership Framework for Health Advisory Councils and Country Health SA](#) and the [National Aboriginal Cultural Respect Framework](#).

The planning process was led by the Millicent Health Service Planning Steering Group (the Steering Group), supported by the Limestone Coast LHN (LCLHN), Rural Support Service Planning and Population Health Team and a wide range of clinicians who were engaged through workshops and focus groups in 2019. Broader and ongoing involvement of clinicians will be essential to progress service initiatives.

The specific service priority areas identified for Millicent include emergency services, medical inpatient services, surgery and anaesthetics, aged care, allied and community health services and mental health. Details of the improvement opportunities for these areas are summarised on page 4. During the service planning process the cessation of maternity and neonate services at the Millicent Hospital in 2014 was raised at the clinician workshop and in the community engagement. The provision of these services is not considered a viable option at the Millicent hospital due to the minimal number of low complexity births and the inability to sustain the necessary workforce requirements outlined in the Clinical Services Capability Framework and the SA Health Maternal and Neonate Standards.

In addition to these service priority areas, opportunities to strengthen workforce and infrastructure will be key enablers for this plan. The particular areas considered a priority for workforce include:

- Strengthen our workforce to provide sustainable services that meet community need.
- Support the development of a regional/local plan for a sustainable surgical workforce.
- Enhance the business model and workforce opportunities to provide sustainable quality allied health and community services.
- Enhance the recruitment and retention of quality aged care workers to best meet care needs.
- Extend the skills and confidence of nursing and medical staff to manage emergency mental health presentations/admissions.

The LCLHN Board will have governing oversight of the plan and the LCLHN regional leadership group will all have an operational oversight role in the implementation and monitoring of this plan.

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

Emergency Services

Maintain level 2 emergency services and enhance patient care by seeking improvements in the following areas:

- Improve telehealth usage.
- Increase x-ray services.
- Improve mental health care.
- Maintain quality and safety.
- Strengthen partnerships with local general practitioners (GPs).

Medical Inpatient Services

Maintain level 2 medical inpatient services and enhance patient care with attention to the following:

- Improve telehealth usage.
- Strengthen local workforce to meet the community's needs.
- Increase awareness of services available locally.
- Improve facilities and infrastructure.
- Investigate opportunity to provide expanded rehabilitation services.

Surgical and Anaesthetic services

Maintain and enhance the level 3 surgical and anaesthetic services by considering the following:

- Increase surgical activity (particularly same day surgery).
- Support development of a regional/local sustainable surgical & anaesthetic workforce plan.
- Maintain theatre infrastructure, facilities and equipment.

Community and Allied Health services

Maintain and enhance allied and community health services with a focus on the following areas:

- Improve collaboration for coordinated care in the most appropriate location.
- Enhance business model and workforce opportunities.
- Improve infrastructure and facilities.
- Service improvements in priority areas (TCP, Hospital in the Home, Telehealth).
- Link with the Country SA Primary Health Network (PHN) and other agencies to strengthen health promotion and prevention.
- Increase collaboration on interagency approaches.
- Improve community awareness.

Aged Care Services

Maintain and enhance aged care services in Sheoak Lodge, the hospital and the community:

- Enhance the reputation of Sheoak Lodge as a quality care provider.
- Increase access to palliative care services.
- Increase specialised care provision (geriatricians, dementia and allied health).
- Recruitment and retention of quality aged care workers.
- Expand the aged care service options and support to access 'My Aged Care portal'.

Mental Health

Maintain and enhance mental health inpatient and community care:

- Extend the skills and confidence of staff to manage emergency mental health presentations/admissions.
- Strengthen partnerships with GPs.
- Expand the use of telehealth services to support effective clinical care.
- Increase collaboration and inter-agency approaches.

2. Project Background and Context

2.1 Strategic Enablers

The LCLHN committed to addressing the Country Health SA Local Health Network (CHSALHN) Strategic Plan 2015-2020 while they create their own LCLHN strategic plan. In line with this plan, work will continue in the Limestone Coast to increase access to services for country residents by investing in infrastructure and providing services as close to home as safely as possible, reducing the need for people to travel to Adelaide.

This Strategic Plan set the vision and direction for the health care system in regional South Australia to provide safe, high quality, accessible health care, tailored to the needs of country residents. The plan built 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:

- Lead: enable, protect, guide and support the health and well-being of all South Australians.
- Partner: collaborate with a diverse range of partners so that South Australians benefit from a full range of health and well-being services.
- 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 from outside SA Health.

Flexible

The team that implements strategic actions will require a mind-set 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 the 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 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 of earlier stages.

Primary Drivers

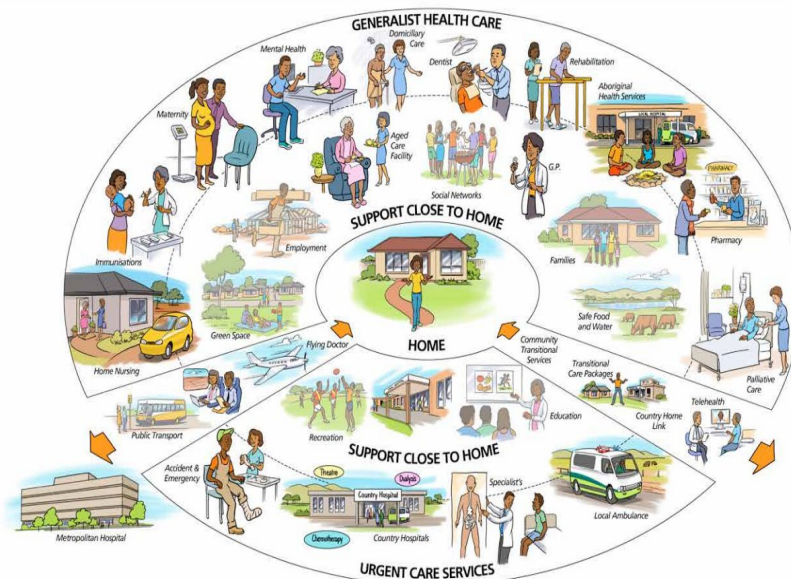
The primary drivers to achieve an effective Health Service Plan include:

- Reviewing current service models in line with the key principles and priorities identified in the CHSALHN Strategic Plan 2015-2020, SA Health Strategic Plan and the National Aboriginal Cultural Respect Framework.
- 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.

- Ensure the development and implementation of safe, high quality, equitable, accessible and efficient services delivered close to home.
- Improve patient access and flow across the system of care.
- Improve the consistency and quality of care.
- Implement evidence based, state-wide models of care.
- Reduce episodes of unplanned hospitalisations for all population groups.
- Improve collaborative working relationships with other service providers.
- Culturally appropriate and respectful physical facilities and services for Aboriginal people.
- Increase the ability to recruit and retain the required workforce.
- The workload and transport pathways of SA Ambulance Service (SAAS).
- 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 Model of Care

Prior to the formation of regional LHNs, there was a Country Health SA Model of Care which is built on the metropolitan Model of Care concepts. It describes the way health care is provided across the regions, as well as the integration with the broader state-wide health system. Care pathways within local networks are important, as are structured links with metropolitan tertiary services.



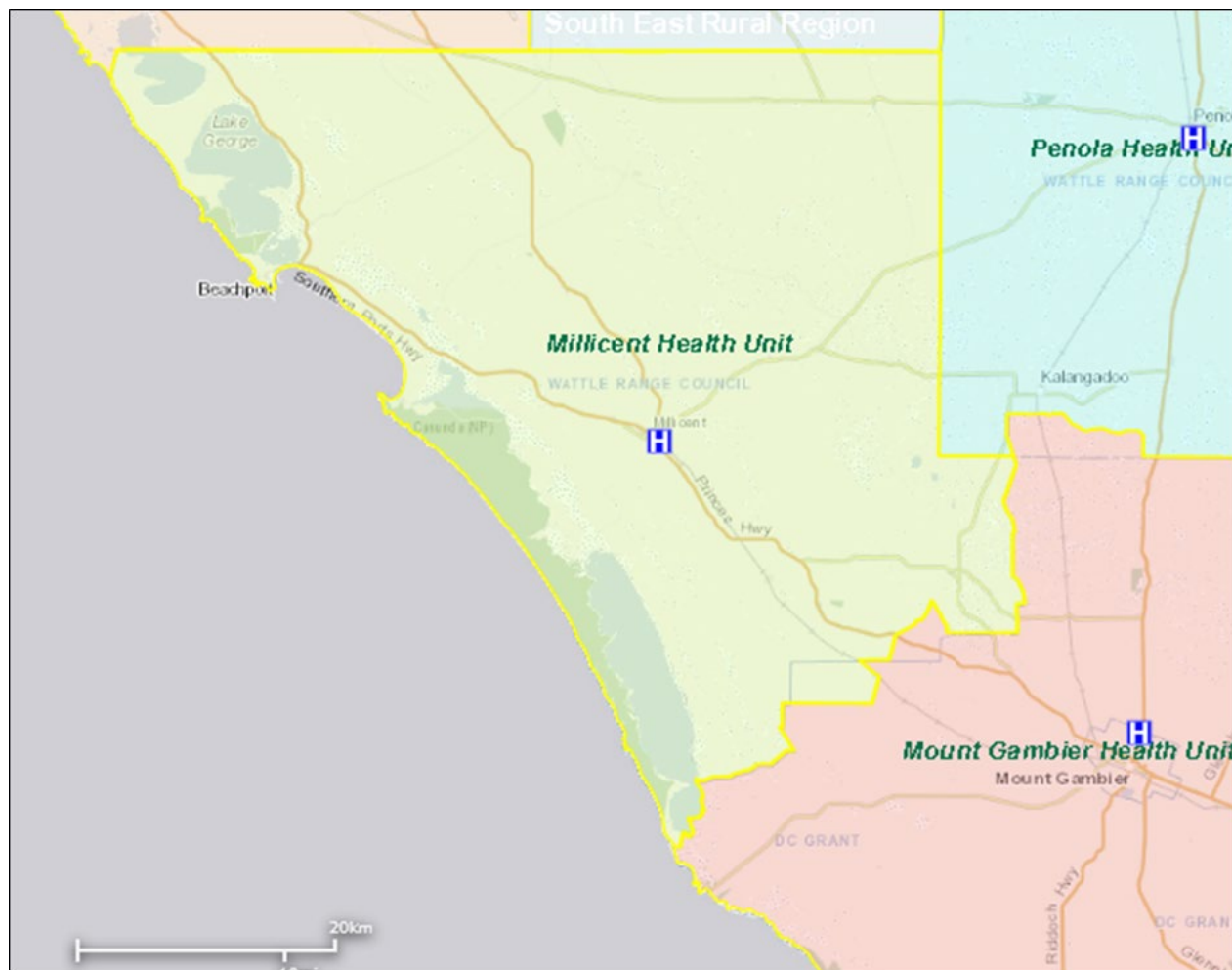
The health services in Millicent, in partnership with general practitioners, will manage the patient journey from primary care in the community, through acute care and back to primary care, supported by efficient processes, clinical protocols, information sharing and a team approach to achieving safe,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

2.3 Millicent Catchment Profile

Core Catchment

The Millicent catchment area is geographically aligned to the Millicent and Wattle Range Statistical Area 2s (SA2s). The Millicent Hospital is located within the Millicent catchment.

Map 1: Millicent core catchment area

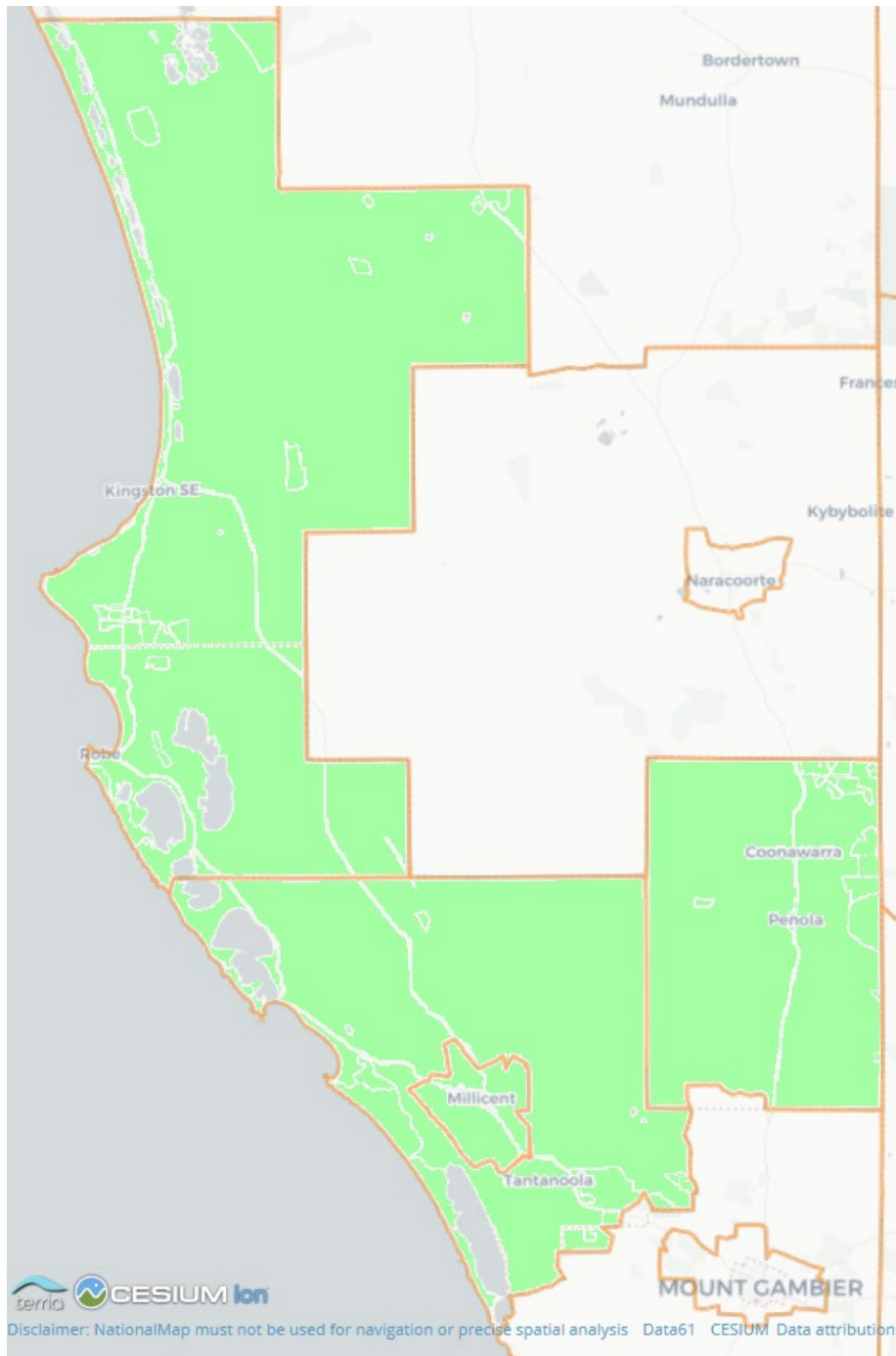


Source: SA Health Data & Reporting Services Branch, <http://hlt142sip001.had.sa.gov.au/CHSA/>,
(Millicent catchment indicated by light green shading)

Extended Catchment

The extended catchment area includes the previously outlined Millicent catchment, plus consideration of the service needs of surrounding areas specifically including the townships of Robe, Kingston and Penola.

Map 2: Millicent Extended catchment map



Population

The 2017 Estimated Resident Population of the Millicent core catchment was 8,751, with 17.8% aged under 14 years, and 21.1% aged over 65 years. The Millicent catchment has a lower proportion of persons aged 15-44 years compared to the collective regional LHN and SA population.

1.9% of residents in the Millicent catchment identify as Aboriginal and 2.8% speak a language other than English at home (CALD background). The Millicent catchment has a lower proportion of Aboriginal persons and people from a CALD background compared to the regional LHN and SA population.

The extended catchment estimated resident population was 6,936 (comprising of 1,376 Robe, 3,217 Penola and 2,343 Kingston).

Population Projections

The resident population of Millicent catchment is expected to decline by 2031.

Table 1: Medium Stable Population Projections, 2016-2031

Projection Series	Area	2016	2021	2026	2031
Planning SA Medium Stable Projections	Wattle Range - East SLA	-2.0%	-2.7%	-3.2%	-3.6%
	South East Statistical Division	1.5%	1.0%	0.6%	0.1%

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

The aged population projections indicate an expected increase by 2031.

Table 2: Aged Population Projections by age group for Millicent (Core) catchment, 2016-2031

Year	Population Count					% Change (from previous 5 year period)				
	65-69	70-74	75-79	80-84	85+	65-69	70-74	75-79	80-84	85+
2016	575	413	322	212	251	32%	12%	23%	-11%	35%
2021	587	540	360	264	267	2%	31%	12%	25%	6%
2026	620	548	468	297	313	6%	1%	30%	13%	17%
2031	548	579	476	387	367	-12%	6%	2%	30%	17%

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

Health and Socioeconomic Status

Overall, the Millicent catchment experiences high levels of socioeconomic disadvantage when compared with other areas of South Australia.

Self-reported health status of residents in the South East Region for 2016-17 were 86.7% excellent, very good or good and 13.3% fair or poor.

The top five chronic diseases reported by residents in the South East region in 2016-17 were Arthritis (21.3%), Asthma (17.7%), Diabetes (11.4%) Cardiovascular Disease (7.9%) and COPD (4.5%)

In 2015-16 there was significantly higher levels of psychological distress (14.9%), suicidal ideation (8.6%) and overweight (45.8%) for the South East region than for all of country SA.

2.4 Service Planning Process

The service planning process was led by the Millicent Health Service Planning Steering Group, with representation from Medical Practice Millicent, the Millicent Health Advisory Council, the Millicent and Surrounds Health Support Group, Limestone Coast LHN leadership, Millicent Hospital and Community Health staff, SA Ambulance Service, Aboriginal health representative, the Wattle Range Council and the Rural Support Service planning team. Full details of the memberships are provided in Appendix A.

The role of the Steering Group was to:

- Support a positive culture of collaboration.
- Deliver health improvement priorities including emergency services, medical models and midwifery models of care.
- Provide advice to LCLHN 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 service profiles.
- Consider existing plans for the Millicent catchment to determine the future implications for the Health Service.
- Provide advice on future self-sufficiency of the Millicent 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 Plan.

Millicent Service Utilisation Data

The Millicent Health Service Planning Steering Group endorsed a service profile that was the foundation of the data gallery provided for a local clinician workshop. A range of health utilisation data, identifying trends and key influencing factors was analysed. Insights from this analysis included:

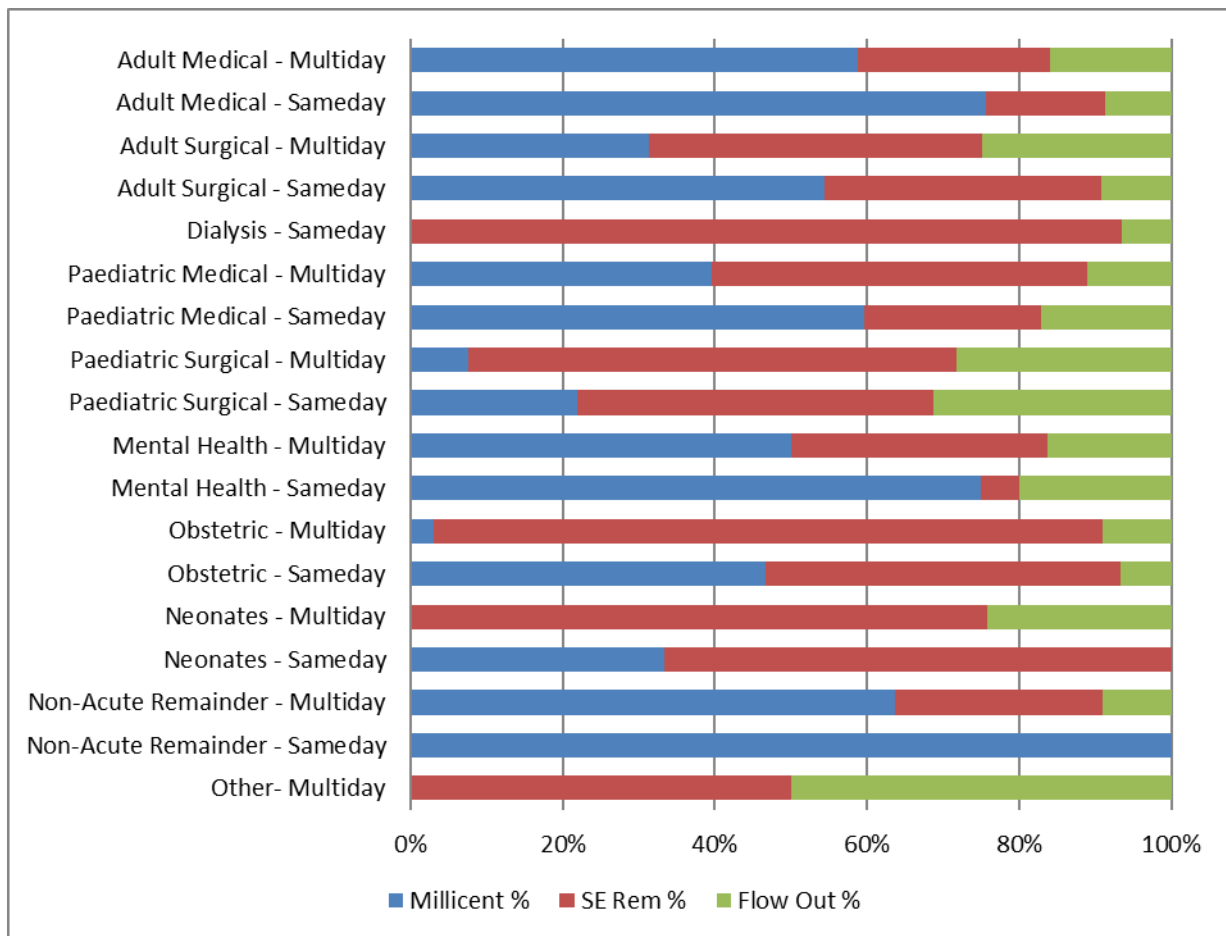
Inpatient Activity

The Millicent Hospital has 25 acute beds available, with an average of 6.7 occupied each night in 2017-18.

In 2017-18, the top five same-day separation types by number of separations for Millicent residents at Millicent Hospital were Adult Medical, Adult Surgical, Paediatric Medical, Mental Health and Obstetric (ante and post-natal)/Paediatric Surgical equally. For the same time period, the top five same-day separation types accessed outside of the Millicent catchment by number of separations were Adult Surgical, Dialysis, Adult Medical, Paediatric Surgical and Paediatric Medical.

In 2017-18, the top five multi-day separation types by number of separations for Millicent residents at the Millicent and Districts Hospital and Health Service were Adult Medical, Adult Surgical, Mental Health, Paediatric Medical and Non-Acute Remainder. For the same time period, the top five multi day separation types accessed outside of the Millicent catchment by number of separations were Adult Medical, Adult Surgical, Mental Health, Paediatric Surgical and Obstetric.

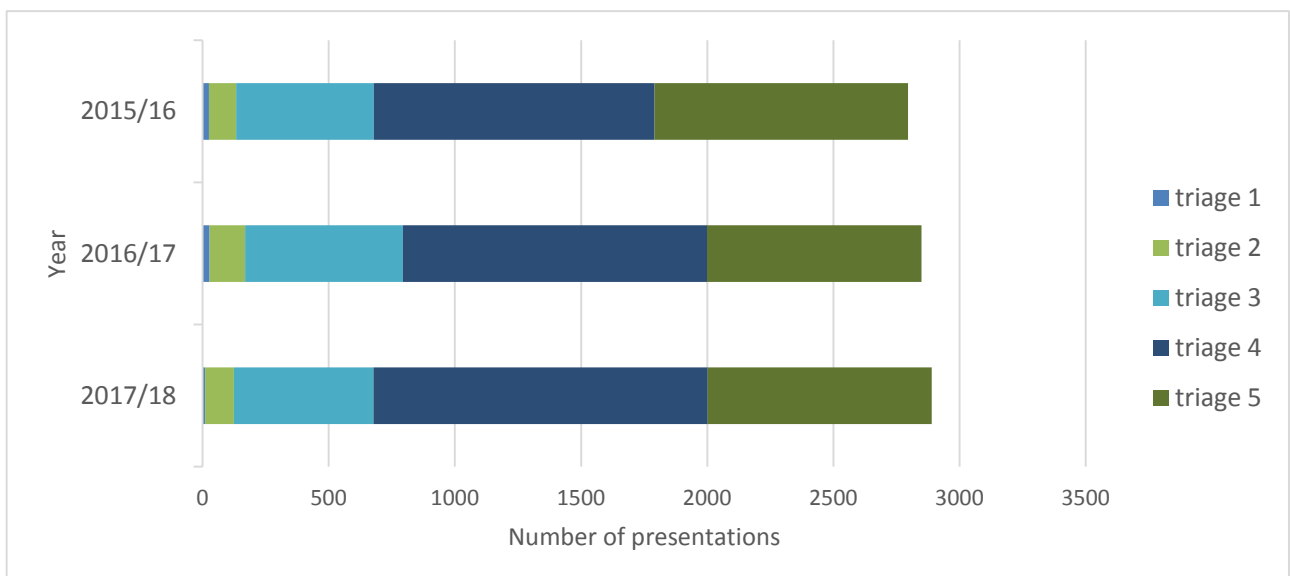
Graph 1: Same-day and multi-day self-sufficiency rates for residents of the Millicent catchment 2017-18



Emergency Services

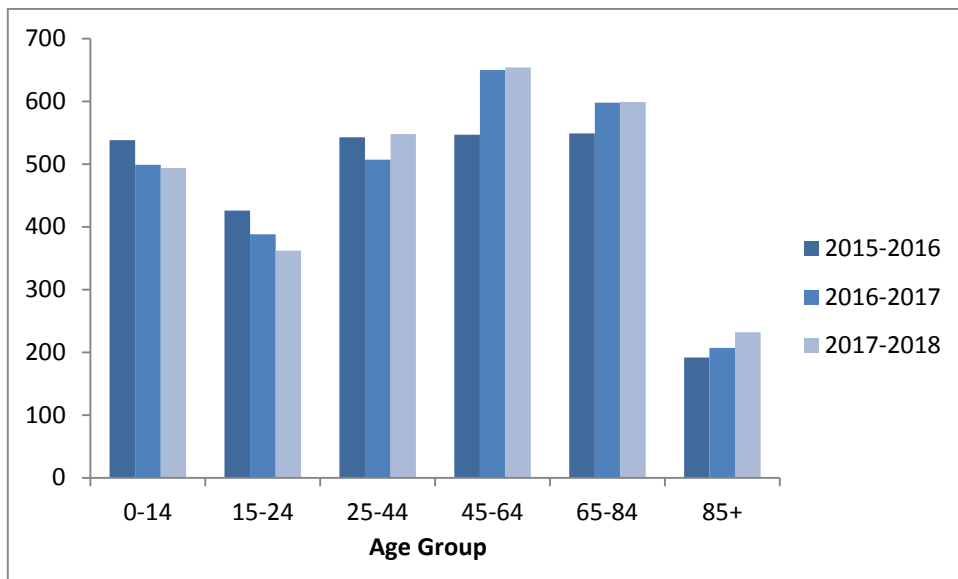
There were 2,889 emergency presentations at the Millicent and Districts Hospital and Health Service in 2017-18. This is broken down by 124 triage 1 or 2, 554 triage 3, and 2,211 triage 4 or 5 presentations.

Graph 2: Millicent Hospital Accident and Emergency presentations by Triage Category, 2015-16, 2016-17 and 2017-18



Source: Data extracted from HIP, Emergency Department Universe, 17/10/2018, standard Sub-setting Business Rules applied

Graph 3: Millicent Hospital Accident and Emergency presentations by Age Group, 2015-2016, 2016-2017, and 2017-18

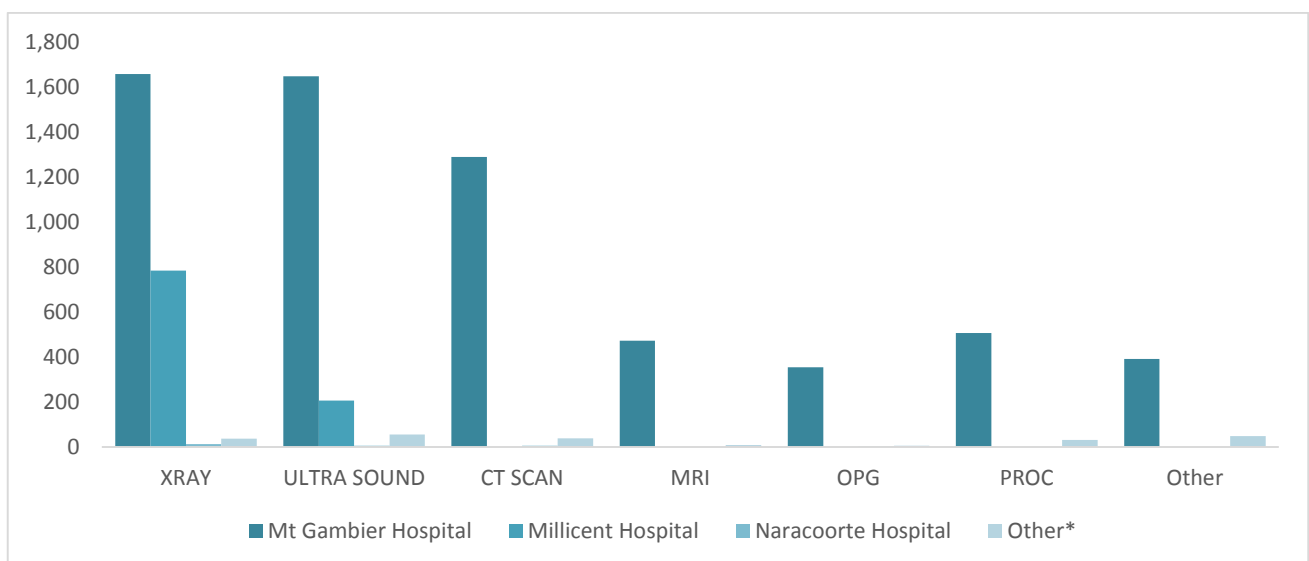


Source: Data extracted from HIP, Emergency Department Universe, 17/10/2018, standard Sub-setting Business Rules applied

Medical Imaging

Benson Radiology provide medical imaging services at the Millicent Hospital 2 days per week. In 2018, Benson Radiology provided 2,492 x-rays for Millicent catchment residents of which 1,114 were done in Millicent. Benson Radiology also provided Millicent catchment residents with 1,914 ultrasound exam counts of which 296 were done in Millicent.

Graph 4: Benson Radiology exam counts provided for Millicent catchment residents (post codes 5729 and 5280), by Hospital for 2018.



Source: Benson Radiology, Filters used visit start year includes previous visit start year, patient code includes 5279 and 5280, all exam types. Accessed 6/3/2019.

*Other includes exam counts at other Public Hospitals, Private Hospitals and clinics both in South Australia and interstate.

Aged Care

The bed occupancy of the Sheoak Lodge Residential Aged Care facility managed by the health service was 81% in 2017-18.

Table 4: Aged Care Bed Occupancy in CHSA RAC and MPS sites 2015-16, 2016-17, and 2017-18

Site	No. Beds	Ave Occupancy 2015-16	%	Ave Occupancy 2016-17	%	Ave Occupancy 2017-18	%
Bordertown	43	41.7	97%	41.1	96%	40.6	94%
Naracoorte	30	28.8	96%	28.4	95%	28.4	95%
Millicent	60	54.7	91%	50.8	85%	48.7	81%
Kingston	32	28.5	89%	26.9	84%	24.5	77%
Penola	36	35.4	98%	33.4	93%	34.4	96%

Source: Aged Care Directorate monitoring and reporting

Clinical Stakeholder Engagement

On 15 May 2019 a clinician workshop was held in Millicent with over 30 participants. A list of both attendees and apologies is listed in Appendix B. Prior to the workshop a survey was distributed to those invited clinicians asking for their views in order to help structure the workshop to focus on the key issues. The pre-workshop survey received a total of 17 responses.

At the clinician workshop a data gallery of service utilisation information and best practice principles was provided, followed by small focused group discussions concentrating on the following priority areas:

1. Aged Care
2. Allied and Community Health Service
3. Emergency/X-ray/Telehealth
4. Medical Inpatient
5. Surgical Services
6. Health Awareness/Marketing/Primary Health Care

The following outlines briefly the key themes for each priority area that were identified from the focus groups and discussed by the Steering Group:

Aged Care

- Facilities and infrastructure for Sheoak Lodge and community health building.
- Quality of care specialist access and dementia care.
- Palliative care.
- Relationships and collaboration between sectors.
- Supports to navigate My Aged Care portal.
- Workforce supports (training and education, career pathways promoting aged care, staff sharing and continuity).

Allied Health and Community Services

- Increased collaboration.
- Improve business model and opportunities for new models of care.
- Workforce supports for attracting and retaining allied health professionals.
- Facilities and infrastructure opportunities.
- Expansion of priority areas (telehealth, Transitional Care Packages, Hospital in the Home, rehabilitation).

Emergency/X-ray/Telehealth

- Increase telehealth usage (promotion, accessibility and increase ICT requirements including bandwidth).
- Increase x-ray services (local staffing options, increased operating times, and increase ICT requirements including bandwidth).
- Workforce supports (mental health, training and education).

Medical Inpatient

- Increase rehabilitation options and transitional care package services.
- Improve linkages to support down transfers from Mount Gambier.
- Improve facilities and infrastructure (rehabilitation, outdoor space and signage).
- Workforce supports (attraction and retention, training and education).

Surgical Services

- Increase surgical activity (day surgery, specialty surgery).
- Workforce (succession planning, attraction and retention and sharing theatre staff).
- Infrastructure, facilities and equipment.

Health Awareness/Marketing/Primary Health Care

- Collaboration to support prevention of prevalent diseases.
- Interagency approaches.
- Early intervention opportunities.

Overall, the clinician workshop was considered very positive with 100% of participants agreeing that the workshop was useful for future service planning and that the diversity of key stakeholders attending this workshop was useful and appropriate. Additionally, 96% of participants felt they were able to contribute their advice towards building sustainable health services in Millicent.

In addition to this clinician workshop, a specific engagement session with the GPs at the Medical Clinic Millicent was held on 27 June 2019 at the medical clinic with eight members of the practice present. The intent was for the local GPs to share their views on the strengths, challenges and opportunities that exist in relation to the health services available to residents in Millicent and the surrounding communities. The results of this discussion were collated and shared with those present and also with the Steering Group. This information has been incorporated with the clinician engagement findings and the community and consumer stakeholder engagement to complete the priority service tables starting on page 18.

Community and Consumer Stakeholder Engagement

A range of existing methods utilised by the health services including analysis of complaints and compliments received the Safety Learning System (SLS), and results from the patient survey were sought to inform the service planning. Information from these sources was displayed in the data gallery at the clinician workshop and used to inform the deeper discussions around service improvement opportunities.

In addition, this data and as part of the service planning for Millicent Hospital, the Steering Group has engaged with the community to gather their views and thoughts.

Posters were developed and displayed along with post cards seeking feedback from community members. 200 copies were professionally printed, and additional photocopies were made.

There were two methods of distribution of the postcards:

- Posters and post cards along with collection boxes were set up in three community locations; the hospital reception, the community health reception and at the Medical Practice Millicent. The option to email comments was also provided on the postcard
- Millicent and Districts Health Advisory Council (HAC) and MASHG members all took several post cards and handed them out to key contacts in the community asking people to return them to the HAC member or put them in one of the collection boxes.

These posters and post cards were aimed at informing the community of the service planning process that was in progress and offering the opportunity for written post card, email or phone feedback methods. The commitment from the Steering Group regarding the community feedback received was stated on the post card as *“We will consider all feedback and develop a plan that meets our community’s needs. We will share that plan with our communities”*. The image below shows both sides of the post card that was created and distributed.



A total of 26 responses were received. The following provides a very brief summary outlining the themes from the responses received:

Surgical Services (four responses)

- Continue to increase day surgery at Millicent Hospital.
- Improve wait times.
- Government review of public and private patient fees.

Satisfaction (six responses)

- Thanks and appreciation.
- Caring and professional staff.
- Millicent Hospital (in-patient and emergency) is well run.

Aged Care (three responses)

- Review staffing levels.
- Well done.
- Review fees.

Accident and Emergency (three responses)

- Millicent accident and emergency is good.
- Wait times in Mount Gambier accident and emergency are too long.
- Increased x-ray services and use of telehealth.

Mental Health (five responses)

- More mental health support needed in the community.
- Increased services for adolescent/young adult age group particularly.
- More early intervention needed – not reaching crisis point before services are available.

Maternity Services (four responses)

- Provide maternity and birthing services in Millicent.

Community and Allied Health (six responses)

- Review fees for allied health professionals (bulk billing and care plan service levels).
- More exercise and wellbeing groups for over 50's.
- Increase allied health services (podiatry, physiotherapy).
- Review payment method – want to be able to pay on the day.
- Health awareness and prevention activities (health screening in the community).
- Reduce duplication of paperwork.

GP Services (three responses)

- Increase bulkbilling by GPs.
- Increase full time GPs - be able to see a consistent GP.
- Local GPs providing inpatient services.

Other (six responses)

- Preventative health activities - improving mental and physical wellbeing.
- More visiting specialists.
- Ear wax removal services.
- Improve access to dental services.

This information has been incorporated with the population and health utilisation data and the clinician engagement findings to complete the priority service tables starting on page 18.

The suggestion to reinstate maternity and neonate services at the Millicent Hospital was raised both at the clinician workshop and in the community engagement. The provision of these services is not considered a viable option at the Millicent Hospital at this time based on the requirements to maintain quality and safety standards and sustain the necessary workforce as outlined in the SA Health Clinical Services Capability Framework.

Regular media articles informing the public of the service planning progress were published in the South East Times as a method of keeping the community informed.

A process for ongoing engagement and in-depth targeted consultation during the implementation phase of the plan will be important.

3. Service Plan

3.1 Service Capacity

Millicent Hospital is a medium sized casemix funded site which supports the region by providing emergency, acute inpatient care, surgical, outpatient services and residential aged care facilities. Millicent Hospital is a 25-bed complex and is co-located with a 60 bed residential aged care facility (Sheoak Lodge). Allied health and community services are also provided by regional Country Health Connect services.

3.2 Clinical Services Capability Framework

It is essential that all service planning and development considers the key strategic enablers as described in 2.1 and be undertaken in consultation with local HACs, staff and other key stakeholders. The SA Health Clinical Services Capability Framework ([CSCF](#)) updated in 2019 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 state-wide 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 Millicent are:

Emergency Services

Current	Proposed
<p>Service Description Summary:</p> <p>Millicent provides:</p> <ul style="list-style-type: none"> • Level 2 Emergency Services providing on-site, 24-hour access to emergency registered nursing staff trained in triage and 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 available 24 hours/day. <p>Current Capacity:</p> <ul style="list-style-type: none"> • 24/7 service. • Meeting triage timeframes. • Local GPs are available for private patients. • Full locum medical model. • SAVES unit available 2300-0700 • Nursing staff are rostered across acute and emergency services. 	<p>Service Description Summary:</p> <p>Maintain level 2 emergency services and enhance patient care.</p> <p>Summary of Service Improvements:</p> <p>E1. Enable care as close to home as possible by increasing the use of telehealth for consultations and clinical support</p> <ul style="list-style-type: none"> • Promotion, increased knowledge and improved accessibility of telehealth capabilities with staff, community and other health providers. • Improve usage and methods for medical consults with Mount Gambier hospital services and specialists. • Use the SAVES unit for clinical VC appointments during the day. • Review ICT requirements including new bandwidth capability to support the quality of telehealth usage. • Target high need service areas/specialties. • Nursing support during videoconference consults. <p>E2. Increase X-ray services</p> <ul style="list-style-type: none"> • Consider viability to train/credential and maintain staff (nurses/doctors) to undertake simple x-rays • Ensure suitable equipment for service needs (Image intensifier available and ultrasound operation 1x weekly). • Liaise with Benson Medical Imaging to provide increased access of services at the Millicent Hospital during the week and out of hours on-call options to reduce transports. • Review ICT requirements including new bandwidth capability to support access to digital x-ray services.

Current	Proposed
<p>NB: there are 2 medical practices in the catchment providing GP services to the community.</p>	<p>E3. Mental Health</p> <p>Extend the skills and confidence of nursing and medical staff to manage emergency mental health presentations/admissions considering:</p> <ul style="list-style-type: none"> • Development of an education and training program in collaboration with regional mental health team. • Maintain and Strengthen the ability access clinical advice from the regional Mental Health Nurse Practitioner and the mental health team’s ability to provide hospital liaison support to staff. • Enable additional videoconferencing consults/support with Nurse Practitioner and Psychiatrist to reduce the need for unnecessary transfers. • Collaborate with the LCLHN mental health team, the LCLHN Integrated Mental Health Inpatient Unit (IMHIU), SA Ambulance Service (SAAS) and the Rural and Remote Mental Health Service (RRMHS) service to reduce transfer delay and ensure best clinical practice. • Investigate opportunities to support the demand for the Mount Gambier IMHIU to enable care to be provided as close to home as safely possible including appropriate down transfers. • Improve awareness and understanding of referral pathways for mental health services (types of services available, hours of services, contact details of providers and the stepped care continuum). • Improve Paediatric psychologist services and linkages with CAMHS and headspace. <p>E4. Improve the quality and safety of services for patients and staff</p> <ul style="list-style-type: none"> • Implement the appropriate actions from recommendations from the review conducted on the current security and infrastructure requirements (e.g. duress alarm system upgrade). • Investigate staffing models for advance nurse roles in emergency care. <p>E5. Strengthen partnerships with local GPs</p> <ul style="list-style-type: none"> • Improve awareness of the capacity of local/regional specialist services and physicians who provide services in Millicent and Mount Gambier. • Strengthen linkages between local GPs, allied health professionals and mental health service providers to increase awareness of services available, what they can offer and better understand current demands on services. • Strengthen discharge planning to ensure seamless transition of care from hospital to home.

Current	Proposed
	<ul style="list-style-type: none"> Investigate ongoing opportunities to enable collaboration between local GPs, hospital services and Pangula Mannamurna to support seamless patient journey across the continuum of care.
<p>Items for consideration:</p> <ul style="list-style-type: none"> 	

Medical Inpatient Services

Current	Proposed
<p>Service Description Summary:</p> <p>Millicent provides:</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 the care of medical practitioners. • Inpatient services usually provided for low to medium acuity, single-system medical conditions with significant but stable comorbidities. • Patients with pre-existing significant comorbidities are typically not admitted at this service level except in palliative care situations. • Chronic disease speciality services (e.g. Cardiac Nurse/ Better Care Coordinator) working with patients to provide cardiac and pulmonary rehabilitation and heart failure clinics (in partnership with FMC). Home telemonitoring for people with chronic disease (Virtual Clinical Care). <p>Current Capacity:</p> <ul style="list-style-type: none"> • Currently there is a full locum medical model. • There are two medical practices in the Millicent catchment. • Varying management and expectations for patients with GPs who do not have admitting rights. 	<p>Service Description Summary:</p> <p>Maintain level 2 medical inpatient services and enhance patient care.</p> <p>Service Improvements:</p> <p>M1. Expand the use of telehealth services to support quality clinical care and enable down transfers to provide care as close to home as possible</p> <ul style="list-style-type: none"> • Increase use of telehealth for review, advice and maintenance of patient care across disciplines (medical, nursing, allied health and mental health). • Investigate the ability to increase telehealth consultations and clinical support for Millicent inpatients (pilot with medical care first and then surgical care). • Link with Paediatricians at the Mount Gambier Hospital for staff education opportunities. • Investigate the ability to provide an increased range of specialty consulting services based on the disease profile at Millicent (e.g. respiratory). <p>M2. Strengthen our workforce to provide sustainable services that meet community need</p> <ul style="list-style-type: none"> • Consider basic level radiology training for nursing staff, ensuring appropriate accreditation criteria and accessibility to suitable equipment to support. • Work with the Rural Health Workforce Strategy to investigate medical workforce models to ensure sustainable services (surgical and medical). • Map the current staffing skill set and identify future areas of demand/need in order to support additional training and development of local staff (e.g. advanced nurses and nurse practitioner roles). • Collaborate with Country Health Connect services to attract and retain appropriate allied health professionals to sustain in-reach support services. • Continue to support and promote Millicent Hospital as valuable location to provide rural student training through work placements (medical, nursing, allied health and aged care).

<ul style="list-style-type: none"> • Millicent Hospital supports many patients of all acuity. • Manage inpatient short term care for patients of higher acuity waiting for transfer to relevant service. 	<ul style="list-style-type: none"> • Partner with medical specialists to enhance services to meet evolving community needs and contemporary practices. <p>M3. Improve community awareness of services available at the Millicent Hospital and investigate opportunities for care to be provided as close to home as possible</p> <ul style="list-style-type: none"> • Promotion of the hospital and health services available, positive events and good news stories. • Review discharge planning processes to ensure patients receive the best care in the most appropriate location. • Examine referral pathways to support care being accessed as close to home as possible. <p>M4. Continue to review and improve facilities and infrastructure to provide a safe, accessible and healing environments for patients</p> <ul style="list-style-type: none"> • Improve outdoor spaces for patients to access. • Improve signage both internally and externally. • Consider car parking improvements. <p>M5. Examine the opportunity to utilise Millicent Hospital to provide rehabilitation services</p> <ul style="list-style-type: none"> • Increased identification of potential patients who would benefit from a TCP and improve the capacity to provide this care locally. • Creation of a rehabilitation rooms (e.g. patient kitchen area and upgrade bathrooms). • Utilise existing physiotherapy gym. • Increase access to occupational therapy and physiotherapy services. • Collaboration with other providers to enable suitable community rehabilitation options of support where appropriate. • Strengthened coordination with local GPs to establish management care plans. • Advocate for access to a heated pool for hydrotherapy.
<p>Items for consideration:</p> <ul style="list-style-type: none"> • 	

Surgical and Anaesthetic Services

Current	Proposed
<p>Service Description Summary: Millicent 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. <p>Capacity:</p> <ul style="list-style-type: none"> • Anaesthetic support is provided by Mount Gambier anaesthetic team (0.5 FTE) and a private anaesthetist (once a month). • Dedicated theatre nursing team with support from acute roster as required. • Theatre operating days vary between 6-7 per fortnight. 	<p>Service Description Summary: Maintain current level 3 surgical and anaesthetic services and grow the range and frequency of surgical service provided.</p> <p>Service Improvements Summary: S1. Increase surgical activity provided at the Millicent hospital in accordance with community needs and LCLHN surgical service profile</p> <ul style="list-style-type: none"> • Designate Millicent Hospital as one of the primary day surgery location for LCLHN considering: <ul style="list-style-type: none"> ○ Increased range of day surgery procedures (e.g. Prostrate Biopsies, ENT, infusions/transfusions, laparoscopic cholecystectomies, orthopaedics, plastics). ○ Increase day surgery theatre lists to 4-5 days per week. ○ Identify opportunities to increase overnight surgery provided in Millicent. ○ Enabling increased capacity at Mount Gambier hospital to provide more complex surgery. • Review and plan for sustainable anaesthetics supports and consider flexible approaches to enable anaesthetic services from Mount Gambier to meet service delivery needs. • Continue to improve the pre-admission and anaesthetic screening service. • Collaborate with the local medical practices and community health services to identify how GP and allied Health professional services could support pre and post-operative care and discharge following surgical procedures (e.g. extended clinic hours). <p>S2. Support the development of a regional/local plan for a sustainable surgical workforce</p> <ul style="list-style-type: none"> • Review current theatre staff skills and capacities and identify areas for further professional development. • Consider a regional approach to sharing theatre staff across sites (including succession planning). • Improve the promotion and marketing of job opportunities in the region. • Identify suitable incentives to attract and retain staff, including options for visiting private specialists to bring their own anaesthetist.

<ul style="list-style-type: none"> • Elective surgery provided within contractual arrangements for visiting specialists and resident Mount Gambier surgeons. • Elective surgical bookings align with current activity funding. • Consulting rooms operate 4.5 days a month. 	<ul style="list-style-type: none"> • Grow the surgical services provided to create a vibrant and enticing workplace that is appealing to employees. • Work with region to further develop the hub and spoke model with mobile surgical teams from Mount Gambier. • Develop a skill maintenance plan considering rotations across the region in general surgery, orthopaedics, gynaecology and paediatrics. • Continue to support and promote Millicent theatre as valuable location to provide rural student training through work placements (medical, nursing). • Work with universities to promote employment opportunities and create regional scholarships for training attached to employment (nursing and medical). <p>S3. Ensure the infrastructure, facilities and equipment enables quality surgical services to be delivered safely</p> <ul style="list-style-type: none"> • Sustain preventative maintenance and develop a plan for budgeted upgrades to support growth of services and compliance with legislative requirements. • Consider current infrastructure modifications to support a minor procedure room. • Identify, prioritise and standardise equipment requirements.
<p>Items for consideration:</p>	

Allied and Community Health

Current	Proposed
<p>Service Description Summary:</p> <p>Services comprised of multi-disciplinary teams providing a comprehensive range of community and hospital-based health services via individual assessment, one-to-one therapy, group work, community education, and in-home care. Community health employs the following allied health professionals: social work, podiatry, speech pathology, dietetics, occupational therapy, physiotherapy. All referrals for inpatients are a priority 1 referral and will receive a response within 48 hours. Referrals are prioritised according to clinical and service priority.</p> <p>Current capacity</p> <p>All of the above services are available via referral within the Millicent catchment or at Mount Gambier. Millicent Community Health facility is located adjacent to the hospital and has a total of four consulting rooms and can only access the hospital video conferencing (VC) unit. The following services are provided locally at from Millicent:</p>	<p>Service Description Summary:</p> <p>Maintain and enhance Allied and Community Health services.</p> <p>Service Improvements Summary:</p> <p>A&C 1. Increased Collaboration to enable community members to receive quality coordinated care in the most appropriate location</p> <ul style="list-style-type: none"> • Strengthen relationships with GPs, other health providers, private providers and metropolitan services using telehealth capability. • Review reporting structure of Country Health Connect in the new LCLHN governance model. • Collaborate with the PHN and other agencies for education and primary health care (PHC) activities. • Work with GPs to strengthen knowledge and awareness of services available to enable appropriate referrals and multi-disciplinary input into care plans. • Support the ongoing implementation of the NDIS program to ensure persons with a disability have access to quality care. <p>A&C 2. Enhance the business model and workforce opportunities to provide sustainable quality Allied Health and Community Services</p> <ul style="list-style-type: none"> • Bundle or attract additional/new funding to improve services (e.g. NDIS, Return to Work SA). • Consider new and innovative services and models of care. • Creation of a skills directory for Community and Allied Health Services across the LCLHN. • Pool together FTE/funding to enable effective and enticing recruitment packages. • Consider the options to fly in allied health professionals to maintain services (e.g. in times of high demand or workforce shortages). • Develop incentives to attract and retain allied health students. • Consider developing a casual staff pool of aged care workers for the region to share staff across sites to respond to sudden fluctuations demand (e.g. when packages of care are required).

<ul style="list-style-type: none"> Commonwealth Home Support Program (CHSP), Home and Community Care (HACC), post-acute, inpatient allied health services including podiatry, occupational therapy, speech pathology, dietetics and physiotherapy. CHSP home based services and Day Centre. Post-acute, palliative and CHSP equipment. CHSALHN Diabetes Nurse consultation. Community Transition Care Packages. Community Nursing Service. Aged Care Assessment Team. Home Care Packages. <p>Additional community services provided by:</p> <ul style="list-style-type: none"> Child Health and Development Services provided to the catchment from Child and Youth Services and aim to consult two days per week. Aboriginal health services provided to the catchment area by Pangula Mannamurna and consult at Millicent twice a month. 	<p>A&C 3. Improve the Community and Allied Health infrastructure and facilities</p> <ul style="list-style-type: none"> Invest in redevelopment of existing buildings or investigate alternative locations. Investigate the ability to provide additional consulting space to enable different providers to work from the same site. Improve signage and physical accessibility. <p>A&C 4. Develop service improvement opportunities in identified priority areas to provide easy access to the most appropriate care</p> <ul style="list-style-type: none"> Expand the use of telehealth to enable clients to access specialised consultations from Millicent (e.g. rehabilitation, home care, follow up appointments). Consider ways to enable the telehealth unit to be accessed in the most appropriate venue for clients and patients. Increase the appropriate access to Transitional Care Packages and Hospital in the Home services. <p>A&C 5. Collaborate with the PHN and other agencies to increase health promotion activities for preventable diseases in the Limestone Coast</p> <ul style="list-style-type: none"> Target the high-risk factor behaviour and top chronic disease conditions for the LCLHN population. Consider screening clinics, non-health solutions and wellbeing projects. Investigate opportunities for increased early intervention (ante-natal and post-natal opportunities for family centred care and appropriate referrals). <p>A&C 6. Increase collaboration and inter-agency approaches</p> <ul style="list-style-type: none"> Identify possible grant funding opportunities and consider joint applications to provide activity-based projects. Build a culture that supports multi-agency approaches to addressing population health improvement activities (school, council, DASSA, PHN, public, private). <p>A&C 7. Strengthen community awareness of health services and improve health literacy</p> <ul style="list-style-type: none"> Deliver the same message to clients at every part of the patient journey. Promote good news stories of quality care provided close to home.
<p>Items for consideration:</p>	

Aged Care

Current	Proposed
<p>Service Description Summary: Millicent Hospital has a 60 bed Residential Aged Care (RAC) facility, Sheoak Lodge attached to the hospital.</p> <p>Millicent Hospital provides level 2 care:</p> <ul style="list-style-type: none"> • Ambulatory and/ or inpatient care to clients who are medically stable and who generally require low complexity care. • Care may be provided in home or community settings and/or in healthcare facilities. • Care delivered by nurses and/or allied health professionals in partnership with higher level services • Capacity to deliver multidisciplinary interventions. • May have outreach services, visiting services onsite or through telehealth facilities. <p>Current Capacity The Millicent Hospital provides:</p> <ul style="list-style-type: none"> • Medical and nursing care to aged persons as part of their adult medical service provision. • A 60 bed RAC facility, Sheoak Lodge which maintained 81% occupancy in 2017-18. 	<p>Service Description Summary: Maintain and enhance Aged Care services provided in Sheoak Lodge, the Hospital and the community.</p> <p>Service Improvements Summary:</p> <p>A1. Enhance the reputation Sheoak Lodge as a quality Aged Care provider</p> <ul style="list-style-type: none"> • Consider future upgrades to Sheoak Lodges facilities and infrastructure: <ul style="list-style-type: none"> ○ Redevelopment to create single rooms with ensuites for all residents. ○ Modernise and refurbish interior furnishings. ○ Progress redevelopment of activity space. ○ Improve external grounds to provide safe and inviting outdoor spaces. ○ Access a suitable vehicle for resident outings. • Enable consistent accessibility to Allied Health professionals and alternative services to meet resident needs. • Further maximise resident independence whilst also balancing duty of care. • Strengthen collaboration and communications between Sheoak Lodge, Millicent hospital, local GPs, SAAS and family to reduce unnecessary transfers. <p>A2. Increase access to Palliative Care services in Millicent</p> <ul style="list-style-type: none"> • Review accessibility to LCLHN palliative care services and options available to improve access. • Support the palliative care services to access suitable funding opportunities. <p>A3. Increase ability to provide specialist care needs as required</p> <ul style="list-style-type: none"> • Access and support from geriatricians. • Recruitment of new staff or professional development of existing staff with expertise in dementia care. • Actively work with Country Health Connect to support the recruitment and retention of allied health professionals.

<ul style="list-style-type: none"> Local GPs provide medical care and services to residents in Sheoak Lodge. There is one private RAC provider - Boneham Cottages in the core catchment with a 90 bed facility. 	<p>A4. Enhance the recruitment and retention of quality aged care workers to best meet care needs</p> <ul style="list-style-type: none"> Develop education and training opportunities to strengthen staff skills and culture. Work with education providers to develop aged care career pathways. Create promotional activities to inspire people to choose a career in the aged care sector. <p>A5. Expand the aged care options that exist in our community and develop suitable support mechanisms to assist access</p> <ul style="list-style-type: none"> Develop ways to support navigation of the 'My Aged Care portal' – e.g. community education and a local support worker or volunteer. Strengthen collaboration options to provide extended clinical supports and resources to help people to remain in their own homes and reduce hospital admissions (e.g. hospital in the home).
<p>Items for consideration:</p> <ul style="list-style-type: none"> 	

Mental Health

Current	Proposed
<p>Service Description Summary: Millicent Hospital provides level 2 services based on the (CSCF):</p> <ul style="list-style-type: none"> • Capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health consumers. • Provides general healthcare and some limited mental health care 24 hours a day, delivered predominantly by team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds. • Medical services provided on-site or in close proximity to provide rapid response at all times. • Service provision typically includes: assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate. <p>The Limestone Coast Community Mental Health Team (ambulatory) provides level 4 services based on the (CSCF):</p> <ul style="list-style-type: none"> • Capable of providing short to long-term or intermittent non-admitted mental health care to low- and moderate risk/ complexity voluntary and, if authorised to do so, involuntary adult mental health consumers Youth consumers older than 15 years and older persons aged 65 and older may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service. • Delivered predominantly by multidisciplinary team 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 typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination / case management; consumer and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate. 	<p>Service Description Summary: Maintain and enhance the level 2 Mental Health inpatient care provided by the hospital and expand the level 4 ambulatory care provided by the Limestone Coast Community Mental Health Team.</p> <p>Service Improvements Summary: MH 1. Extend the skills and confidence of nursing and medical staff to manage emergency mental health presentations/ admissions considering:</p> <ul style="list-style-type: none"> • Development of an education and training program in collaboration with regional mental health team • Enable additional VC consults/support with Nurse Practitioner and Psychiatrist to reduce the need for unnecessary transfers. • Improve the mental health team’s ability to provide hospital liaison support to staff (including telehealth usage). • Collaborate with the LCLHN mental health team, the LCLHN IMHIU, SAAS and the RRMHS to reduce transfer delay and ensure best clinical practice. • Investigate opportunities to support the demand for the Mount Gambier IMHIU to enable care to be provided as close to home as safely possible including appropriate down transfers. • Improve awareness and understanding of referral pathways for mental health services (types of services available, hours of services, contact details of providers and the stepped care continuum).

Service Capacity Summary

Millicent Hospital provides:

- Voluntary admissions to mental health consumers who are able to be appropriately managed in a hospital environment.
- Initial mental health assessment (mental state examination and risk assessment).
- Medical officer led care planning and medication management and referral and consultation/liaison to higher level mental health services.
- Facilitation of transfer of involuntary patients to approved mental health treatment centres.
- Telehealth consults available with Mental Health Nurse Practitioner for emergency consultations.

Community Mental Health Team provide the following in-reach services to the hospital:

Business hours (Mon-Fri 9-5pm)

- Specialist mental health assessment, crisis intervention and care planning.
- Brief intervention and care coordination.
- Support for discharge planning.
- Facilitation of telepsychiatry assessments.
- Consultation and liaison with Emergency Triage and Liaison Service (ETLS) and psychiatry services.

Afterhours

- Access (via 131465) rural and remote ETLS (24/7) includes access to on-call psychiatrist and emergency telepsychiatry.

Community Mental Health Team Ambulatory services

- Specialist mental health assessment, crisis intervention and care coordination for voluntary and involuntary consumers 16 years and over presenting with serious and/or severe mental health conditions.
- Operates Monday-Friday 9am-5pm.
- Duty work service.
- Assertive community intervention.
- Therapeutic intervention.
- Multi-disciplinary team.

- Increase use of telehealth for review, advice and maintenance of patient care across disciplines (medical, nursing, allied health and mental health).

MH 2. Strengthen partnerships and inter-agency collaboration:

- Strengthen linkages between local GPs, allied health professionals and mental health service providers to increase awareness of services available and better understand current demands on services.
- Improve paediatric psychologist services and linkages with CAMHS and headspace.
- Identify possible grant funding opportunities and consider joint applications to provide activity-based projects.
- Advocate for increased services to meet community needs through Drug and Alcohol Services South Australia (DASSA).
- Build a culture that supports multi-agency approaches to addressing population health improvements (school, council, DASSA, PHN, public, private).

MH3. Proactively identify mental health service needs across the stepped care continuum and liaise and advocate with the Country SA PHN to commission services that will help address service gaps, including:

- Timely access to community based services.
- Access to Primary Mental Health Care services for young people such as Headspace.
- Access to a broad range of psychosocial supports.
- Drug and alcohol services.

<ul style="list-style-type: none">• Visiting Consultant Psychiatrist.• Access to tele-psychiatry assessment.• Community and service provider access to 24/7 urgent mental health assistance via Rural and Remote ETLs 131465.	
<p>Items for consideration:</p> <ul style="list-style-type: none">•	

Clinical Support Services

CSCF descriptors level 3	Service Capacity	Proposed service or area to improve
Anaesthetics - onsite	Anaesthetic support is provided by Mount Gambier anaesthetic team (0.5FTE) and a private anaesthetist (once a month).	<p>Review and plan for sustainable anaesthetics supports and consider flexible approaches to enable anaesthetic services from Mount Gambier to meet service delivery needs.</p> <p>Continue to improve the pre-admission and anaesthetic screening service.</p>
Diagnostic Medical Imaging	<p>Millicent is classified as a Level 2 services according to the CSCF.</p> <p>Diagnostic Medical Imaging services are provided on-site at the Millicent Hospital via Benson Radiology:</p> <ul style="list-style-type: none"> • X-ray – two/three days per week 08.30am – 12.00pm • Ultrasound – one day per week 08.30am – 12.00pm <p>Radiologist not on site. General examinations only. No interventional services are provided.</p>	<p>Consider viability to train/credential and maintain staff (nurses and doctors) to undertake simple x-rays including financial feasibility and equipment purchase/maintenance. Bordertown and Kingston hospitals currently adopt this process and could provide insights on management of this practice. Liaison with Benson Radiology will be crucial as the equipment belongs to them and appropriate accreditation and internal standards must be followed.</p> <p>Ensure suitable equipment for service needs (plain radiology and ultrasound available 2x weekly Image intensifier available for intraoperative use as required).</p> <p>Liaise with Benson Radiology to explore opportunities to increase access to services at the Millicent Hospital during the week and out of hours on-call options to reduce transports. Increase opportunities are dependent on demand and staffing and would require a long term strategy to attract people to the region.</p> <p>During the development of this plan, bandwidth capability has been improved and access to digital X-ray services have been implemented. PACS is now installed at the hospital and all imaging is available online via Inteleviewer. Review of these new capabilities will be required.</p>

		An Image intensifier has been provided for use at the hospital by Benson Radiology and will be used as of Nov 2019 supported by onsite support Wednesdays 0845-1230.
Pathology	SA Pathology provide: <ul style="list-style-type: none"> • Emergency Blood Supply. • Routine pathology services. • Point of care testing. ICCnet provide Point of Care testing.	Maintain current services.
Pharmacy	Pharmacy services currently provided by the LCLHN regional pharmacy service. Sheoak Pharmacy services provided by Millicent Chemist and giftware pharmacy.	Maintain existing contractual pharmacy arrangements.

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 Health Awareness and Population Health

The Steering Group identified health awareness, population health and preventative care an important consideration in the future direction of the Millicent Hospital. It was noted that strategies to address services in this area must be undertaken in collaboration with the Country SA PHN and other agencies with a core role in primary health care.

The specific health awareness and population health strategies outlined in the service priority tables include:

Collaborate with the PHN and other agencies to increase health promotion activities for preventable diseases in the Limestone Coast:

- Target the high-risk factor behaviour and top chronic disease conditions for the LCLHN population.
- Consider screening clinics, non-health solutions and wellbeing projects.
- Investigate opportunities for increased early intervention (ante-natal and post-natal opportunities for family centred care and appropriate referrals).

Increase collaboration and inter-agency approaches:

- Identify possible grant funding opportunities and consider joint applications to provide activity-based projects.
- Build a culture that supports multi-agency approaches to addressing population health improvement activities (school, council, DASSA, PHN, public, private).

Strengthen community awareness of health services and improve health literacy

- Deliver the same message to clients at every part of the patient journey.
- Promote good news stories of quality care provided close to home.

It is noted that primary health care is no longer a core role of our LHN health services, however opportunities exist to provide preventative advice and health education at all stages in continuum of care is a fundamental practice of all health professionals.

3.4.2 Capital and Equipment

A master plan for long term capital, infrastructure and equipment requirements will be developed. This master plan is to include the following specific capital and equipment considerations outlined in the Service Priority tables:

Hospital Facilities

General

- Improve outdoor spaces for patients to access.
- Improve signage both internally and externally.
- Consider car parking improvements.
- Consider improvement in ICT infrastructure requirements including bandwidth.

Theatre

- Sustain preventative maintenance and develop a plan for budgeted upgrades to support growth of services and compliance with legislative requirements.
- Consider current infrastructure modifications to support a minor procedure room.
- Identify, prioritise and standardise equipment requirement.

Emergency Services

- Ensure equipment is suitable for service needs (e.g. ultrasound, image intensifier).
- Implement the appropriate actions from recommendations from the review conducted on the current security and infrastructure requirements (e.g. duress alarm system upgrade).

Rehabilitation

- Consider additional rehabilitation equipment for physiotherapy and occupational therapy assessments and suitable facilities (e.g. patient kitchen area and upgrade bathrooms).
- Utilise existing physiotherapy gym.
- Advocate for access to heated pool for hydrotherapy.

Aged Care Services

- Consider future upgrades to Sheoak Lodges facilities and infrastructure:
 - Redevelopment to create single rooms with ensuites for all residents.
 - Modernise and refurbish interior furnishings.
 - Progress redevelopment of activity space.
 - Improve external grounds to provide safe and inviting outdoor spaces.
 - Acquire a suitable vehicle for resident outings.

Country Health Connect Services

- Invest in redevelopment of existing buildings or investigate alternative locations.
- Investigate the ability to provide additional consulting space to enable different providers to work from the same site.
- Improve signage and physical accessibility.

3.4.3 Workforce

Workforce planning will be a key consideration and should be undertaken in collaboration with the RSS Organisational Development Team.

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

The specific workforce considerations include:

Strengthen our workforce to provide sustainable services that meet community need:

- Consider basic level radiology training for nursing staff, ensuring appropriate accreditation criteria and accessibility to suitable equipment to support.
- Work with the Rural Health Workforce Strategy to investigate medical workforce models to ensure sustainable services (surgical and medical).
- Map the current staffing skill set and identify future areas of demand/need in order to support additional training and development of local staff (e.g. advanced nurses and nurse practitioner roles).

- Collaborate with Country Health Connect services to attract and retain appropriate allied health professionals to sustain in-reach support services.
- Continue to support and promote Millicent Hospital as valuable location to provide student training through work placements (medical, nursing and aged care).

Support the development of a regional/local plan for a sustainable surgical workforce

- Review current theatre staff skills and capacities and identify areas for further professional development.
- Consider a regional approach to sharing theatre staff across sites (including succession planning).
- Improve the promotion and marketing of job opportunities in the region.
- Identify suitable incentives to attract and retain staff, including options for visiting private specialists to bring their own anaesthetist.
- Grow the surgical services provided to create a vibrant and enticing workplace that is appealing to employees.
- Work with region to further develop the hub and spoke model with mobile surgical teams from Mount Gambier.
- Develop a skill maintenance plan considering rotations across the region in general surgery, orthopaedics, gynaecology and paediatrics.
- Work with Universities to promote employment opportunities and create regional scholarships for training attached to employment (nursing and medical).

Enhance the business model and workforce opportunities to provide sustainable quality allied health and community services:

- Bundle or attract additional/new funding to improve services (e.g. NDIS, Return to Work SA).
- Consider new and innovative services and models of care.
- Creation of a skills directory for community and allied health services across the LCLHN.
- Pool together FTE/funding to enable effective and enticing recruitment packages.
- Consider the options to fly in allied health professionals to maintain services (e.g. in times of high demand or workforce shortages).
- Develop incentives to attract and retain allied health students.
- Consider developing a casual staff pool of aged care workers for the region to share staff across sites to respond to sudden fluctuations demand (e.g. when packages of care are required).

Increase ability to provide quality care and increase access to specialist care needs in Sheoak Lodge as required:

- Access and support from geriatricians.
- Recruitment of new staff or professional development of existing staff with expertise in dementia care.
- Actively work with Country Health Connect to support the recruitment and retention of allied health professionals.
- Enhance the recruitment and retention of quality aged care workers to best meet care needs:
 - Develop education and training opportunities to strengthen staff skills and culture.
 - Work with education providers to develop aged care career pathways.
 - Create promotional activities to inspire people to choose a career in the aged care sector.

Extend the skills and confidence of nursing and medical staff to manage emergency presentations/admissions considering:

- Development of an education and training program in collaboration with regional mental health team.
- Investigate the option to train/credential staff (nurses and doctors) to undertake simple x-rays.
- Investigate staffing models for advance nurse roles in emergency.

3.4.4 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 an integrated system to 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.



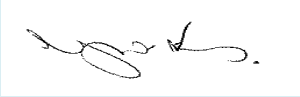
Clinical practice - care provided by the clinical workforce is guided by current best practice.

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.

4. Service Plan Endorsement

Committee/ Responsible Person	Date
Millicent Service Planning Steering Group Chair, Michelle de Wit	
Limestone Coast LHN, Chief Executive Officer, Ngaire Buchanan	
Limestone Coast LHN, Board Chair, Grant King	

For more information

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Limestone Coast LHN

Millicent and
District Hospital
and Health
Service
Planning Steering
Group

TERMS OF REFERENCE

1 Scope and Purpose

The purpose of the Steering Group is to provide advice and direction to the Limestone Coast LHN (LCLHN) to guide the development of a Millicent and District Hospital and Health Service's Plan.

2 Scope of the Service Plan

The Service Plan will provide a framework for identifying and evaluating potential future service options for the Millicent and District Hospital and Health Service to meet the needs of the Millicent catchment over the next 10 years and beyond.

3 Roles and Responsibilities

The Steering Groups primary role is to:

- Provide advice to the Limestone Coast LHN on future scope of services and capacity required based on the data, local knowledge and best practice clinical standards
- Review existing and projected health utilisation data to quantify future service profiles
- Consider existing plans for the Millicent community and surrounding catchment to determine the future implications for the Health Service.
- Provide advice on future self-sufficiency of the Millicent and District Hospital and Health Services
- Provide feedback on recommendations and priorities as they are developed
- Identify and engage other stakeholders as required to contribute to the service planning process
- Receive ideas, advice and recommendations from any consultation processes and ensure its consideration in the development of the Service Plan

4 Membership and Meeting Information

Membership

Core membership comprises of the following:

Chair:

- ⇒ Michelle de Wit - Millicent and District Hospital and Health Service EO/DONM

Members:

- ⇒ Jenn Syme/Brenton Dohnt- Presiding member Millicent Health Advisory Council (HAC)
- ⇒ Des Noll - Wattle Range Mayor
- ⇒ Glenn Brown – Wattle Range Council / LCLHN board member
- ⇒ John Andre – Millicent and Surrounds Health Advisory Group (MASHg)
- ⇒ Dr James Bushell - Millicent Medical Clinic
- ⇒ GP representative - Beachport Medical Services
- ⇒ Lyn Sinel - Country Health Connect, LCLHN
- ⇒ Andrew Birtwistle Smith- CEO Pangula Mannamurna
- ⇒ Andrew Thomas (proxy Sandy Johnston) - SAAS representative
- ⇒ Jo McGregor/Michael Fifel- Aged Care
- ⇒ Angela Miller –Director Governance and Planning, LCLHN
- ⇒ Kerry Dix - Senior Service Design Consultant, Planning, Rural Support Service (RSS)

Ex officio

- ⇒ Ngaire Buchanan – CEO, LCHLHN
- ⇒ Paul Bullen – Executive DON, LCLHN
- ⇒ Dr Chris Tan/Associate Professor Robert Pegram – Executive Director of Medical Services, LCLHN
- ⇒ Emma Kuhlmann – Senior Project Officer, Planning, RSS
- ⇒ Lauren MacKenzie – Senior Project Officer, Planning, RSS

Member responsibilities

The Millicent 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 and principles of members include:

- A willingness and ability to attend (or send a proxy) and participate in meetings of the Steering Group over a period of up to 12 months
- Encouraging input from broader stakeholders
- Declaring any conflicts of interest
- Adhering to SA Health data protocols, including not publishing, or releasing data to any other party, without appropriate authority from the Department of Health & Wellbeing
- Operating in an environment based on respectful behaviours

Resources

LCLHN and the RSS will provide staff to support the Steering Group including:

- arranging meetings, agendas, note taking (minutes, summary and action items)
- distribution of materials and other administrative functions
- preparation and analysis of required data
- engaging other stakeholders as required

Steering Group Operations

The Steering Group will operate by:

- Ensuring a quorum, which will consist of 7 members
- Making decisions about what to recommend to LCLHN 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 group members prior to the commencement of the next meeting via email and providing hard copies of meeting papers to members at the meeting.
- Circulating a brief one page meeting summary to all members to share with staff and HAC members.

Meeting Frequency

Meetings shall be held on the second Thursday of the month from February 2019 starting at 6pm.

Location: Millicent Hospital Conference Room.

5 Process Timeline

<p>1st Meeting of Steering Group:</p> <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 	January 2019
<p>2nd Meeting of Steering Group</p> <ul style="list-style-type: none"> • SWOT of current and future service 	February 2019
<p>3rd Meeting of Steering Group:</p> <ul style="list-style-type: none"> • Determine wider clinician engagement approach • Further analysis of demographic and health utilisation data • Discuss initial future service options 	March- April 2019
<p>Clinician Engagement Workshop</p> <ul style="list-style-type: none"> • Further focus group work 	May 2019
<p>4th, 5th Meeting of Steering Group:</p> <ul style="list-style-type: none"> • Consider recommendations / feedback from the clinician engagement Workshop • Community Engagement • Consider future demand across priority service areas • Recommend future service options for draft service plan 	May - July 2019
<p>6th, 7th Meeting of Steering Group:</p> <ul style="list-style-type: none"> • Co-design draft service plan • Endorse final plan • Determine any further analysis required • Evaluate approach 	July - October 2019

Appendix B: Clinician Workshop attendance

A Clinician workshop was held on the 15th May as part of the co-design Health Service Planning process for the Millicent and Districts Health Services. It was attended by a range of key stakeholders including, Directors of Nursing, Nursing Unit Managers, Medical specialists, Community Health Staff, CHSA directors/managers, CHSA planning team members and a range of external clinical service providers.

Attendance

NAME	Organisation
1. Lyn Sinel	CHSA Country Health Connect
2. Dr Chris Tan	CHSA - SELHN
3. Dr Dahan De Silva	CHSA - SELHN
4. Des Noll	Wattle Range Council
5. Ngairé Buchanan	CHSA - SELHN
6. John De Pree	CHSA – Mental Health
7. Tasja Barelds	Headspace – Uniting Communities
8. Laura Crowe-Owen	CHSA Country Health Connect
9. Gillian Bartley	CHSA Country Health Connect
10. G Crowe-Owen	Therapy for life
11. Angela Miller	CHSA - SELHN
12. Michelle de Wit	CHSA - SELHN
13. Mick Boland	SAAS
14. Katherine McBride	CHSA – Country Health Connect
15. Jane Bullen	CHSA - Sheoak Lodge
16. Michelle Galli	CHSA – Millicent Hospital
17. Fiona Oliver	CHSA – Millicent Hospital
18. Yasir Arfat	CHSA - SELHN
19. Dr Nasser Shehata	CHSA - SELHN
20. John Andre	MASHSG
21. Alex Deane	CHSA- Millicent Hospital
22. Paul Bullen	CHSA - SELHN
23. Lucy Moyle	CHSA – Country Health Connect
24. Cheryl Ann Bennett	CHSA – Country Health Connect
25. Michelle Cook	CHSA – Country Health Connect
26. Alice Brennan	CHSA- Millicent Hospital
27. Karen Lock	CHSA – Country Health Connect
28. Cathy Lunnay	Benson Radiology
29. Cosimo Greco	CHSA – Sheoak Lodge

Name	Organisation
30. Dr Anthony Colby	Visiting Anaethetist
31. Lauren MacKenzie	CHSA LHN, Planning team
32. Deb Schutz	CHSA LHN, Planning team
33. Kerry Dix	CHSA LHN, Planning team

Apologies

Name	Organisation
Mr Gunning	General Surgeon
Mr Wichmann	General Surgeon
Mr Beukes	General Surgeon
Mr McCullough	General Surgeon
Mr McLeay	General Surgeon
Dr Weatherill	Gynaecologist
Dr Watterson	Paediatrician
Dr Kris Ghosh	Consultant Physician & Geriatrician
Jo Bowering	CHSA – Sheoak Lodge
Katherine Cope	DASSA
Jean Kerlake	DASSA
Kashif Naqvi	PHN
Sandy Johnston	SAAS
Marion Hawke	SA Pathology
Jo McGregor	Boneham

Appendix C Glossary

A&E – Accident and Emergency

ABS – Australian Bureau of Statistics

AHP – Allied Health Professional

BMI – Body Mass Index

CaFHS – Child and Family Health Services

CAMHS – Child & Adolescent Mental Health Service

CALD – Culturally and Linguistically Diverse

CHSALHN – Country Health South Australia Local Health Network

CHSP – Commonwealth Home Support Program

Cooee! – CHSALHN newsletter

COPD – Chronic Obstructive Pulmonary Disease

CSCF – SA Health Clinical Services Capability Framework

CSSD – Central Sterilisation Services Department

DASSA – Drug and Alcohol Services South Australia

DTN – Digital Telehealth Network

DVA – Department of Veteran Affairs

EA – enterprise agreements

ECP – Extended Care Paramedics

ENT – Ear Nose and Throat

ETLS – Emergency Triage and Liaison Service

FACEM – Fellow of the Australasian College for Emergency Medicine

FTE – full time equivalent

GEM – Geriatric Evaluation and Monitoring

GP – General practitioner

HAC – Health Advisory Council

HACC – Home and Community Care

MH – Mental Health

MO – Medical Officer

MSE – Mental State Examination

Multi day separations - a discharge from hospital following admission for more than 24 hours

NDIS – National Disability Insurance Scheme

NGO – Non Government Organisation

NP – Nurse Practitioner

OT – Occupational Therapy

PHC – Primary Health Care

PHN – Primary Health Network

RAC – Residential Aged Care

RAH – Royal Adelaide Hospital

RSS – Department of Health - Rural Support Service

SA – South Australia

SA2 - Statistical Area 2 - is the third smallest geographical area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Statistical Areas Level 1 (SA1s)

SAAS – South Australian Ambulance Services

Same day separation - a discharge from hospital less than 24 hours after admission

SAVES - South Australian Virtual Emergency Services

SEIFA – Socio-economic Indexes for Areas (Index of Relative Socio-economic Disadvantage)

Self-sufficiency – inpatient activity undertaken within hospitals and health service sites within the geographical catchment area

Separations (SEPS) - the process by which an episode of care for an admitted patient ceases

SLS – Safety Learning System

SPOC – Single Point of Contact

TCP – Transition Care Program

VC – Video conferencing