

Armidale Health Services Plan 2010-2014

October 2010



HNE Health – Armidale Health Services Plan 2010-2014

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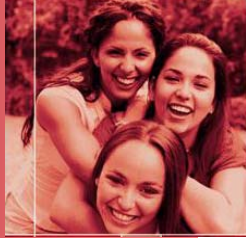
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Armidale Health Services Plan 2010-2014

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Executive Summary

Armidale Health Services comprise Armidale Hospital and Community Health Services. Armidale Hospital has a district hospital role for the local catchment area and a specialist rural referral role for the larger catchment area of Tablelands Cluster and eastern parts of the McIntyre Cluster.

A range of community health services are provided to people in Armidale and surrounding districts to complement services provided by the hospital. These Services are based at Armidale Community Health Centre which is located on the hospital campus.

The rural location of the Armidale health services has an influence on service delivery models and the skills of the workforce. In rural locations health professionals are more likely to have broader, more generalist roles and there is a greater reliance on networking and visiting services.

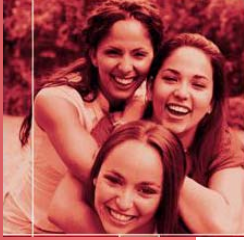
Armidale Hospital has a significant teaching role for medical, nursing and allied health professions. The introduction of the Joint Medical Program (JMP) to the School of Rural Medicine at the University of New England (UNE) has increased demand for medical clinical placements as well as providing unique opportunities for recruitment and retention of medical staff.

The aim of the Armidale Health Services Plan (HSP) is to develop models of service delivery to provide high quality, comprehensive, integrated health services across the continuum of care, supported by effective care delivery systems, education, training and research.

Future models of service delivery will have a strong focus on out-of-hospital care, with effective pathways in and out of acute care to ensure continuity of care across the patient journey. The development of multidisciplinary partnerships within and outside the service will support these models.

The Armidale Health Services Plan recognises the challenge of ensuring these proposed models of service delivery meet the health needs of the catchment population, which is projected to decline in size and become older, resulting in pressure to maintain the current mix of services and sustain a quality workforce. The HSP identifies the need for consolidation of the referral role for community health and hospital services as well as the networking opportunities with other HNE Health services and enhancing the expanding relationship with the UNE. The planning process has identified ten themes to guide service development for the Armidale Hospital and Community Health services. These themes are:

1. Better service coordination
2. Patient centred care
3. Improved access to services
4. Enhanced partnerships and networking
5. Strengthen and maintain a sustainable workforce
6. Safe and quality service delivery consistent with the role delineation level
7. Strengthen education and research, clinical placements and facility capacity
8. Focus on primary health and continuing care in the community
9. Strengthen ambulatory care services
10. Cost effective delivery of care



The recommendations of the Armidale HSP align with these themes and will guide decision making on future service directions for Armidale Hospital and Community Health Services.

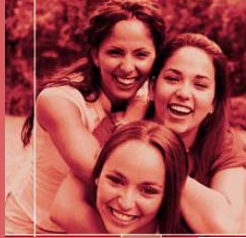
Armidale Health Services Plan Recommendations

Overarching Recommendations

- Develop a range of strategies targeting clinicians, key stakeholders and the community to raise awareness of the acute, mental health and community based health services that are available locally in Armidale and across the McIntyre and Tablelands Clusters
- Continually focus on proactively managing staff establishment to maintain sustainable workforce, including pursuing recruitment to vacancies as they occur
- As a priority, determine an ideal future workforce profile and develop strategies to achieve this profile. In developing the profile the following issues must be considered:
 - What constitutes reasonable medical on call rosters
 - The demands associated with clinical supervision and participation in the Joint Medical Program (JMP)
 - Evolving models of care
 - Networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and John Hunter Hospital for tertiary level support.
 - Provide increased opportunities for new and existing staff to access appropriate education and professional development to ensure a skilled and competent workforce
 - As part of annual operational processes, develop strategies to manage the transition to the recommended service profile and bed numbers required to meet community needs by 2021
 - Continue to develop strategies to support collaborative opportunities with UNE, particularly in relation to undergraduate and postgraduate continuing education for all health disciplines
 - Develop guidelines for clinicians and managers to follow when introducing a new service that considers and costs the impact on allied health therapies, nursing hours, support services and other infrastructure required to support the new service
 - Implement as appropriate actions identified by Caring Together Projects
 - Communicate with relevant Networks and Streams regarding development of implementation plans to ensure consistency with Network/stream operational plans

Clinical Governance

- Following the Area review of the Clinical Governance Framework, ensure support and guidance is available for facility managers to address local clinical governance issues and processes
- Enhance the current model of medical clinical peer review at Armidale and across Tablelands and McIntyre Clusters
- Strengthen multidisciplinary review of patient care and models of service to enhance safe delivery of evidence based practice



Medical Services

- Develop strategies to strengthen and maintain a sustainable medical workforce, including determining reasonable 'on call' rosters. These strategies will consider the demands associated with clinical supervision and participation in the Joint Medical Program (JMP), evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and John Hunter Hospital for tertiary level support
- Establish a Public Health outreach service for communicable and infectious diseases clinics. (Consider networking with Tamworth Hospital)
- In partnership with the HNE Health Respiratory Services Stream, investigate local access to respiratory diagnostic and treatment services to support the model of care described in the HNE Health Respiratory Services Plan 2009 - 2013
- In partnership with the HNE Health Stroke Services Stream, implement an enhanced model of stroke care including thrombolytic services

Cardiology Services

- Strengthen primary health and ambulatory services to meet increasing demand for services e.g. Heart Failure services

Renal Services

- In partnership with the HNE Health Renal Services Stream review models of service delivery to improve access to services

Cancer Services

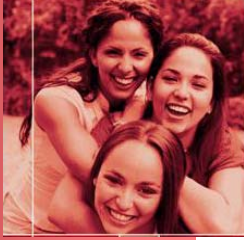
- Investigate options for enhancing the physical space for the chemotherapy treatment suite
- Review the future development of Armidale Cancer Services in conjunction with the proposed development of the NE/NW Regional Cancer Centre at Tamworth
- Review current models of care and arrangements of the delivery of chemotherapy services for the Armidale catchment population, in conjunction with the Medical Oncology clinical stream and the development of the NE/NW Regional Cancer Centre at Tamworth

Surgical Services

- Develop strategies to strengthen and maintain a sustainable surgical workforce, including determining reasonable 'on call' rosters. These strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support
- Undertake a joint review of the Orthopaedic Trauma Weekend roster with Tamworth Rural Referral Hospital to determine its efficiency and effectiveness
- Review and monitor systems to manage demand for elective and emergency surgery

Emergency Services

- Develop strategies to strengthen and maintain a sustainable Emergency Department (ED) workforce, including determining reasonable 'on call' rosters. These strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking



opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support

- Investigate the implementation of Physician Assistant positions to enhance staffing for the ED
- Implement relevant strategies from the Area wide review of Emergency Services issues being undertaken by the HNE Emergency Services Stream
- Explore the potential of combining the Intensive Care Unit (ICU) and ED clinical services under a critical care model of service delivery to ensure adequate medical coverage for ICU and ED and assist in staff skills maintenance
- Implement as appropriate actions identified by the Caring Together Critical Care and Emergency Services Project
- Explore alternative models of service delivery to deal with Triage categories 4/5 e.g. GP after hours model, Yr 4/5 medical students training model
- Improve care for children presenting to emergency services through training, skills development and the introduction of clinical practice guidelines

Intensive Care / High Dependency / Coronary Care

- Review and address ICU needs/service gaps (including nursing and medical workforce deficits at the senior and junior level) in relation to achieving and maintaining role delineation level recommended by the HNE Health Rural Referral Hospitals Framework
- Implement the ED/Critical Care Network Patient Flow protocols/pathways to ensure ventilated patients are transferred to a higher level facility within 24 hours
- Further develop networking with the Tamworth Rural Referral Hospital ICU and clearly define Tamworth ICU's responsibilities in supporting Armidale ICU
- Consider a program where ICU staff could follow up patients after transfer from ICU to the medical/surgical ward
- Review space allocation to provide an appropriate private area for relatives and carers of ICU/High Dependency Unit (HDU) patients

Maternity Services

- Explore options to ensure the sustainability of obstetric and gynaecology services at Armidale and across the referral catchment. Options to be considered include:
 - Alternative models for gynaecology outreach services.
 - Advanced trainee positions
 - Additional General Practitioner (GP) proceduralists
 - Review demand for midwives clinics
 - In conjunction with Community Health Services, review the effectiveness of the Early Discharge Program
 - Consider the establishment of a Lactation Consultancy Service

Paediatric Services

- Enhance paediatric services through the provision of an additional paediatric medical position and explore outreach options to ensure expanded services can be sustained (a paediatric academic position is currently being advertised by UNE and HNE Health)
- Explore options to enhance funding for Child and Family Health nurses to expand and sustain home visiting for the 0-5 years age group
- Enhance paediatric physiotherapy services for the Armidale area, and Tablelands and McIntyre Clusters



Speech Pathology

- Develop a collaborative program with Aboriginal Health, Speech Pathology and New England Division of General Practitioners (NEDGP) to improve access by the Aboriginal community
- Review models of Speech Pathology outreach service delivery for children
- Develop a coordinated approach to managing the complex needs of children in conjunction with Department of Education, Paediatric Services, and Ageing, Disability and Home Care (ADHC) - Department of Human Services NSW
- Office for Aboriginal and Torres Strait Islander Health (OATSIH) New Directions service to work with NEDGP and Speech Pathologists to improve Aboriginal children's access to speech pathology services.

Child and Family Services

- Investigate the need for a Paediatric Chronic and Complex Care service
- Establish community based social work and psychology support for children and families
- Clinical Support Services
- Enhance co-ordination of discharge planning processes ensuring culturally appropriate multidisciplinary service links are in place for the individual patient (e.g. GP discharge letter from CHIME, to and from Community nursing services)
- Develop strategies to strengthen and maintain a sustainable anaesthetic workforce, including determining reasonable 'on call' rosters. These strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support
- Ensure collaborative medical workforce rostering continues with Armidale Private Hospital
- Develop an equipment maintenance and replacement schedule with strategies to source ongoing funding to improve provision of surgical equipment through CSSD.

Pathology

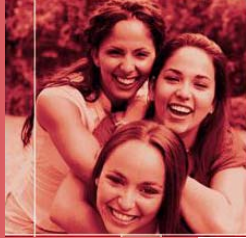
- Implement the Point of Care testing strategy (in approved departments) with appropriate governance, and consistent with Pathology North/AHS directions
- Develop succession planning strategies for the Pathology Service to recruit people with the broad range of pathology experience required for rural areas

Pharmacy

- Facilitate pharmacy involvement in medication reconciliation on admission, reviews and the discharge planning process
- Increase clinical pharmacy services

Medical Imaging

- Identify additional resources to support the increasing demand in the imaging department i.e. clerical, nursing and radiographer/sonographer support
- Investigate the need for an additional general X-ray room



Medical Records

- Implement Electronic Medical Records in line with Area protocols for Armidale Hospital
- Develop options for long term storage of Medical Records

Mental Health

- Identify and implement systems to support GP Visiting Medical Officers (VMOs) for providing weekend and after hours cover for mental health emergency presentations, i.e. clarifying callback processes, enhancing education and skill development opportunities
- Pursue recruitment of vacant psychiatrist positions, and consider options of joint appointments with UNE to enhance education/teaching role
- Develop initiatives to enhance access to Child and Adolescent Mental Health Services
- Facilitate improved access to psychiatric consultation, particularly out of hours access, via the establishment of the proposed video link to the Psychiatric Emergency Care Centre in Newcastle
- In partnership with HNE Mental Health services, explore options to increase bed numbers, particularly for gazetted beds, to meet projected needs across the catchment
- Enhance links between Mental Health Services and other acute and community based services
- Work collaboratively with other services i.e. Ambulance, Police and HNE Health internal transport services, to address transfer issues and develop an agreed protocol
- Improve communication of available Mental Health services to stakeholders
- Continue to improve access to Mental Health services for Aboriginal people via a range of initiatives (e.g. Aboriginal Mental Health traineeship) in partnership with Aboriginal Controlled Community Health Services (ACCHS), the Aboriginal community, NEDGP and other stakeholders

Drug and Alcohol Services

- Continue to work with Mental Health Services to develop care pathways for the management of patients with D&A and mental health comorbidities
- Improve links between acute inpatient services, community services and Drug and Alcohol services. e.g. through inpatient consultation liaison
- Expand the use of alternative dosing modalities e.g. Buprenorphine-nalaxone, unsupervised dosing
- Continue to improve access to Drug and Alcohol services for Aboriginal people via a range of initiatives in partnership with ACCHSs, the Aboriginal community, NEDGP and other stakeholders
- Work with the Mental Health/D&A Services Network to explore opportunities for staff development including possible rotations within funding allocations

Aged Care Services

- Review the Aged Care Assessment Team (ACAT) workforce in the Tableland and McIntyre Clusters and develop strategies to address identified gaps
- Monitor and explore opportunities for enhancement of the Transitional Aged Care Program
- Raise awareness of the availability of Aged Care and ACAT services in the Tablelands and McIntyre Clusters



- In partnership with NEDGP, explore models to improve the management of older people with complex needs e.g. Hospital in the Home, and increased support to Aged Care facilities

Community Nursing

- Review staffing levels for community nursing services and benchmark against other like services within HNE Health
- Develop new models of service delivery to complement acute and community services e.g. Hospital in the Home
- Collaborate with practice nurses, GPs and NEDGP to provide education programs and support for disease prevention e.g. wound care management

Diabetes Education

- Review resource requirements to meet the demand for diabetes education and management for inpatients and the general community (particularly the Aboriginal community), including prevention and early intervention
- Continue to explore shared care/ educational models with partners such as NEDGP, University of New England (UNE) and ACCHS
- In partnership with the NEDGP, explore options for increased provision of podiatry services
- Dietetics
- Review resource requirements to meet the demand for dietetic education and management for inpatients and the general community (particularly the Aboriginal community), including prevention and early intervention
- Palliative Care
- Develop clinical pathway/protocols for hospital Nurse Unit Managers (NUMs) and the Discharge Planner to ensure that all people who would benefit from palliative care services are referred to the service
- Investigate the need for palliative care extended hours services
- Work with Aged Care facilities to support end of life care management
- Develop advanced care planning models with all relevant partners

Psycho geriatric Care

- Consider options for accessing advanced neuropsychology assessments
- Work with the NEDGP to explore future directions and opportunities for the Memory Assessment Program

Women's Health

- Develop an appropriately trained pool of staff to maintain Women's Health services into the future.

Chronic Care Services

- Explore options for enhancing multidisciplinary models of chronic care locally with all key stakeholders
- Review chronic disease service delivery and develop multidisciplinary models of care to improve disease management

Rehabilitation Services

- In conjunction with the Aged Care and Rehabilitation Network review and confirm the hospital based rehabilitation service model for Armidale



- Undertake succession planning for the Geriatrician/Rehabilitation physician position
- Consider options for providing and maintaining rehabilitation outreach clinics, including the option of networking with the rehabilitation service in Tamworth
- In conjunction with the Transitional Aged Care Program, introduce a community based rehabilitation program to expand care options

Allied Health Services

- Benchmark Armidale Allied Health staffing levels against peer services to identify gaps and develop strategies to address those gaps
- In conjunction with UNE, identify Allied Health capacity to provide education and teaching at Armidale Hospital and at the University
- In all clinical service development ensure consideration is given to the impact on Allied Health resources
- Develop mechanisms for consistency in collection of service delivery data
- Develop guidelines for clinicians and managers to follow when introducing a new service that considers and costs the impact on allied health therapies, nursing hours and other infrastructure required to support the new service

Aboriginal Health Services

- Strengthen partnerships with non-government and other providers to facilitate and expand provision of culturally appropriate and safe health care for Aboriginal people
- Ensure all health services staff participate in cultural respect training
- Develop strategies to increase the cultural appropriateness and accessibility of services
- Implement and strengthen the HNE Health Aboriginal Employment Strategy

Multicultural Health

- Assess the cultural and linguistic needs of the migrant and refugee populations of the primary and referral catchments and develop action plans to address service gaps and issues

Oral Health Services

- Liaise with the HNE Oral Health services to address workforce sustainability issues
- Liaise with UNE and Tamworth Rural Referral Hospital to enhance workforce and training opportunities in dentistry
- Liaise with Tamworth Rural Referral Hospital to enhance opportunities for increasing public access to oral health services

Armidale Private Hospital

- Continue to communicate and network with Armidale Private Hospital to improve coordination of services

New England Division of General Practice

- Maintain and strengthen relationship between New England Division of General Practitioners (NEDGP), Visiting Medical Officers (VMOs) and Armidale Health Services



Workforce

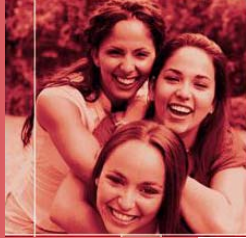
- Ensure all health professionals are aware of flexible employment arrangements and protocols
- Optimise recruitment into a health training pathway e.g. through participation in workplace training and work experience programs. Optimise retaining people within the pathway through structured programs and mentoring
- Develop an action plan to provide support for International Medical Graduates
- Develop local recruitment strategies in line with the recommended outcomes from the GP/VMO Recruitment Taskforce
- Design and develop orientation and training programs to fast track competence and capability
- Develop, design and implement a mentoring program for new staff
- Investigate opportunities for transport and accommodation assistance for nursing staff undertaking professional development through HNE Health Nursing and Midwifery Services

Teaching, Education and Research

- Work in partnership with the UNE School of Rural Medicine/Tablelands Clinical School to pursue Commonwealth funding for an education centre and expanded student accommodation facilities
- Enhance partnerships with UNE and other partners to pursue and undertake research.
- Explore options within the hospital for additional clinical teaching spaces such as tutorial rooms and meeting/study spaces
- Identify options for creation of a student/staff common room to accommodate all disciplines on clinical placement
- With UNE, review options for developing simulation facilities to support the skills maintenance and training required for the staff and all student disciplines
- In partnership with UNE, University of Newcastle and Tamworth Rural Referral Hospital, work towards the development of a centre of excellence in rural medicine and health
- Assess the impact of undergraduate and postgraduate clinical teaching loads on senior medical, nursing and allied health staff and if necessary develop strategies to manage the impact
- Develop in partnership with relevant stakeholders, models to facilitate and enhance future capability in the areas of training, education and research
- Explore options to provide clinical support to the newly introduced Bachelor of Pharmacy program at UNE
- Develop a more formalised process for communication and management of information technology opportunities and issues between Armidale Health Services and UNE
- Information and Communication Technology
- Develop systems to support improved discharge planning processes
- Improve student access to computers as per HNE Health policy

Hospital Transport Services

- Ensure that the hospital vehicles are appropriately utilised especially for back transfer of patients admitted over the Orthopaedic Trauma Weekends



Accommodation

- Develop strategies to enhance the availability of appropriate accommodation for patients, their family/carers, staff and students (including JMOs and Advanced Trainees)

Infrastructure

- Identify options for expanding the capacity of the outpatient clinic area to meet the increasing demand for ambulatory services
- Explore options for increasing numbers of tutorial and meeting rooms to support training and education requirements
- Review office space accommodation to ensure appropriate utilisation of space and identifying shortfalls
- Undertake a Site Master Plan to determine current and future service capacity of the site

Proposed Future Armidale Health Services

Armidale Health Services will continue to provide the current range of services and implement recommendations to ensure the needs of the primary and referral catchment populations are met in accordance with Armidale Health Services defined roles and responsibilities:

- Fulfil the Rural Referral Hospital role for the Tablelands Cluster and some parts of the McIntyre Cluster with a range of Level 3 to Level 4 services
- Enhanced range of specialty services including community health, cancer services and mental health services
- Increased focus on services provided to Aboriginal and Torres Strait Islander people in partnership with Aboriginal and Torres Strait Islander communities and organisations
- Increased ambulatory care services including outreach clinics, community and post-acute care services to improve access to health care for rural communities
- Increased overnight and day-only beds and chairs to meet population demand
- Enhancement of the Armidale Cancer Services in conjunction with the development of the NE/NW Regional Cancer Centre at Tamworth
- Actively participate with HNE Health Clinical Networks/Streams to improve access to services such as cancer, mental health, chronic care, respiratory, stroke, cardiac and oral health

Proposed Service Profile – Armidale Rural Referral Hospital

The following Table presents current and proposed beds and chair based therapy capacities for Armidale Rural Referral Hospital to meet projected service demand and models of care described in this Health Services Plan.



Beds / Chairs / Units	Existing as at February 2009	Proposed to 2021⁵
Acute Overnight		
Adult Surgical	22	22
Adult Medical	16	32
Paediatric	8	5
Special Care Nursery ¹	2	2
Maternity ²	11	6
ICU/HDU/CCU	5	5
Mental Health (Clark Centre)	8	*
Total Acute Overnight	72	72
Subacute Overnight		
Palliative Care	2	2
Rehabilitation / Maintenance	8	14
Total Subacute	10	16
Day Only³		
Mixed Medical/Surgical	10	13
Medical Day Chairs	2	2
Total Day and Extended Day	10	11
Total Beds	92	101
Health Delivery Units/Chair Based Therapies		
Operating Theatres	2	2
Procedure Rooms	1	1
Recovery Places ⁴	3	4
Birthing Suites	2	2
Bassinettes	11	10
Emergency Resuscitation Treatment Bays	2	2
ED places	6	11
Chemotherapy (Chairs)	4	6
Renal (Chairs)	6	6
Dental (Chairs)	4	4

Source: HNE Health Performance Unit 2009.

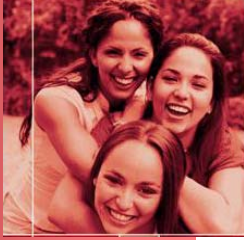
Notes:

1. Does not include bassinettes (as these simply relate to sleeping arrangements for well babies)
2. LDRPS are included in the Maternity Bed Count, Birthing Suites (Delivery Rooms) are not included in the bed count, Gynaecology is not included in the bed count.
3. E.g. day surgery, day medical e.g. haematology beds/ chairs etc.
4. Recovery Places - Specifically related to number of operating theatres and procedure rooms.
5. Proposed - Existing beds / services + additional beds / services per Clinical Services Plan.

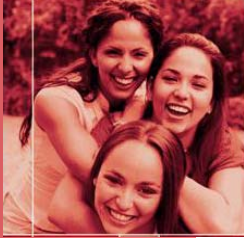
Details of other recommended developments to service capacities are:

- Outpatient clinics are currently held in six rooms on the Armidale Hospital campus and consultation has identified a need for at least another four rooms. The provision of a further two rooms off campus are being negotiated with NEDGP

* As per Mental Health Plan



- The new CT scanner now occupies one of the X-ray rooms at the hospital. An additional X-ray room may be required
- Projected inpatient activity will impact on Pharmacy, Pathology and Medical Records activity. These supporting services space requirements will need to be monitored
- An Armidale Master Site Plan to determine current and future service capacity of the site is scheduled for completion in 2010.



Section One: Introduction

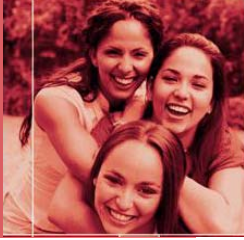
Hunter New England (HNE) Health in partnership with the University of New England (UNE) commissioned the development of the Armidale Health Services Plan (HSP) to determine and describe models of service delivery to meet the future health needs of the communities of Armidale and surrounding areas.

The development of the Armidale HSP has been overseen and facilitated by a Steering Committee. Details of the membership are provided in **Attachment 14.1**. The terms of reference for this Steering Committee state the plan will describe:

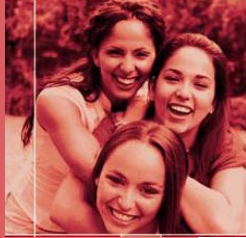
- A service development model that will meet the future healthcare needs of the communities of Armidale and surrounding communities
- Networking relationships between Armidale Rural Referral Hospital and Tamworth Rural Referral Hospital and, other facilities within and beyond HNE Health
- A patient centred approach to planning and providing services
- Cost effective use of available resources
- Access to appropriate clinical services including multidisciplinary / multi-speciality care
- Current best practice management of all patients across the patient journey.

In the Plan:

- Section 2 reviews the socio - demographic characteristics of Armidale and the broader catchment of Tablelands Cluster.
- The consultation strategy and outcomes of the consultation undertaken as part of the Plan's development are described in Section 3.
- Section 4 details the policy documents and strategic directions of NSW Health and HNE Health that underpin the Plan.
- Section 5 provides an overview of the future service directions for Armidale.
- Section 6 outlines the governance structures for Armidale Hospital and community based services including where Armidale Health Services fit within HNE Health.
- Section 7 provides a comprehensive overview of the current and future hospital based and community health services. This information is presented by hospital and community service stream. Major themes identified during the consultation process and recommendations for future service delivery are included for each service stream.
- Section 8 provides information on the other health service providers located in Armidale. Armidale Health Services work in collaboration and partnership with many other service providers to deliver a comprehensive health service to the residents of Armidale and surrounding communities.
- Section 9 discusses workforce; teaching, education and research; information management and technology; infrastructure; transport and, accommodation which are essential components or 'enablers' of current and future service delivery.
- Section 10 highlights the benefits of implementing the recommendations in this Plan and aligns the benefits to the future directions for Armidale outlined in Section 5.



- Section 11, The Way Forward, concludes the plan and provides a summary of the proposed service delivery models and particularly the unique opportunities that exist for Armidale with the advent of the Joint Medical Program (JMP). This section also outlines key assumptions that have been made in the development of the plan.



Section Two: Socio-Demographic Characteristics

Introducing Armidale Dumaresq Local Government Area

The city of Armidale is situated on the New England Highway, 113 km north of Tamworth, 393 km from Newcastle, 567 km from Sydney, 467 km from Brisbane, 256 km from Port Macquarie and 191 km from Coffs Harbour.

The Anaiwan were the original Aboriginal inhabitants of the area around Armidale but many other tribal groups have since occupied different parts of the region.

Rail and coach services are available daily, to and from Tamworth, Newcastle and Sydney. Flights are available to and from Sydney. Coach services are available daily to Brisbane. Every second day, there are bus links to Armidale from Scone, Coffs Harbour and Port Macquarie.

Major industries include the production of fine and superfine wool from merino sheep, cattle and lamb production, fruit, vineyards and educational services. Improvements in the communication infrastructure, including broadband capacity, have encouraged the relocation of businesses to Armidale including industries in areas such as information technology, education and research.

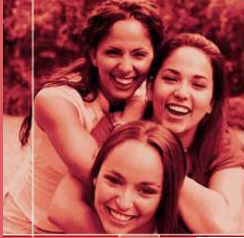
Education is an important feature of Armidale. The UNE, the New England Institute of TAFE, 6 secondary schools and 17 primary schools are located in Armidale. Three of the 6 secondary schools offer boarding facilities.

Armidale has a public and a private hospital. There are eight medical practices with a total of 30 GPs, 12 medical specialists, five anaesthetists, 10 private dentists and three orthodontists. A number of complementary health practitioners, including psychologists also provide health services to the community.

A range of accommodation options and conference centres are available. Armidale is the gateway to the spectacular scenery along the Waterfall Way and an ideal base for exploring several National Parks. Plans are progressing for a sporting and basketball complex of international standard at Armidale High School, and a world class water based hockey field and amenity complex at the UNE. Additional facilities are currently being built at the Armidale Sportsground and at the UNE oval. The Armidale Gymnastic Centre was opened in October 2009.

Armidale Council's 2008 Local Environment Plan¹ has included provision for future growth and development in residential, commercial and industrial areas, incorporating expansion of rural residential subdivisions to meet the lifestyle of people with young families. Land has been earmarked for development as an industrial park to attract more industry to the area. Armidale has three major shopping complexes.

Another growth area is in the development of residential facilities for seniors. There are six retirement homes and two of these are currently being expanded. As part of its Economic Development Program, Armidale Council offers fast tracking on development proposals and a flexible array of economic development incentives. Armidale's water supply has the potential to support a substantial increase in population size.



Socio-demographic factors

Location

HNE Health has eight service clusters with Armidale the main centre of the Tablelands Cluster. This Cluster covers the Statistical Local Areas (SLAs) of Tenterfield, Glen Innes Severn, Armidale-Dumaresq and parts of the Guyra and Uralla shires.

Armidale Dumaresq and Uralla SLAs form the primary catchment area of Armidale Health Services. Glen Innes Severn, Guyra, Inverell (50%), Walcha (50%) and Tenterfield (20%) SLAs, in addition to the primary catchment area, form Armidale Health Service's rural referral catchment.

Figure 1 shows HNE Health clusters and location of hospitals, community health centres and multipurpose services by cluster.

Figure 1: Hunter New England Health Area Map





Population

To ensure future service demand generally and more particularly for speciality services such as maternity, cardiology, cancer and mental health can be met, population projections for both the primary and larger referral catchments need to be considered.

Table 1 presents projected population growth by SLA for the primary and referral catchment areas of Armidale Health Services. A proportion of the population of the SLAs of Inverell, Tenterfield and Walcha is considered part of the catchment of Armidale Health Services. The table shows that the population of the primary catchment area is projected to decrease by 3.6% to 2026, while the population of the referral catchment will decrease by 5.6%. Overall the population of the catchment area of Armidale Health Services is projected to decrease of 4.5%.

Table 1: Projected Population Growth by Cluster (Armidale Health Services Primary and Referral Catchment), 2006-2026

Cluster	SLA	2006	2011	2016	2021	2026	% change
Tablelands	Armidale Dumaresq	24,607	24,470	24,248	23,978	23,635	↓4.0%
	Uralla	6,007	6,003	5,975	5,937	5,885	↓2.0%
	Primary total	30,614	30,473	30,223	29,915	29,520	↓3.6%
	Glen Innes Severn	9,159	8,994	8,793	8,564	8,307	↓9.3%
	Guyra	4,416	4,389	4,334	4,264	4,181	↓5.3%
	Tenterfield (20%)	1,359	1,363	1,361	1,356	1,347	↓0.8%
Peel	Walcha (50%)	1,660	1,632	1,592	1,546	1,496	↓9.8%
McIntyre	Inverell (50%)	8,074	8,083	8,060	8,014	7,940	↓1.6%
	Referral total	24,668	24,461	24,140	23,744	23,271	↓5.6%
Total		55,282	54,934	54,363	53,659	52,791	↓4.5%

Source: NSW Health Population Projection Series 1.2009. Department of Planning and Statewide Services Development Branch March 2009

Table 2 looks at population projections by age group for the Tablelands Cluster only. It is projected that the number of children and adolescents (0-19) will decrease, as will the number of young people and adults (20-64) while older persons - the over +65 age group and especially the +85 age group - will experience significant increases. Older age groups access health services more frequently and for longer lengths of stay due to higher levels of chronic disease and falls injury.

Table 2: Projections for Tablelands Cluster by Age, 2006–2026

Age	2006	2011	2016	2021	2026	% change
0-19	14,628	13,943	13,227	12,770	12,429	↓15.0%
20-44	15,395	14,452	13,831	13,178	12,625	↓17.9%
45-64	13,410	13,802	13,297	12,643	11,720	↓12.6%
65-84	6,644	7,473	8,612	9,614	10,424	↑56.8%
85+	905	1,001	1,190	1,321	1,546	↑70.8%
Total	50,982	50,671	50,156	49,525	48,744	↓4.4%



Source: NSW Health Population Projection Series 1.2009. Department of Planning and Statewide Services Development Branch March 2009. Note: Includes Tenterfield total population.

Feedback from members of the planning committee and a number of stakeholders suggests higher population numbers and growth for Armidale and the surrounding areas than what is included in this Plan. Following the release of data from the 2011 Census, projected demand for services will be reviewed if population numbers are significantly different to figures reported in Tables 1 and 2.

Aboriginal and Torres Strait Islander People

In the 2006 Australian Bureau of Statistics (ABS) Census, there were 4,008 people of Aboriginal and Torres Strait Islander heritage in the Armidale Health Services primary and referral catchments, accounting for almost 6% of the total populationⁱⁱ. This figure could potentially be higher as the Census relies on people identifying as Aboriginal or Torres Strait Islander. Underreporting has been noted to decrease over the past few decades but is still identified as a factor that needs to be considered.

Table 3 presents data on the Aboriginal population by the SLAs of the Armidale Health Service primary and referral catchments.

Table 3: Aboriginal Population of Armidale Health Services Primary and Referral Catchment, 2006

SLA	Number	% of total population
Armidale Dumaresq	1,273	5.2
Uralla	332	5.5
Glen Innes Severn	467	5.1
Guyra	434	9.8
Tenterfield	478	7.2
Inverell	837	5.4
Walcha	187	5.8
Total	4,008	5.9

Source: ABS Census of Population and Housing 2006; Indigenous Profile, Based on Place of enumeration.

Comparison of the population of Aboriginal and Torres Strait Islander people to the Non-Aboriginal and Torres Strait Islander population across the referral catchments shows:

- Higher proportions of children and young people
- Lower proportions of people aged 45 years and over
- These differences are primarily due to higher birth rates and the shorter life span of Aboriginal and Torres Strait Islander people.

Multicultural Populations

The population of the Armidale primary catchment are predominately Australian born, however there are growing numbers of people who are settling in the region who come from non-English speaking backgrounds. Armidale and Inverell are designated refugee resettlement areas.



Table 4 presents data on country of birth of people living in the Armidale and Uralla SLAs.

Table 4: Country of Birth – Armidale and Uralla SLAs, 2006

Country of Birth	Number	% of population
Australia	24,832	85.3%
United Kingdom	744	2.5%
New Zealand	266	0.9%
China	172	0.6%
USA	142	0.5%
Germany	118	0.4%
Other countries or not stated	2,829	9.7%
Total	29,103	100%

Source: Australian Bureau of Statistics 2006 Census data

People from culturally and linguistically diverse (CALD) communities often suffer from ill health and poorer socio-economic status, and may have higher health needs than the general population due to:

- Lack of access to services resulting from poor language skills, lack of information and unfamiliarity with the social systems of their adopted home
- Past histories of torture and abuse
- Different cultural perceptions of health and illness

To ensure people from CALD communities can access appropriate services in a timely manner and participate in decisions regarding their care, health care interpreters should be utilised whenever necessary.

Determinants of Health Status

Socio-economic Advantage/Disadvantage

The ABS Socio-Economic Indices for Areas rate socio-economic advantage and disadvantage. One of the indices, the Index of Relative Socio-Economic Disadvantage (IRSD) is used to distinguish between relatively disadvantaged areas. A score of 1000 is the average NSW score. Scores less than 1000 indicate disadvantage and scores greater than 1000 indicate relative advantage. In Table 5, IRSD scores by SLA indicate Armidale Dumaresq and Uralla have a high level of advantage, whereas Guyra, Tenterfield and Glen Innes Severn are significantly disadvantaged in comparison.



Table 5: Index of Relative Socio-Economic Disadvantage Score and Rank by SLA, 2006

SLA	IRDS score	State Rank	HNE Health Rank
Guyra	928	38	6
Tenterfield	930	43	7
Glen Innes Severn	936	61	15
Inverell - Pt A	953	98	20
Uralla	981	131	27
Walcha	981	132	28
Armidale Dumaresq - City	1,031	156	31
Armidale Dumaresq - Bal	1,107	180	32

Source: Australian Bureau of Statistics 2009.

Note: The ABS recommends caution when reporting socioeconomic status. The indexes show an average ranking of an area. The socio-economic conditions of individual residents in any one area will vary, and there may be relatively advantaged residents living in areas labelled as disadvantaged, and vice versa.

There is a large amount of evidence showing that people on lower incomes, with lower educational levels and higher levels of unemployment generally have poorer health outcomes than their more affluent counterparts in the population.

As well, there are disparities between rural and metropolitan areas in terms of socioeconomic status particularly in relation to income levels. It is well accepted that the health status of those who live in rural and remote areas is poorer than those living in urban or metropolitan communities. This disparity in health status relates to a number of issues including differences in income levels and access to transport and health services. In Australia, the greatest disparities in health outcomes and life expectancies are between the Aboriginal and non-Aboriginal populations.

For the primary catchment of Armidale Health Services, the 2006 ABS Census ii reports that:

- 8.6% attend secondary school, 2.8% attend a TAFE and 10.4% attend a University or a tertiary education facility. These figures are higher than for other towns in the northern part of the Hunter New England area. Approximately 37% of the population have achieved a Year 12 or equivalent level of education
- 36% fully own their home which is just below the average for other towns in the northern part of the Hunter New England area
- 9.2% report their gross weekly household income to be less than \$250 a week, whilst 49.4% report it to be \$1,000 or over per week
- 3.7% of the population are unemployed and seeking work. At the time, the rate for NSW was 3.5%. Most people are employed in education and training (20%), retail trade (12%), health care and social assistance (10.8%), agriculture, forestry and fishing (9.6%), accommodation and food services (8.1%), and professional, scientific and technical services (5.5%).

The 2006 ABS Census reports that for the Aboriginal population of Armidale Health Services Primary and Referral Catchments:

- 20.5% attend secondary school, 8% attend TAFE and 1.5% attend a University or a tertiary education facility



- 14% have achieved a Year 12 or equivalent level of education
- 17% fully own their home
- 9.5% report their gross weekly household income to be less than \$250 a week, whilst 18.7% report it to be \$1,000 or over per week
- 12.3% of those eligible for employment are unemployed

Health Related Behaviours

Good health enhances quality of life and benefits the community. The opportunity to participate in and contribute to society is maximised in a healthy population. Organisational, economic, and environmental factors are major influences on the health of individuals. Health-related behaviours also contribute significantly to cardiovascular and respiratory diseases, cancer, and other conditions that account for much of the burden of morbidity and mortality in later lifeⁱⁱⁱ.

Measuring and reporting health behaviours provides important information for planning public health programs and for evaluation, at the macro level, of the net gains of these programs.

Table 6 highlights those lifestyle related illnesses and behaviours which occur at significant levels in the population of the Armidale Health Services primary and referral catchments.

Table 6: Significant Lifestyle Illnesses/Behaviours by SLAs (Armidale Health Services primary and referral catchments)

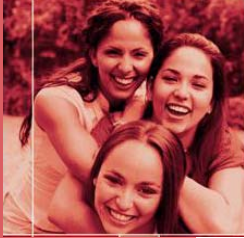
Behaviour	SLA	SSR	Significance
Alcohol attributable hospitalisations	Tenterfield	188.6	++
Smoking in pregnancy	Armidale, Uralla, Glen Innes Severn, Guyra, Inverell, Walcha and Tenterfield	149.8 – 256.8	++ for all SLAs
Ambulatory Care Sensitive Conditions	Glen Innes Severn, Guyra, Inverell, Walcha and Tenterfield	109.0 – 170.6	++ for all SLAs
Potentially avoidable deaths by primary prevention	Armidale	127.1	+
Antenatal care	Glen Innes Severn, Inverell	104.5 105.9	+ ++

Source: NSW Health, Report of the Chief Health Officer 2008

Note: The smoothed Standardised Separation Ratio (SSR) for each SLA can be interpreted as a 'relative risk', and compared to the NSW average which is set to 100. Statistical significance: + greater than the state average at the 5% level of significance, ++ at 1%.

The significance of these health related behaviours/illnesses on health outcomes is described below:

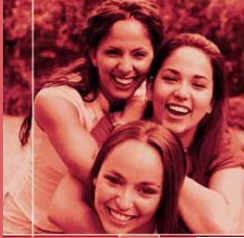
- Alcohol has both a hazardous and protective effect on health, which varies by age and sex. Excessive alcohol consumption is associated with cirrhosis of the liver, mental illness, several types of cancer, pancreatitis, foetal growth retardation, aggressive behaviour, family disruption, and reduced productivity



- Smoking during pregnancy doubles the risk of having a low birth weight baby and significantly increases the risk of perinatal mortality, sudden infant death syndrome and other adverse pregnancy outcomes
- Ambulatory care sensitive conditions are those for which hospitalisation is considered potentially avoidable through preventive care and early disease management. Hospitalisation rates for ambulatory care sensitive conditions are used as an indicator of access to, and quality of, primary health care. Three categories of ambulatory care sensitive conditions are considered: vaccine-preventable conditions, acute conditions and chronic conditions
- A potentially avoidable death refers to premature deaths (persons aged less than 75 years) that, theoretically, could have been avoided given current understanding of causation, and available disease prevention and health care
- The purpose of antenatal visits is to: monitor the health of both the mother and baby; provide advice to promote the health of both the mother and baby; identify antenatal complications and, provide appropriate intervention at the earliest time. The proportion of mothers having antenatal visits before 20 weeks gestation was about 13% lower among Aboriginal mothers than among non-Aboriginal mothers in NSW in 2006.

Implications for Service Planning

- Armidale and surrounding communities are classified as rural communities
- Armidale is 393 km from the nearest tertiary centre at John Hunter Hospital and 111 km from Tamworth Rural Referral Hospital
- The population is static or in decline in Armidale and the surrounding communities
- The average age of the population is rising with those 65 years and older representing 14% of the population in 2006 and projected to increase to 24.5% of the population by 2026
- There is a greater than state average representation of Aboriginal and Torres Strait Islander people within the primary and referral catchments
- 14.7% of the population were born outside of Australia
- Armidale Dumaresq is the most advantaged community with Guyra the least advantaged by IRDS score
- Statistically significant lifestyle illness/behaviours include alcohol attributable hospitalisations for Tenterfield SLA and smoking in pregnancy for Armidale, Uralla, Glen Innes Severn, Guyra, Inverell, Walcha and Tenterfield SLA
- There are statistically higher numbers of ambulatory case sensitive conditions for all SLAs compared to the state average



Section Three: Consultation

Consultation Strategy

A Consultation Strategy was developed at the commencement of the planning process and aimed to:

- Ensure stakeholders were well-informed about the objectives of the project
- Build confidence in, and support for, the project
- Actively engage key stakeholders in the planning process
- Gather relevant information on issues, challenges and strategies for service delivery
- Promote the opportunities and benefits of new models of service delivery
- Identify and manage communication and consultation risks
- Manage frequently-asked questions and other requests for information
- Reflect HNE Health and NSW Government objectives as outlined in A New Direction for Hunter New England – Health Service Strategic Plan Towards 2010, HNE Health Clinical Services Plans and, the NSW Health State Plan and other key NSW Health planning strategies.

Key stakeholders to be consulted in the planning process were divided into two groups; internal stakeholders employed by HNE Health and involved in the delivery of public health services and, external stakeholders who provide complimentary services or who have frequent interactions with public health services (Attachment 14.2). Consultations were undertaken by group meetings, one on one meetings, teleconferences and survey questionnaires. All HNE Health Area Clinical Networks and Streams were invited to have input into the process.

In all, approximately 99 people attended consultations and 22 survey questionnaires were completed.

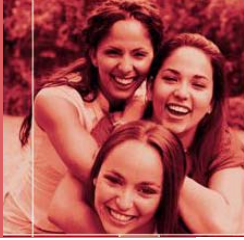
Submissions were also received from the UNE School of Rural Medicine and JMP Tablelands Clinical School.

Two workshops were held with the Steering Committee to review challenges and issues raised and to develop the recommendations for the Health Services Plan.

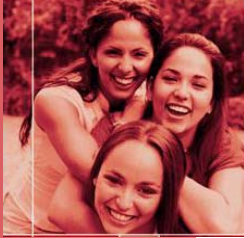
Consultation Outcomes

A Consultation Issues and Challenges Summary Paper was prepared and is included as Attachment 14.3. The issues raised covered many aspects of service delivery within the hospital and community settings. Major issues included:

- Workforce sustainability, recruitment and retention across all parts of the medical, nursing and allied health workforces and other support services
- Capacity of the Armidale Health Services to support staff with ongoing skills maintenance, skills development, and the teaching for new graduates and students on clinical placements
- Generalist nature of the rural hospital and the transition to the new specialist management model and its impact on support services



- Service gaps in adolescent mental health, gynaecology, paediatric physiotherapy and clinical pharmacy
- Increasing service demand for emergency services, community based services, chronic disease management, nutrition and diabetes education, mental health and dual diagnosis and, drug and alcohol services
- Anecdotally many GPs: are referring patients away from Armidale acute and community health services as the services are either not available or have long waiting lists; have a perception that due to the budgetary constraints services are being curtailed at the hospital; and, perceive the ICU/ HDU needs more resources to maintain Level 4 role delineation
- Difficulty in accessing Mental Health services and issues with safe assessment and managing transfers of acute mentally ill patients.
- Limited availability of outpatient clinic space, offices and meeting rooms, tutorial space and overnight accommodation for staff and relatives
- Poor discharge planning and fragmentation of service delivery
- Requirements of special needs groups: Aboriginal people, older people, and adolescents not being met
- Impact of the Garling Report recommendations, and implementation of the Caring Together Health Action Plan for NSW
- Varying networking arrangements for different services
- Impact of the Joint Medical Program.



Section Four: Strategic Directions

The Armidale Health Services Plan (HSP) has been developed to align with the strategic directions of NSW Health and HNE Health. This section provides an overview of the relevant State and HNE Health policies and plans that have been considered in the development of the Armidale HSP.

Investing in a Better Future: NSW State Plan

The NSW State Government's NSW State Plan (2009) has established clear priorities to guide Government decisions and funding for the next three years. The NSW State Plan highlights the following health priorities:

- Improving and maintain access to quality healthcare in the face of increasing demand
- Improving survival rates and quality of life for people with potentially fatal or chronic illness
- Improving health in the community
- Reducing potentially preventable hospital admissions
- Improving mental health outcomes.

Caring Together: The Health Action Plan for NSW

Caring Together: The Health Action Plan for NSW (2009)^{iv} is the NSW Government's response to the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (Garling Report). There are 6 major strategy areas:

- Creating Better Experiences for Patients
- Safety
- Education for Future Generations
- New Ways of Caring
- Strengthening Local Decision Making
- Monitoring Our Progress.
- HNE Health is responding to the recommendations in the Caring Together Health Action Plan.

The State Health Plan: A New Direction for NSW: Towards 2010

The State Health Plan: A New Direction for NSW Towards 2010^v and Future Directions for Health in NSW – Towards 2025^{vi} set the direction for the development and delivery of health services across NSW.

NSW Health's Vision is Healthy People – Now and in the Future. To achieve the vision the following four goals are critical:

- To keep people healthy
- To provide the health care that people need
- To delivery high quality services
- To manage health services well.



Seven strategic directions underpinning health and health service delivery are identified:

- i) Make prevention everybody's business
- ii) Create better experiences for people using the health system
- iii) Strengthen primary health and continuing care in the community
- iv) Build regional and other partnerships for health
- v) Make smart choices about the costs and benefits of health services
- vi) Build a sustainable health workforce
- vii) Be ready for new risks and opportunities.

The goals and strategic directions have informed the Armidale Health Services planning process. In particular, the need to build a sustainable workforce to ensure the high quality health services continue to be delivered for the Armidale and surrounding communities is a key strategy of the Services Plan.

NSW Health Rural Health Plan (2002)

The NSW Health Rural Health Plan (2002)^{vii} highlights the following strategies:

- Attracting and keeping doctors, nurses and allied health professionals in rural communities
- Securing the future of rural hospitals
- Making health services more accessible for rural people
- A voice for rural NSW

An outcome of this plan is the recognition of Tamworth as a major rural referral hospital with the commencement of services such as cardiac diagnostic and interventional services and the proposal to enhance cancer services including radiotherapy.

NSW Health Integrated Primary and Community Health Policy 2007-2012

The NSW Health Integrated Primary and Community Health Policy (2007)^{viii} highlights the interrelationships between primary health and community health care.

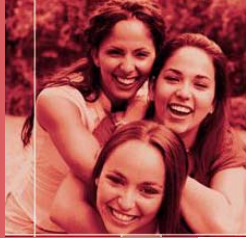
The Policy has the following priorities for action:

- Integrated service planning and service delivery
- Improved models of care
- Stronger partnerships
- Improved workforce capability
- Enhanced information management and research
- For Armidale Health Services effective integration will improve chronic disease management in the community, reduce the demand for inpatient care, provide early intervention and improve coordination of ongoing care and treatment.

Hunter New England Health Strategic Directions

'A New Direction for Hunter New England – Health Service Strategic Plan Towards 2010 (2007)'.

This Plan is the Area's overarching strategic document outlining the Area's corporate vision, objectives and strategic initiatives for the next 5-10 years. The Plan aims to build on the strengths of the organisation and further develop the capability of HNE Health into the future.



The HNE Health Service Strategic Plan reflects priorities identified in the NSW State Plan and is closely aligned to the NSW State Health Plan. The Plan outlines specific initiatives to be implemented to ensure high quality health services that are responsive to the needs of health consumers and the community continue to be provided.

HNE Health Area Healthcare Services Plan (2006)

This Plan is the Area's highest level services planning document. It outlines the direction of clinical services development and delivery across the Hunter New England area over the next 5-10 years. The Plan presents details of the directions and development of clinical services across HNE Health, and the clinical services delivered within the Area's geographic clusters.



Section Five: Armidale Health Services Future Directions

The rural nature of Armidale and the surrounding communities has been a major consideration in the development of this Plan. Health service delivery is significantly impacted by rurality. In rural locations health professionals are more likely to have broader, more generalist roles. Services provided may be part of a hub and spoke model, with services provided from a larger centre as outreach to smaller centres. There is a greater reliance on visiting services, telehealth and networking of services to ensure appropriate access to services to meet community needs.

Armidale Health Services will continue to provide services to meet the health needs of the communities within its rural catchment areas. Future service directions address the challenges of providing health care in these rural settings.

Consultations conducted as part of the Plan's development have provided significant information about current services and proposals for future service delivery. The following future directions have been developed from the Consultation Issues and Challenges Summary Paper (see Attachment 14.2) and align with the Policy Directions of NSW Health and HNE Health strategic directions described in the previous section.

Patient centred care

NSW Health's Caring Together Health Action Plan emphasises that the purpose of the health system is caring for patients. The aim for Armidale Health Services is to ensure that all care provided is patient centred.

Safe and quality service delivery consistent with the role delineation

NSW Health is committed to a health system that provides safe, high quality health care for everyone in the community. Armidale Health Services will continue to strive to ensure safe and quality service delivery. Proposed clinical governance structures will assist in this process.

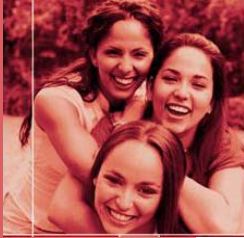
The NSW Health Guide to the Role Delineation of Health Services^{ix} describes role delineation level based on the complexity of the clinical activity undertaken by a service. The role delineation review process determines the support services, staff profile, minimum safety standards and other requirements provided to ensure that clinical services are delivered safely and are supported. Services delivered at Armidale Health Services will be provided in accordance with the delineated role for each service.

Better service coordination

Health services are complex. Armidale Health Services will implement strategies and processes to assist patients in their journey and ensure care is seamless. The focus will be on integrated care planning with multidisciplinary teams, discharge planning and enhancing communication between service providers.

Improved access to services

Access to health services needs to be equitable. No matter where a person enters the health system Armidale Health Services will ensure access to treatment in a setting that is most appropriate to the patient's condition. Services will provide a full range of generalist services locally, and network with other higher level services to ensure access to more specialised services. As well, Armidale Health Services will continue to provide outreach services and clinical support to smaller centres.



Enhanced partnerships and networking.

A key focus area for HNE Health is engaging external partners and enhancing internal networking to improve the health of the community.

Armidale Health Services are fortunate to have multiple external partners such as the New England Division of General Practitioners (NEDGP), Pat Dixon Medical Centre, Armidale Private Hospital and the UNE to enhance access to health care for the community. Armidale Health Services will continue to work in partnership with these services.

HNE Health has established a number of Area Clinical Networks and Streams that will enable the consolidation of service delivery and ensure that appropriate clinical supports are in place for the delivery of safe evidence based healthcare.

Armidale Rural Referral Hospital is in a unique position with formal networks established with Tamworth Rural Referral Hospital. A single General Manager and joint Executive Management Committee will strengthen service delivery for the benefit of Armidale and surrounding communities.

The Joint Medical Program (JMP) is a partnership between the Universities of Newcastle and New England, the HNE Health Service and the Northern Sydney Central Coast Area Health Service. The implementation of this program at UNE provides Armidale with significant opportunities to consolidate and enhance the medical workforce.

Strengthen and maintain a sustainable workforce

Rurality is a significant factor in being able to attract, recruit and retain staff. NSW Health recognises that one of the most critical issues facing rural communities is the ability to attract and keep health professionals.

HNE Health is committed to attracting and retaining high quality staff and to developing competence, capability, individual accountability and performance within the workforce. Armidale Health Services are reliant on a competent, skilled workforce.

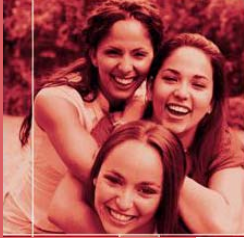
Armidale Hospital is transitioning to a medical management structure that has staff specialists and Visiting Medical Officers (VMOs) supported by junior staff (registrars and residents). It is anticipated that this model will provide sustained medical support for the hospital and enable vertical integration for medical services. It will consolidate service delivery and provide ongoing training and career path structure similar to that found in larger hospitals.

The introduction of the JMP is based on the premise that students are more likely to remain in a rural setting if their training has been within a rural setting. Evidence also suggests that students from rural locations may stay working in those locations if training opportunities are available and social networks are strong.

The introduction of clinical education at the hospital will provide ongoing education support for medical, nursing and allied health staff and assist in the maintenance and development of skills.

Strengthen education and research

Ongoing training and professional development is essential to ensure competent, capable staff. Armidale Health Services will participate in the training of the future health workforce by providing clinical placements for nursing and allied health students from a



number of Universities. Armidale Hospital and other facilities in the Tablelands Cluster will provide clinical placements for students of the JMP. (It is important to note that the number of clinical placements will be appropriate to the capacity of the facility to support student placements).

Focus on primary health and continuing care in the community

Acute inpatient (hospital) services form one part of the continuum of care. This plan aims to deliver a balanced service profile across all components of the care continuum. To this end Armidale Health Services will enhance the delivery of primary care and continuing care in the community.

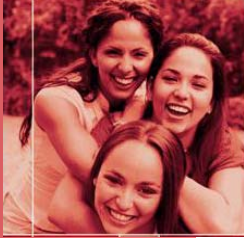
Armidale Health Services are already providing greater community based support particularly to older patients and those who suffer from chronic and complex problems. Armidale Community Health Services are introducing a Transitional Care Program and applying for Community Acute Post Acute Care (CAPAC) funds for a multidisciplinary health care team to provide acute and subacute care for people in their homes.

Strengthen ambulatory care

Increasingly health services are being provided on an ambulatory care basis. This service delivery model improves the management of resources in maximising the health benefit; however, there are significant challenges in providing ambulatory care in a rural setting. Armidale Health Services will support an increased focus on ambulatory care by providing patients, carers and families with more accommodation options, supported travel arrangements and effective partnerships with other services providers.

Cost effective delivery of care

Armidale Health Services will prioritise and allocate resources to best meet the health needs of the community. The Networks and Streams link health professionals and organisations from primary, secondary and tertiary care settings and represent: cancer services, cardiac services, diabetes services, maternity and women's health services, orthopaedic services, palliative care service, renal services, respiratory services and stroke services.



Section Six: Governance

Organisation Governance

To ensure effective management of services, HNE Health is divided into eight geographical clusters. Community health services provided in Armidale and the surrounding communities are within the Tablelands Cluster while Armidale Rural Referral Hospitals are part of HNE Health's Acute Hospitals Network. The Network encourages the development of professional links between doctors, nurses and allied health professionals at the tertiary referral hospital and rural referral hospitals. This arrangement provides stronger support for rural clinicians and better access for rural people to the wide range of hospital services available in the Hunter New England area.

At a local level Armidale Hospital and Community Health Services work in partnership to ensure the holistic provision of services across the continuum of care.

Within HNE Health, Armidale Hospital is considered a Rural Referral Hospital. Tamworth and Armidale Rural Referral Hospitals have a shared governance structure i.e. a single General Manager and joint Executive Management Committee with a Service Manager at the each site. Decisions regarding clinical service provision and delivery consider services provided and demand for services across the two sites. This arrangement has supported the provision of more specialised services at either one of the hospitals and higher levels of a range of services across both sites including critical care, acute stroke management, renal, palliative care and cancer/oncology services.

Community Health Services are managed by the General Manager of the Tablelands Cluster. Mental Health, Drug and Alcohol, Pharmacy, Imaging, Pathology, Aboriginal Health, Population Health and Cancer Services are Area wide services.

Armidale Hospital is supported by NSW Health Support Services.

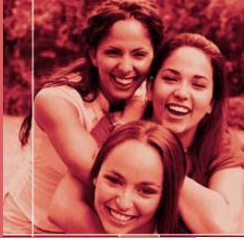
Clinical Governance

Clinical Governance is a framework that ensures clinical staff and managers share accountability for quality of patient care and standards of care delivery.

In HNE Health, Clinical Governance functions as an Area-based service, supporting all HNE Health facilities and services with expertise to promote quality and clinical practice improvement. Key quality and safety functions include policy development and implementation, incident management, complaints management, clinical audit and risk management. Specific clinical initiatives include Infection Prevention and Control, Quality Use of Medicines, Blood Transfusion Improvement Program, Patient Identification and Clinical Communication.

To support local programs, a Patient Safety Officer is assigned to work with Armidale Health Services to review serious incidents and provide related quality and safety support. There are also designated Accreditation Coordinators to support Armidale Health Services accreditation review and implementation of recommendations, specifically from Australian Council on Healthcare Standards (ACHS) accreditation

In 2009, HNE Health completed a review of the Area's Clinical Governance Framework. The consultations undertaken as part of the development of the Armidale Health Services Plan support local review of systems for safe and quality service delivery, consistent with role delineation and in collaboration with Clinical Governance.



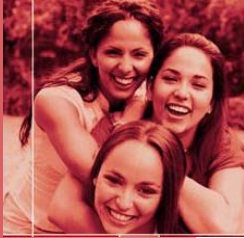
In relation to local clinical governance committee structures, the Armidale Hospital Quality and Patient Safety Committee is a subcommittee of the Tamworth and Armidale Hospital's Combined Quality and Patient Safety Committee.

For Armidale Community Health Services there are clinical governance committees that form part of the larger Tablelands Cluster and committees that are Armidale Community Health site specific. The Tablelands Cluster structure includes the Tablelands Executive, the Tablelands Cluster Patient Safety and Quality Committee and Northern Multicultural Access Committee. The Armidale Community Health Services site meetings include Staff Consultative Meetings, Occupational Health and Safety Committee and Nursing Staff meetings.

Armidale Community Health Services participate in numerous meetings to ensure that their services are meeting the needs of the local community. Some examples of these meetings include: Community Care; Tablelands Transport; Emergency Management; Interagency; New England Division of General Practice and, Aboriginal Medical Service Partnership.

Recommendations

- Following the Area review of the Clinical Governance Framework, ensure support and guidance is available for facility managers to address local clinical governance issues and processes
- Enhance the current model of medical clinical peer review at Armidale and across Tablelands and McIntyre Clusters
- Strengthen multidisciplinary review of patient care and models of service to enhance safe delivery of evidence based practice



Section Seven: Current and future Health Services

Armidale Hospital and Community Health Services provide services over the health care continuum from health promotion, prevention and protection, primary health care and ambulatory care to acute inpatient care, rehabilitation and palliation.

The Role of a Rural Referral Hospital in HNE Health is to:

- Provide the majority of higher acuity acute care in rural Hunter New England
- Provide 24/7 emergency care with sufficient capacity to manage emergency and planned admissions appropriately and in a timely manner
- Act as a base for local specialists to provide clinical support for District Health Services and to general practitioners via outreach and consultation services
- Where appropriate, provide sub-specialisation and more specialised services including specialised heart diagnosis and treatment services, radiotherapy and other special cancer services
- Act as a hub for rural acute service networks
- Network with tertiary services, district health services, Area Clinical Networks and Streams, and Primary and Community Health Services to ensure care is patient-centred, integrated and coordinated across the care continuum
- In partnership with NSW Ambulance, have in place protocols for the effective assessment, management and transfer of acutely ill patients

Armidale Hospital is recognised within HNE Health as having a rural referral role for the Tablelands Cluster and some parts of the McIntyre Cluster. NSW Health classifies Armidale Hospital as a District Level 1 facility. Armidale Hospital provides critical care, medical, surgical, obstetric, paediatric, rehabilitation, sub acute mental health and renal dialysis services to its primary and referral catchment population. Armidale Hospital provides mainly Level 3 to Level 4 services according to the NSW Health Guide to the Role Delineation of Health Services^x and

the Rural Companion Guide to the Role Delineation of Health Services^{xi}. A recent review of the role delineation has suggested an increase in the role level in a number of services to reflect changes in service delivery, (refer to Attachment 14.5). Changes in the role delineation level have occurred for general medicine, endocrinology, medical oncology, neurology, radiation/ medical oncology, renal medicine, respiratory medicine, general surgery, gynaecology, paediatric medicine, adult mental health inpatient and community and child /adolescent mental health inpatient and community. Coronary care and emergency medicine role delineation have also increased supported by networking with higher level services.

As of February 2009 Armidale Rural Referral Hospital has 72 acute overnight beds including eight Mental Health beds at the Clark Centre, 10 subacute overnight beds, 10 day only beds and 36 trolleys, chairs and bassinets.

Table 7 presents current and proposed beds and chair based therapy capacities for Armidale Rural Referral Hospital to meet projected service demand and models of care described in this Health Services Plan.



Table 7: Armidale Hospital Beds, Chairs and Places, as at February 2009 and proposed to 2021.

Beds / Chairs / Units	Existing as at February 2009	Proposed to 2021⁵
Acute Overnight		
Adult Surgical	22	22
Adult Medical	16	32
Paediatric	8	5
Special Care Nursery ¹	2	2
Maternity ²	11	6
ICU/HDU/CCU	5	5
Mental Health (Clark Centre)	8	†
Total Acute Overnight	72	72
Subacute Overnight		
Palliative Care	2	2
Rehabilitation / Maintenance	8	14
Total Subacute	10	16
Day Only³		
Mixed Medical/Surgical	10	13
Medical Day Chairs	2	2
Total Day and Extended Day	10	13
Total Beds	92	101
Health Delivery Units/Chair Based Therapies		
Operating Theatres	2	2
Procedure Rooms	1	1
Recovery Places ⁴	3	4
Birthing Suites	2	2
Bassinettes	11	10
Emergency Resuscitation Treatment Bays	2	2
ED places	6	11
Chemotherapy (Chairs)	4	6
Renal (Chairs)	6	6
Dental (Chairs)	4	4

Source: HNE Health Performance Unit 2009.

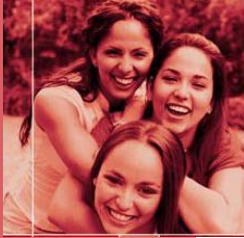
Notes:

1. Does not include bassinettes (as these simply relate to sleeping arrangements for well babies)
2. LDRPS are included in the Maternity Bed Count, Birthing Suites (Delivery Rooms) are not included in the bed count, Gynaecology is not included in the bed count.
3. Includes day surgery, day medical e.g. haematology beds/ chairs etc.
4. Recovery Places - Specifically related to number of operating theatres and procedure rooms.
5. Proposed - Existing beds / services + additional beds / services per Clinical Services Plan.

Recommendations

- As part of annual operational processes, develop strategies to manage the transition to the recommended service profile required to meet community needs by 2021

† As per Mental Health plan



Inpatient Activity for 2007/08

In 2007/08 there were a total of 8,518 inpatient separations at Armidale Rural Referral Hospital.

Acute activity accounted for 6,022 separations. Day only acute activity made up 33% of total acute activity, surgical and procedural specialities accounted for 56% of acute separations and medical specialities 44% of all acute separations. Medical specialties with the highest activity were cardiology 8.5% (502), gastroenterology (includes gastroscopy) 6.2 % (368) and respiratory medicine 6.2% (366).

Surgical specialities with the highest activity were orthopaedics (13.3%), non sub-speciality surgery (5.5%), diagnostic GI endoscopy (5%) and ophthalmology (3.0%).

Table 8 shows the average length of stay for patients at the Armidale Hospital in 2007/08 was 3.6 days. The shortest stays were for the younger age groups with the patients in the +85 year age group having an average length of stay of six days. This difference reflects the higher incidence of co-morbidities in older persons and the care required prior to discharge. The age group 65 - 84 years had the highest number of separations (28%) and beddays (36%).

Table 8: Armidale Hospital Activity by Age Group, 2007/08

Age Group	Separations	Bed days	Length of Stay	Percentage of Separations	Percentage of beddays
00-19 years	994	2,305	2.3	16%	10%
20-24 years	317	855	2.7	5%	4%
24-44 years	1,408	4,205	3.0	22%	18%
44-64 years	1,554	5,205	3.3	24%	23%
65-84 years	1,793	8,282	4.6	28%	36%
85 + years	336	2,007	6.0	5%	9%
Total	6,402	22,859	3.6	100%	100%

Source: FlowInfo v 9.3. All patient groups. Excludes Chemotherapy, renal dialysis, unqualified neonates and unallocated separations.

Day Only and Overnight Activity

Table 9 shows the trend in day only and overnight separations at Armidale Hospital for the period 2004/05 to 2007/08. Over this period day only activity has decreased by 7.3% (158 separations) while overnight separations increased by 5.2% (200 separations). Overnight beddays increased by 3% (485 days).

The highest proportions of day only activity were for other colonoscopy, glaucoma and lens procedures and other haematology. Activity for gastroscopy, dental and gynaecological procedures declined over the four year period possibly due to some endoscopy procedures being undertaken on an outpatient basis e.g. gynaecology.

The proportion of day only as a total of all acute separations has decreased from 36.3% in 2004/05 to 33.4% of total activity in 2007/08. For NSW day only activity was 38.7% for 2007/08.

The highest proportions of overnight activity were for obstetrics, orthopaedics, non subspecialty medicine, chest pain and respiratory medicine. Activity for other orthopaedics - surgical, other non subspecialty medicine, chest pain and caesarean delivery has increased over the four year period.

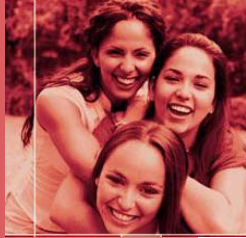


Table 9: Armidale Hospital Day Only and Overnight Acute Activity, 2004/05 - 2007/08.

Activity	2004/05	2005/06	2006/07	2007/08	% Change
Day Only Seps	2,168	2,063	2,180	2,010	-7.3
Overnight(s) Seps	3,812	3,695	4,056	4,012	5.2
Total Separations	5,980	5,758	6,236	6,022	0.7
Overnight(s) Beddays	16,124	14,922	16,450	16,609	3.0
Total Beddays	18,292	16,985	18,630	18,619	1.8
Proportion Day Only	36.3	35.8	35.0	33.4	-7.9
Length of Stay	4.2	4.0	4.1	4.1	-2.1

Source: FlowInfo V9.3. Day Only and Overnight Acute Only. Excludes renal dialysis, chemotherapy, unqualified neonates and unallocated.

Patient Inflows

Table 10 identifies the place of residence of patients being treated at Armidale Hospital for the period 2004/05 to 2007/08. Admissions for the residents of the primary catchment increased by 3.6% and for residents of the referral catchment by 13.4%. Increased separations for residents of Glen Innes and Inverell may be due to the difficulties experienced in providing on call medical cover at these sites.

For 2007/08, the majority of admissions to Armidale Rural Referral Hospital were for residents from the primary (64.2%) and referral (30%) catchments. Residents from other SLAs in HNE Health accounted for 3.3% of admissions whilst 2.5% came from outside Hunter New England.

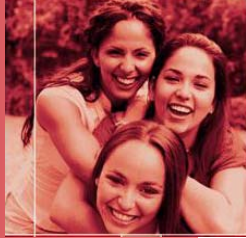


Table 10: Armidale Hospital Place of Residence, All Separations, 2004/05–2007/08

Place of Residence (SLA)	2004/05	2005/06	2006/07	2007/08	% Change
Armidale Dumaresq - City	4,263	4,016	4,246	4,219	-1.0
Armidale Dumaresq Bal	166	236	216	249	50.0
Uralla	855	775	919	1,008	17.9
Subtotal Primary catchment	5,284	5,027	5,381	5,476	3.6
Glen Innes	390	540	667	715	83.3
Guyra	498	569	602	627	25.9
Inverell - Pt A	71	61	81	80	12.7
Inverell - Pt B	292	243	389	390	33.6
Severn	167	313	320	298	78.4
Tenterfield	117	133	182	206	76.1
Walcha	256	246	215	229	-10.5
Subtotal Primary and Referral catchments	7,075	7,132	7,837	8,021	13.4
Tamworth	46	54	73	82	78.3
Narrabri	22	13	20	31	40.9
Gunnedah	18	12	14	20	11.1
Parry - Pt A	14	<5	7	13	-7.1
Parry - Pt B	13	22	27	20	53.8
Moree Plains	12	26	31	26	116.7
Bingara	7	20	14	14	100.0
Manilla	6	5	10	16	166.7
Remainder HNE Health	32	27	64	64	100.0
Subtotal HNE Health	7,245	7,315	8,097	8,307	14.7
Bellingen	25	29	25	19	-24.0
Coffs Harbour	11	13	17	17	54.5
Stanthorpe	9	9	21	15	66.7
Remainder	161	142	182	160	-0.6
Grand Total	7,451	7,508	8,342	8,518	14.3

Source: FlowInfo v.9.3. Patient groups: acute, subacute and non-acute.

Note: Armidale's primary catchment area is defined for this Plan as the SLA of Armidale Dumaresq and Uralla. The referral catchment is Glen Innes Severn, Guyra, Inverell, Tenterfield and Walcha.

Table 11 shows the top 20 inflows by Service Related Group (SRG) to Armidale Rural Referral Hospital from outside its primary and referral catchments. (Inflows are people who reside outside the boundaries of HNE Health but come for treatment at HNE Health facilities). The highest proportion of inflows was for Orthopaedics.

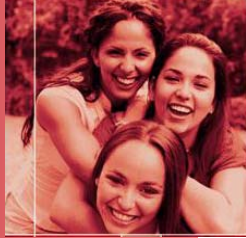


Table 11: Armiale Hospital Top 20 Inflows by SRG, 2004/05 and 2007/08

SRG	2004/05	2007/08	% Change
Orthopaedics	102	150	47.1
Non Subspecialty Surgery	36	38	5.6
Cardiology	30	35	16.7
Ophthalmology	23	27	17.4
Respiratory Medicine	14	27	92.9
Obstetrics	15	25	66.7
Neurology	14	14	0.0
Gynaecology	5	13	160.0
Immunology and Infections	7	10	42.9
Upper GIT Surgery	6	9	50.0
Definitive Paediatric Medicine	6	8	33.3
Diagnostic GI Endoscopy	9	8	-11.1
Gastroenterology	8	8	0.0
Endocrinology	0	6	N/A
Non Subspecialty Medicine	7	6	-14.3
Plastic and Reconstructive Surgery	5	6	20.0
Psychiatry - Acute	5	6	20.0
Urology	8	6	-25.0
Ear, Nose and Throat	<5	5	N/A
Renal Medicine	0	5	N/A

Source: FlowInfo v.9.3. Patient group: acute. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations.

Urgency of Admission

Table 12 presents urgency of admission data for Armidale Hospital for the period 2004/05 to 2007/08. Over that time, emergency admissions have increased by 12% and planned admissions have decreased by 13.5%. In 2007/08, 58.5% were emergency admissions and 41.5% were planned admissions.

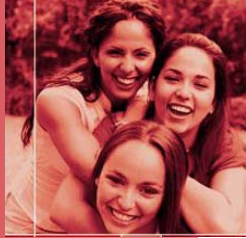
Table 12: Armidale Hospital Urgency of Admission, 2004/05-2007/08

Urgency of Admission	2004/05	2005/06	2006/07	2007/08	% change
Emergency	3,348	3,254	3,674	3,745	12%
Planned	3,073	2,884	2,886	2,657	-13.5%
Total	6,421	6,138	6,560	6,402	0.3%

Source: Flowinfo v.9.3. All patient groups. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations

Patient Outflows from Armidale Hospital Primary and Referral Catchment SLA

Table 13 shows outflows of people who reside in Armidale Hospital's primary and referral catchments to facilities outside of HNE Health for the period 2004/05 to 2007/08. Whilst there has only been a total 1% increase in outflows to out of area hospitals, flows to Coffs Harbour (44%) and Port Macquarie (78.3%) have significantly increased, while flows to Bonalbo have decreased by 15.7%. These outflows probably reflect the population accessing the nearest hospital to where they live.



People from the primary and referral catchments also receive treatment at major Sydney hospitals. Flows to Sydney metropolitan hospitals may reflect historical referral patterns and more timely access to specialist tertiary services. Flows to Sydney Children's Hospital and Westmead have increased by 59.7% and 90% respectively, while flows to St Vincent's Hospital have decreased by 38.2%.

In 2004/05 there were 717 (28%) outflows of residents of the Armidale primary and referral catchments to Sydney metropolitan hospitals. In 2007/08 this had decreased to 643 (25%).

Table 13: Out of Area flows for residents of Armidale Primary and Referral Catchments, 2004/05-2007/08.

Hospital	2004/05	2005/06	2006/07	2007/08	% Change
Bonalbo	331	288	284	279	-15.7
Casino	94	103	113	98	4.3
Children's Hospital Westmead	81	62	55	74	-8.6
Coffs Harbour	50	79	76	72	44.0
Lismore	331	336	370	386	16.6
Port Macquarie	23	41	46	41	78.3
Prince of Wales	46	42	21	35	-23.9
Royal for Women	31	17	11	12	-61.3
Royal North Shore	116	107	114	113	-2.6
Royal Prince Alfred	64	70	60	48	-25.0
St. Vincent's - Public	246	234	179	152	-38.2
Sydney Children's	67	86	80	107	59.7
Sydney/Sydney Eye	26	24	34	26	0.0
Unidentified Queensland Hospital	593	624	639	676	14.0
Westmead (all)	40	50	81	76	90.0
Other	438	402	275	409	-6.6
Total	2,577	2,565	2,438	2,604	1.0

Source: FlowInfo v.9.3. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations.

Table 14 lists the top 20 SRGs for residents of Armidale Hospital's primary and referral catchments who received treatment at public facilities outside of HNE Health for the period 2004/05 to 2007/08. Admission for neurosurgery (51.2%), vascular surgery (41.5%) and respiratory medicine (26.2%) increased, while admission for interventional cardiology (-35%) and gynaecology (-38%) decreased. The decrease in interventional cardiology outflows may be related to increased utilisation of local networks (Tamworth RRH and John Hunter Hospital).

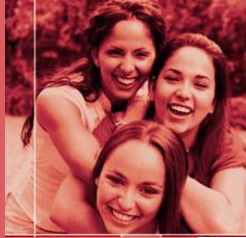


Table 14: Top 20 Outflow separations for residents of Armidale's Primary and Referral Catchment areas by SRG, 2004/05-2007/08.

SRG	2004/05	2005/06	2006/07	2007/08	% Change
Orthopaedics	219	245	238	240	9.6
Non Subspecialty Surgery	197	193	214	189	-4.1
Respiratory Medicine	122	137	179	154	26.2
Cardiology	142	128	157	153	7.7
Gastroenterology	124	139	136	130	4.8
Interventional Cardiology	183	151	124	119	-35.0
Neurology	103	94	103	118	14.6
Obstetrics	116	128	124	111	-4.3
Diagnostic GI Endoscopy	77	53	76	93	20.8
Urology	84	87	89	90	7.1
Ear, Nose and Throat	72	62	63	81	12.5
Non Subspecialty Medicine	89	107	79	81	-9.0
Plastic and Reconstructive Surgery	83	90	74	77	-7.2
Immunology and Infections	66	51	69	75	13.6
Vascular Surgery	53	55	71	75	41.5
Gynaecology	118	84	103	73	-38.1
Ophthalmology	54	64	84	70	29.6
Haematology	55	84	64	63	14.5
Neurosurgery	41	51	58	62	51.2
Definitive Paediatric Medicine	52	48	32	61	17.3

Source: FlowInfo v.9.3. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations.

Intra Area Flows

Table 15 shows intra-area flows for residents from Armidale Hospital's primary and referral catchments to other facilities within HNE Health. The majority of intra-area flows were to hospitals in close proximity to Armidale - Inverell, Glen Innes and Tamworth Hospitals. Intra-area flows have decreased in total by 6.6% over the period 2004/05 - 2007/08. The decrease has mainly been in flows to the smaller facilities such as Inverell, Tenterfield, Walcha and Guyra Hospitals. This could represent an increase in Armidale Hospital's self sufficiency or reflect the impact of outreach clinics to the smaller hospitals.

Intra area flows have increased to Manning, Newcastle Mater, John Hunter and Tamworth Hospitals.



Table 15: Intra-area Flows for Residents of Armidale Hospital's Primary and Referral Catchment Areas, 2004/05-2007/08 (excluding Armidale Hospital)

Hospital	2004/05	2005/06	2006/07	2007/08	% Change
Inverell	3,093	3,065	2,769	2,737	-11.5
Glen Innes	1,619	1,583	1,686	1,640	1.3
Tamworth	1,147	1,143	1,194	1,220	6.4
Tenterfield Prince Albert	718	738	720	579	-19.4
John Hunter	237	261	302	368	55.3
Walcha	393	414	368	347	-11.7
Guyra	419	362	305	268	-36.0
Manning	8	9	63	38	375.0
Newcastle Mater	18	37	28	28	55.6
Other HNE Health hospitals excl. Armidale	291	245	250	191	-34.4
Total	7,943	7,857	7,685	7,416	-6.6

Source: FlowInfo v.9.3. Patient group: acute, subacute and non-acute, psychiatric. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations.

Table 16 shows the top 20 SRGs of Armidale Hospital's primary and referral catchment population requiring treatment at public facilities elsewhere in HNE Health.

Those SRGs showing an increase in intra-area flows included definitive paediatric medicine, ear nose and throat, urology, obstetrics and non-subspecialty medicine. SRGs showing a decrease in intra area flows include diagnostic GI, non-subspecialty surgery and orthopaedics.

Table 16: Top 20 SRGs for Intra-area Flows for Residents of Armidale Hospital's Primary and Referral Catchment Areas, 2004/05-2007/08 (excluding Armidale Hospital)

SRG	2004/05	2005/06	2006/07	2007/08	% Change
Cardiology	720	650	720	715	-0.7
Obstetrics	540	567	587	583	8.0
Respiratory Medicine	598	506	537	564	-5.7
Non Subspecialty Surgery	660	639	561	543	-17.7
Orthopaedics	570	559	535	504	-11.6
Gastroenterology	532	497	522	497	-6.6
Non Subspecialty Medicine	326	359	370	350	7.4
Neurology	343	395	345	339	-1.2
Psychiatry - Acute	348	336	389	326	-6.3
Urology	269	328	313	291	8.2
Diagnostic GI Endoscopy	334	345	159	238	-28.7
Immunology and Infections	205	221	230	215	4.9
Gynaecology	190	194	205	177	-6.8
Ophthalmology	159	145	147	158	-0.6
Renal Medicine	164	176	167	145	-11.6
Drug and Alcohol	142	161	132	143	0.7
Definitive Paediatric Medicine	112	126	133	137	22.3
Ear, Nose and Throat	120	125	151	135	12.5
Colorectal Surgery	141	128	115	126	-10.6
Endocrinology	147	150	169	126	-14.3

Source: FlowInfo v.9.3. Patient group: acute, subacute and non-acute, psychiatric. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations.



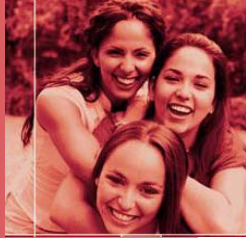
Private Hospital Activity

Table 17 presents data on private hospital admissions for people from Armidale Hospital's primary and referral catchments. For the period 2004/05 to 2007/08, both private day procedure (32%) and overnight separations (8.2%) increased. For Day Procedure Hospital separations the largest increases were for ophthalmology (195%) and gynaecology (22%). For overnight separations the largest increases were for neurosurgery (67%), upper GIT surgery (66%) and head and neck surgery (53.3%). There were decreases in separations for breast surgery (35.5%) and cardiology (29.7%).

Table 17: Private Hospital Separations (Same Day and Overnight) for Residents of Armidale Hospital's Primary and Referral Catchment Areas, 2004/05-2007/08

SRG	2004/05	2005/06	2006/07	2007/08	% Change
Ophthalmology	43	60	98	127	195.3
Gynaecology	63	68	65	77	22.2
Diagnostic GI Endoscopy	30	43	33	33	10.0
Plastic and Reconstructive Surgery	31	40	32	32	3.2
Gastroenterology	31	24	29	23	-25.8
Orthopaedics	15	8	6	13	-13.3
Others	39	27	25	29	-25.6
Total	252	270	288	334	32.5
Orthopaedics	532	496	525	557	4.7
Diagnostic GI Endoscopy	395	386	414	430	8.9
Ophthalmology	233	195	263	275	18.0
Respiratory Medicine	303	251	244	244	-19.5
Dentistry	205	220	249	240	17.1
Urology	191	179	195	231	20.9
Gynaecology	144	153	146	167	16.0
Gastroenterology	141	118	155	164	16.3
Non Subspecialty Surgery	146	130	146	143	-2.1
Non Subspecialty Medicine	116	120	146	140	20.7
Ear, Nose and Throat	101	98	104	132	30.7
Interventional Cardiology	79	81	73	98	24.1
Plastic and Reconstructive Surgery	84	76	87	86	2.4
Upper GIT Surgery	50	57	64	83	66.0
Medical Oncology	63	45	45	61	-3.2
Vascular Surgery	50	48	45	53	6.0
Neurosurgery	28	37	36	47	67.9
Colorectal Surgery	51	57	59	38	-25.5
Obstetrics	22	18	18	30	36.4
Cardiology	37	38	31	26	-29.7
Neurology	33	40	32	24	-27.3
Head and Neck Surgery	15	15	19	23	53.3
Breast Surgery	31	21	31	20	-35.5
Renal Medicine	15	15	24	16	6.7
Endocrinology	13	20	9	15	15.4
Cardiothoracic Surgery	12	12	15	15	25.0
Others	63	66	55	53	-15.9
Total	3,153	2,992	3,230	3,411	8.2
Grand Total	3,405	3,262	3,518	3,745	10.0

Source: FlowInfo v.9.3. Patient group: acute. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations



Acute Public Inpatient Self Sufficiency

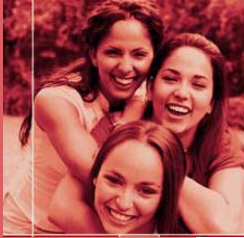
Self sufficiency is a term given to the ability of a particular hospital to meet the inpatient needs of its catchment population. Table 18 indicates that for 2007/08 Armidale Hospital had 80% self sufficiency for the primary catchment population and 20% self sufficiency for the referral catchment population.

There were 279 (5%) separations for residents of the primary catchment to Tamworth Rural Referral Hospital. These flows were across all specialities with the highest for orthopaedics, ear nose and throat and renal dialysis. Separations of 782 (7%) residents of the referral catchment were to Tamworth Rural Referral Hospital. These flows were across all specialities with the highest for orthopaedics and urology. There may be some opportunity to redirect some of these flows for both the primary and referral catchments to Armidale Hospital.

Table 18: Place of Treatment for residents of Armidale Primary and Secondary Catchments, 2007/08

AHS / Hospital	Primary Catchment	% Primary Catchment	Referral Catchment	% Referral Catchment	Total
HNE Health					
Armidale	4,881	80%	2,376	20%	7,257
Glen Innes	2	0%	1,620	14%	1,622
Guyra	8	0%	249	2%	257
Inverell	84	1%	3,017	26%	3,101
Tenterfield Prince Albert	0	0%	574	5%	574
Vegetable Creek	0	0%	29	0%	29
Walcha	6	0%	338	3%	344
Tamworth	279	5%	782	7%	1,061
John Hunter	152	3%	204	2%	356
Other HNE hospitals	80	1%	81	1%	161
North Coast AHS					
Bonalbo	0	0%	279	2%	279
Casino	2	0%	98	1%	100
Coffs Harbour	35	1%	37	0%	72
Lismore	9	0%	516	4%	525
Other North Coast	82	1%	137	1%	219
South Eastern Illawarra	102	2%	141	1%	243
Children's Hospital Westmead	32	1%	42	0%	74
Sydney Children's	72	1%	43	0%	115
Westmead (all)	36	1%	43	0%	79
Northern Sydney / Central Coast	69	1%	72	1%	141
Other AHS	82	1%	147	1%	229
Queensland Hospitals	51	1%	763	7%	814
Interstate	9	0%	20	0%	29
Public Total	6,073	100%	11,608	100%	17,681

Source: FlowInfo V9.3 Patient Group(s): Acute. No exclusions.



Medical Services

At Armidale Hospital Acute Medical Services comprise Medical and Critical Care areas including:

- A 16 general medical ward, two palliative care beds and eight rehabilitation beds
- Medical day services including a four chair day oncology unit, a six chair renal dialysis unit and two further chairs located in the oncology unit
- A five bed ICU/ HDU/CCU
- A 10 bed same day unit catering for surgical and medical procedures.

The medical management model has been transitioning since 2005 from a GP VMO model to a staff specialist model. The role of GP VMOs, however, will continue to be important in supporting a range of clinical services including mental health, maternity and emergency services. As well, Armidale Hospital's commitment to training GP proceduralists is critical to maintaining a skilled workforce and will continue into the future. Role delineation for medical services at Armidale Hospital is provided in Attachment 14.5. The 2009 role delineation review showed an increase in role delineation for general medicine, endocrinology, medical oncology, radiation oncology, and renal medicine.

Medical services at Armidale are provided as generalist services. There are 3.5 full time equivalent (FTE) general staff specialists and one FTE staff rehabilitation specialist. (As noted in the Tamworth Health Services Plan 2008 -2012, the Australian Medical Workforce Advisory Committee (AMWAC) figures indicate a requirement of 12 General Physicians to meet demand for services across the Tamworth catchment. The Tablelands Cluster (including Armidale) is part of Tamworth Hospital's referral catchment. Tamworth currently has eight full time equivalent General Physicians).

The medical staff have interests in cardiology, endocrinology, infectious disease, neurology, acute medicine, rehabilitation and geriatrics. Planning is underway to further enhance the medical workforce with an additional registrar and resident.

Medical outreach services are provided to Inverell twice weekly and to Glen Innes fortnightly. There is a need to provide an outreach service for communicable and infectious diseases.

Medical in-reach services are provided from Tamworth for renal medicine fortnightly and medical oncology services from Royal North Shore Hospital weekly.

The following Medical outpatient services are provided:

- Medical oncology - four days per month
- Paediatric oncology - four visits per year
- Staff Physician – ten days per month. Stress testing is conducted as required
- Pain Management - eight mornings per month with the anaesthetist
- Renal - two days per month
-

Interventional cardiology e.g. pacemakers, angiograms and stents are provided at John Hunter Hospital, Tamworth Hospital and Sydney metropolitan hospitals.

Table 19 shows medical activity at the Armidale Hospital for 2007/08 and future projections to 2021/22. Most medical specialties are projected to increase in activity, especially overnight separations for haematology and respiratory medicine. This could



reflect the increase age of the population. Renal medicine and drug and alcohol are projected to decrease in activity, possibly due to the ongoing promotion of healthy lifestyles.

Table 19: Armidale Hospital Adult Medical Services Separations, 2007/08–2021/22

Medical Specialty	Overnight Separations				Day Only Separations			
	2007/08	2011/12	2016/17	2021/22	2007/08	2011/12	2016/17	2021/22
Acute Definitive Geriatric Medicine	25				2			
Cardiology	446	427	465	503	47	53	69	85
Dermatology	8	7	7	7	3	5	5	5
Endocrinology	46	79	82	84	12	11	14	17
Gastroenterology	196	230	250	271	156	70	81	90
Haematology	20	90	89	88	127	83	87	92
Immunology and Infections	67	86	93	101	14	20	22	23
Interventional Cardiology	<5							
Medical Oncology	47	60	57	54	10	16	19	22
Neurology	160	177	181	187	28	21	26	31
Renal Medicine	70	31	37	44	16	7	8	9
Respiratory Medicine	262	322	336	352	32	45	50	56
Rheumatology	5	11	10	9	1	1	2	3
Pain Management	9	6	6	5	9	3	3	3
Non Subspecialty Medicine	96	215	241	271	81	36	43	53
Drug and Alcohol	85	49	49	49	20	14	16	18
Unallocated	32	7	8	8	3	17	16	14
Total	1,577	1,796	1,910	2,035	561	404	460	522

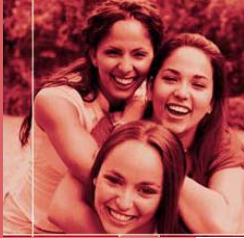
Source: FlowInfo v9.3 Patient Group(s): Acute, Sub and Non-Acute, Psychiatric, Other (Non-Acute). Note: Any figures between one and five are noted as < 5 to de-identify the data. aIM 2005 – includes all SRG, >15 years of age. Base year for projections is 2003/04 and should be considered indicative only.

A recurring theme in consultation with medical staff was the need for a critical mass of medical staff to ensure a sustainable service and support JMP teaching requirements. Medical staff suggested that a one in five acute medicine on call roster is required to ensure workforce sustainability.

The lack of outpatient clinical space has been identified as a significant issue by Armidale Hospital management and staff. A Business Case is currently being prepared regarding the NEDGP offer of access to two consult rooms at Rusden Street, within walking distance of the hospital.

Recommendations

- Develop strategies to strengthen and maintain a sustainable medical workforce, including determining reasonable 'on call' rosters. These strategies will consider the demands associated with clinical supervision and participation in the Joint Medical Program, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and John Hunter Hospital for tertiary level support
- Establish a Public Health outreach service for communicable and infectious diseases clinics. (Consider networking with Tamworth)



Cardiology Services

Coronary care services are provided within the five bed ICU/ HDU /CCU.

Cardiology patients are managed by the staff specialist physicians and cardiology activity comprises approximately 50% of the physician workload. There is an average three month outpatient waiting list. A Specialist Cardiologist based in Newcastle provides a monthly cardiology clinic in Armidale.

Patients are generally admitted after acute emergency presentation for chest pain, arrhythmias and acute congestive cardiac failure. Stress testing is available within the hospital and is undertaken when required by the physicians.

Basic echo-cardiography services are provided weekly by Northern Echocardiography Ultrasound. Physicians are currently seeking training in echocardiography so that a service can be provided locally with timely reporting. Currently Armidale clinicians are using a high quality Toshiba general ultrasound machine with echo probe. An initiative of the Cardiac Services Stream planned for 2010/11 is for investment/replacement in cardiac specific echo machines across the Area including Armidale Hospital.

A key issue for urgent cardiac patient transfers is timely access to transport and cardiac beds within HNE Health. Previously people from the Armidale and surrounding communities have had to travel to Newcastle, Sydney and other major centres to access cardiac diagnostic and interventional procedures.

In 2004 a Cardiac Catheter Laboratory was established at Tamworth Hospital as part of the NSW Rural Health Plan. This service expanded in 2008 to provide interventional cardiac procedures as well as diagnostic procedures. Timely access to diagnostic coronary angiography and interventional procedures in Tamworth has reduced the need for patients to undertake extensive travel. As availability of Cardiac Catheter Laboratory time at Tamworth Hospital increases, it is expected that there will be a reversal of flows to other Area Health Services and to John Hunter Hospital. Outflows for high risk patients requiring stents or coronary artery bypass graft at John Hunter Hospital or other tertiary hospitals will continue.

The expansion in cardiology services at Tamworth provides opportunities for Armidale physicians to network further to enhance services locally. An outreach pacemaker clinic is provided quarterly from a private practice in Sydney.

The HNE Health Cardiac Services Stream is undertaking the following projects that will impact on Armidale Health Services:

- Development of Echocardiographer training positions to increase workforce capacity in rural areas
- Building partnerships with Aboriginal communities to facilitate better access to services
- Self-management training opportunities for staff (e-based and face to face) to optimise delivery of individualised patient centred care.

Recommendations

- Strengthen primary health and ambulatory services to meet increasing demand e.g. Heart Failure services



Stroke Services

The HNE Health Stroke Services Plan 2008 – 2013^{xii} has identified Armidale Rural Referral Hospital as the 'hub' referral site for acute stroke management for the McIntyre and Tablelands Clusters. The Stroke Care Coordinator supports McIntyre and Tablelands Clusters and Armidale Hospital, and is pivotal in the ongoing improvement of stroke services (acute and rehabilitation). Current gaps in service delivery include:

- Access to care in a stroke unit
- Access to timely, effective TIA management
- Access to thrombolysis
- Efficient patient transfer to and from 'spoke' sites.

A medical clinical leader for stroke services at Armidale has been nominated. A nurse leader and allied health leader are also required. No existing nursing or allied health staff has time allocated to stroke services.

The HNE Health Stroke Services Stream is developing a co-ordinated stroke patient journey for the McIntyre and Tablelands Clusters, including:

- Networking - A project is underway to assist with communications between Armidale (and other HNE Health sites) and the Stroke Services Stream
- Referral - A stroke transfer protocol is in development
- Professional Development - Education programs are available for clinicians working with stroke across the Hunter New England area. These include stroke education presentations stored electronically and available for viewing on Mylink
- Research - Rural research projects include the Rural Stroke Project and Rural Telehealth Supported Thrombolysis Delivery.

Recommendations

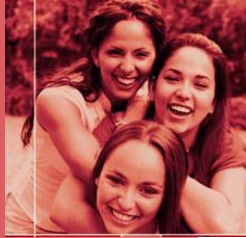
- In partnership with the HNE Health Stroke Services Stream, implement an enhanced model of stroke care including thrombolytic services

Renal Services

Armidale renal services are part of the Northern Region Renal Treatment Service. Tamworth is the hub for this service which covers the McIntyre, Mehi, Peel and Tablelands Clusters.

Armidale renal services have a six chair haemodialysis unit for medically stable community patients. The Renal Dialysis Unit operates one shift per day six days per week and generally runs at 100% capacity. Specialist nephrologists based at the Tamworth Hospital provide fortnightly outreach clinics at Armidale Hospital. Patients with renal problems may be admitted to Armidale Hospital under the care of the physicians. Inpatients requiring dialysis or patients who are acutely ill are transferred to Tamworth Hospital.

A priority of the HNE Health Renal Services Stream is to promote and support home based dialysis. Currently in the northern part of Hunter New England, 55% of patients are managing dialysis at home. Patients who require training to commence home haemodialysis access this training at the Wansey Centre in Newcastle. Home peritoneal



dialysis training is available in Tamworth. Medically stable dialysis patients commence haemodialysis in Tamworth and then transfer to the Armidale service. It is proposed to provide home haemodialysis training in Tamworth. Tamworth Renal Outreach Service provides home haemodialysis support to the Armidale catchment areas.

Until recently, patients requiring vascular access for haemodialysis had to travel to John Hunter Hospital or Sydney (St Vincent's, Royal North Shore and Royal Prince Alfred) to have their venous fistula created. This service is now available at Tamworth.

Patients requiring transplantation are referred to the John Hunter Hospital or to a Sydney hospital.

The HNE Health Renal Services Stream has a focus on prevention geared towards raising awareness of the risk factors of chronic kidney disease. HNE Health has a Chronic Kidney Disease Case Manager who assists with diagnosis of patients, undertakes secondary prevention, arranges clinic appointments and prepares patients for the eventual outcome of end stage organ failure. There is a particular focus on the Aboriginal population with opportunistic screening offered as part of the Chronic Disease Program. Approximately 20 - 30% of patients receiving dialysis at Armidale Hospital are Aboriginal.

Table 20 shows the projected numbers of renal dialysis patients in the Tamworth Renal Services area. There is projected to be a 48% increase in the number of patients requiring dialysis between 2006 and 2016.

Table 20: Projected Numbers of Renal Dialysis Patients for the Tamworth Renal Services Area, 2006-2016

Cluster	2006	2011	2016
Tablelands	25	31	37
Peel	37	46	56
Mehi	13	17	20
McIntyre	11	14	17
Other HNE	347	446	544
Total	433	554	674

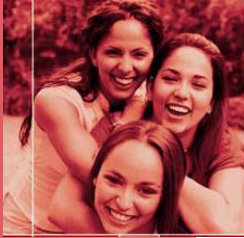
Source: HNE Health – Renal Services Plan 2007 – 2011 (Table 3)

In 2009 NSW Health drafted revised projections of demand for renal dialysis. These projections indicate a 60.3% increase for Tablelands Cluster with an average annual increase of 4% between 2006 and 2021 as shown in **Table 21**.

Table 21: Projected Numbers of Renal Dialysis Patients for the Tamworth Renal Services Area, 2006-2021

Cluster	2006	2011	2016	2021	Projected Increase (%) 2006 to 2021	Average Annual increase (%)
Tablelands	29	35	40	47	60.3	4.0
Peel	30	36	42	49	62.9	4.2
Mehi	14	16	19	21	48.7	3.2
McIntyre	10	11	12	14	47.7	3.6
Other HNE	302	372	448	538	78.1	5.2
Total	385	469	561	669	73.9	4.9

Source: NSW Health, Draft Revised Projections of Demand for Renal Dialysis Services to NSW to 2021, Robert Gibberd, May 2009



Consultations with the staff and other key stakeholders identified that there is a lack of adequate and convenient transport for patients, particularly those who are elderly with co-morbidities and/or less medically stable. A future option for decreasing the travel distances for medically stable patients who cannot dialyse at home could be the establishment of renal dialysis units in smaller rural hospitals such as Glen Innes. This model would require nursing support and the infrastructure for dialysis.

Recommendations

- In partnership with the HNE Health Renal Services Stream review models of service delivery to improve access to services

Cancer Care Services

The HNE Health Cancer Services Plan 2006-2010^{xiii} outlines objectives to improve cancer outcomes, the patient's experience of care and the efficiency of cancer service delivery. The HNE Health Cancer Services Network has coordinated the development of best practice management across HNE Health to ensure equity of access to an Area-wide integrated approach to cancer service delivery.

An effective cancer service requires access to integrated area services delivered by a multidisciplinary team. Residents of the Armidale Health Services catchment access services at Armidale and at other locations including Tamworth or Newcastle.

HNE Health has been successful in securing funding to develop a New England /North West Regional Cancer Centre (RCC) at Tamworth. This centre will build on existing medical oncology and chemotherapy services at Tamworth and will be expanded to include radiation oncology and radiotherapy services. The new Centre will service a catchment area which includes Armidale. The RCC will establish referral linkages with other sites to ensure that the patients' journey through cancer treatment is streamlined and coordinated. These linkages will include centres within the catchment area including Armidale and metropolitan centres in Newcastle, Sydney and Brisbane.

Oncology Services

The Armidale Medical Oncology Day Unit is managed by two private practitioners who are based at Royal North Shore Hospital and who have VMO rights at Armidale Hospital. One of the medical oncologists visits Armidale weekly.

Table 22 shows that Oncology and Haematology separations remained relatively stable between 2004/05 to 2006/07 with a drop in separations in 2007/08. This drop occurred mainly for chemotherapy and for lymphoma and non-acute leukaemia and may relate to the transfer of this activity to outpatient services.



Table 22: Armidale Hospital Oncology and Haematology Inpatient Activity, 2004/05–2007/08

SRG	ESRG	2004/05	2005/06	2006/07	2007/08
Chemotherapy	Chemotherapy	48	24	25	5
Haematology	Haematological Surgery	1	3	3	2
	Lymphoma and Non-Acute Leukaemia	49	62	65	16
	Other Haematology	126	118	140	134
Medical Oncology	Digestive Malignancy	12	23	6	11
	Other Medical Oncology	24	25	40	26
	Palliative Care	1	4	0	0
	Respiratory Neoplasms	21	22	18	21
Total		282	281	297	215

Source: FlowInfo v9.3 All Patient groups

Chemotherapy Services

Chemotherapy is provided for both curative and palliative purposes. The Chemotherapy Unit has four chairs for chemotherapy and an additional two chairs for other medical day services such as drug infusions and other treatments e.g. haemochromatosis.

The Chemotherapy Unit operates Monday to Friday. Medical Oncologists and registrars visit weekly for clinics and patient reviews. The Armidale community is a major source of referrals to Royal North Shore Hospital.

Chemotherapy is ordered through Pharmatel Fresenius Kabi in Sydney and delivered by courier within 24 hours. Support drugs are obtained from the local pharmacy in Armidale and S100 medications are obtained through hospital pharmacy. Patients who purchase chemotherapy drugs privately go through the local pharmacist. All cytotoxic drugs are administered by trained chemotherapy nurses.

Allied health support services include social work and dietetics. There is a growing need for psych-oncology services.

Multidisciplinary meetings are held weekly with dieticians, palliative care nurses, discharge planner, social worker, Care Coordinator/Breast Care Nurse (McGrath Foundation) and the GP.

Ongoing education is provided via the HNE Health Cancer Services. All nursing staff have a Chemotherapy Nursing Certificate and some have a Graduate Certificate in Cancer Nursing or a Graduate Certificate in Breast Cancer Nursing.

Current staffing includes:

- 0.5FTE Rural Care Coordinator
- 0.5FTE McGrath Breast Care Nurse
- 0.5FTE receptionist
- 2.0FTE Registered Nurses
- 1.0FTE Coordinator (CNC Level 1)



The Armidale community funded the equipment and fit out of the Chemotherapy Unit. Table 23 presents oncology non admitted occasions of service (NAPOOS) for public and privately referred outpatients (PRO). Over the four year period 2005/06 to 2008/09 there has been an overall decrease in activity of 715 OOS (11%). There has been a shift from public NAPOOS to privately referred OOS with the medical oncology curative and medical oncology palliative numbers increasing significantly.

Table 23: Armidale Hospital Oncology NAPOOS and Privately Referred Outpatients (PRO), 2005/06–2008/09

Activity	2005/06	2006/07	2007/08	2008/09	% Change
Medical oncology curative	527	1,388	766	490	-7.0
Medical oncology curative (PRO)	64	327	231	565	782.8
Medical oncology palliative	690	1,375	1,158	505	-26.8
Medical oncology palliative (PRO)	51	420	147	646	1166.7
Chemotherapy - curative	1,107	890	1,103	1,023	-7.6
Chemotherapy – curative (PRO)	975	563	354	421	-56.8
Chemotherapy - palliative	1,742	1,693	1,978	1163	-33.2
Chemotherapy – palliative (PRO)	1,344	1,036	615	975	-27.5
Gynaecology - oncology palliative	22	46	16	11	-50.0
Gynaecology - oncology palliative (PRO)				8	
Total	6,522	7,738	6,368	5,807	-11.0

Source: Non-admitted Patient Data Collection 2009

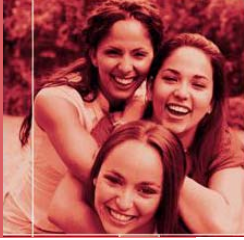
Table 24 presents projections of chemotherapy activity to 2016/17. It is projected that Armidale will require 6 chairs for chemotherapy by 2016/17.

Table 24: Projected Chemotherapy Activity/Chairs for Armidale Primary and Referral Catchments to 2016.

Type	2009	2016
New Cases of cancer per annum	341	386
Proportion with Chemotherapy indication 40%	136.4	154.4
Plus 25% retreatment	34.1	38.6
Patient Chemo Visits per patient (10)	1705	1930
Patient chemotherapy visits per chair per year	285	285
Total Chairs	6	6.7

Source: Cancer Care Network Chemotherapy Chairs as updated at November 2009. Assumes 25% increase in cancer incidence 2009 to 2016/17. Based on NSW Health Service Planning Guidelines for Intravenous Chemotherapy Services, 2007.

Note: It is important to note that the number of chairs indicated is for the whole Armidale catchment area.



As mentioned previously the Armidale Chemotherapy Unit also provides a variety of other transfusion based medical services. There are currently two chairs used in this capacity. Chair requirements for this type of medical day services will be in addition to the above chair allocation.

The actual number of chemotherapy chairs required for Armidale will be determined as part of the planning for chemotherapy administration across the Regional Cancer Centre catchment area.

Radiation Oncology

A private radiation oncologist provides an outreach service monthly from The Mater Hospital Sydney. People are referred to Newcastle, Brisbane, the North Coast AHS or Sydney for radiotherapy treatment.

The HNE Health Tamworth Health Services Plan 2008 - 2012 has proposed that a centre-based radiation oncology service be introduced to Tamworth. By 2011 it is anticipated that there will be sufficient demand in New England to justify the establishment of radiation oncology services. The future of Armidale oncology services should be reviewed in conjunction with the establishment of an on-site medical oncologist at Tamworth Hospital. The establishment of the Tamworth service will provide local radiotherapy services and potential for more frequent radiotherapy consultation services.

The major issue for Cancer Services at Armidale is the inadequacy of the physical space of the Chemotherapy Unit. The clinical treatment area is limited with inadequate seating and circulation space and staff areas are very cramped.

Service delivery could be enhanced with a strengthening of continuing care services such as an integrated psychiatry/psychology/nursing/social work approach to psych-oncology

Recommendations

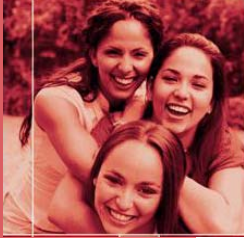
- Investigate options for enhancing the physical space for the chemotherapy treatment suite
- Review the future development of Armidale Cancer Services in conjunction with the proposed development of the NE/NW Regional Cancer Centre at Tamworth
- Review current models of care and arrangements of the delivery of chemotherapy services for the Armidale catchment population, in conjunction with the Medical Oncology clinical stream and the development of the NE/NW Regional Cancer Centre at Tamworth

Breast Screening Services

Breast screening services are provided by BreastScreen NSW at Tamworth. BreastScreen NSW provides digital mobile clinics to townships across northern NSW including Armidale.

Pain Management Services

Armidale Health Services have two streams that cater for pain management. Chronic Pain is managed via a Chronic Pain outpatient clinic held bi-weekly. Acute pain is managed by



the anaesthetists and the Pain Management CNS. This service is available Monday to Friday and after hours on a needs basis.

Respiratory Medicine

The second most common reason for admission to Armidale Hospital in 2007/08 was respiratory medicine. Respiratory medicine admissions have a longer average length of stay than other medical admissions. Table 25 provides the respiratory medicine activity for 2006/07 and 2007/08 by Enhanced Service Related Group (ESRG).

Table 25: Armidale Hospital Respiratory Medicine Activity by ESRG, 2006/07 and 2007/08.

Enhanced SRG	2006/07			2007/08		
	Seps	Bed days	ALOS	Seps	Bed days	ALOS
Bronchitis and Asthma	65	190	2.9	57	129	2.3
Chronic Obstructive Airways Disease	58	304	5.2	74	597	8.1
Other Respiratory Medicine	111	445	4.0	129	514	4.0
Respiratory Infections/Inflammations	95	600	6.3	106	680	6.4
Total	329	1,539	4.6	366	1,920	5.2

Source: FlowInfo v9.3 Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations.

Armidale Hospital has a general physician with a special interest in respiratory disorders. The Oxygen and Related Products (O&RP) program across the Peel, Mehi, McIntyre and Tablelands Clusters is managed through the HACC and Disabilities Department together with Discharge Oxygen and Palliative Oxygen Services. In Armidale, sleep studies are conducted in the private hospital, with public patients admitted to Armidale Hospital and then referred to the private hospital for the test. They are then discharged back to Armidale Health Services, which provides the initial equipment for those patients requiring Continuous Positive Airway Pressure or Variable Positive Airway Pressure, until the equipment is available through O&RP program.

A pulmonary rehabilitation program is available and more detail on the program is provided in Section 7.10 Chronic Care Services.

The HNE Respiratory Services Plan 2009 -2013 identifies Armidale hospital as a hub for respiratory diagnostic and treatment services and to provide support for the surrounding smaller hospitals.

Recommendations

- In partnership with the HNE Health Respiratory Services Stream, investigate local access to respiratory diagnostic and treatment services to support the model of care described in the HNE Health Respiratory Services Plan 2009 - 2013



Projected Medical Inpatient Bed Requirements

Table 26 shows the projected adult medical overnight and day only bed requirements. The NSW Health aIM2005 acute inpatient modelling tool has been used with a scenario based on more recent population projections for the primary and referral catchments. It is assumed that current levels of medical activity at the smaller hospitals of the Tablelands Cluster will be maintained into the future.

The projected bed requirement to 2021/22 for adult medical activity is thirty two overnight medical beds and two day only medical beds/chairs. Cardiology activity accounts for highest proportion of separations, beddays and beds (six beds required by 2021/22). The allocation of one CCU bed may need to be reconsidered in the future to address demand.

Table 26: Armidale Hospital Projected Adult Medical Bed Requirements, 2011/12-2021/22

Overnight Activity	2011 /12	2016 / 17	2021/22
Separations	1,796	1,910	2,035
Beddays	8,816	9,315	9,899
Beds @85% occupancy	28.5	30.1	31.9
Day Only Activity			
Separations	404	460	522
Beds @ 85% occupancy	1.3	1.5	1.7

Source: aIM2005 includes all SRG Adult 15 years and older. Base year for projections is 2003/04 and should be considered indicative only.

Medical day only is based on 85% occupancy for 365 days per year.

The increasing trend towards medical day only, outpatient activity and privately referred outpatient activity will see an increasing demand for the day only beds/chairs. The development of new models of care to complement acute and community services with an emphasis on out of hospital care e.g. Hospital in the Home; will decrease the need for the overnight medical beds.

Surgical Services

Armidale Hospital surgical service includes a 22 bed surgical ward and a 10 bed same day unit catering for both surgical and medical same day procedures.

A comprehensive range of Surgical Services including orthopaedics, non subspecialty surgery and gynaecology are provided at the Armidale Hospital. Cancer surgery is provided by local surgeons and a specialist Breast Surgeon is available in Tamworth. Armidale Hospital has an Orthopaedic Trauma role covering the Peel, Tablelands, McIntyre and Mehi Clusters every second weekend.

Details of Role delineation for surgical services at Armidale Hospital are provided in Attachment 14.5. The 2009 role delineation review shows there has been an increase in role delineation levels since the 2005 assessment for general surgery and gynaecology.

Table 27 presents data on surgical overnight and day only activity and shows the proportion of surgical overnight separations decreased by 6% in the four years from 2004/05 to 2007/08, whilst the proportion of surgical day only separations has decreased by 14%. Decreasing day only surgery may be explained by older patients staying overnight as they may have no carer, people not be ready for discharge until late in the



day, people having to travel distances to get home and minimal accommodation options at the hospital.

Table 27: Armidale Hospital Surgical Overnight and Day Only Activity, 2004/05 and 2007/08

Surgical Specialty	Overnight Separations		Day Only Separations	
	2004/05	2007/08	2004/05	2007/08
Breast Surgery	9	12	6	9
Colorectal Surgery	98	111	38	24
Dentistry	12	5	76	52
Diagnostic GI Endoscopy	53	48	472	375
Ear, Nose and Throat	57	57	22	<5
Extensive Burns	<5	0	0	0
Gynaecology	123	125	226	130
Head and Neck Surgery	<5	<5	0	0
Non Subspecialty Surgery	388	382	90	83
Ophthalmology	17	20	217	240
Orthopaedics	508	494	263	294
Plastic and Reconstructive Surgery	54	56	49	38
Tracheostomy	6	<5	0	0
Upper GIT Surgery	97	149	12	6
Urology	68	58	64	56
Vascular Surgery	14	15	<5	11
Total	1,509	1,413	1,538	1,320

Source: FlowInfo v9.3 Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations. Note: Any figures between one and five are noted as < 5 to de-identify the data.

Another explanation for the apparent decrease in day only surgery is the increasing trend to provide services as privately referred outpatients or non admitted outpatient occasions of service. Gynaecology scope activity has increased from 345 OOS in 2005/06 to 458 OOS in 2008/09 with privately referred outpatients accounting for approximately 40% of the 2008/09 activity.

Strategies to accommodate increasing emergency surgical admissions, especially on Orthopaedic Trauma Weekends include: transferring patients from the surgical ward to medical ward; decanting to other hospitals or; if the patient has private insurance, transfer to the private hospital. Occasionally elective theatre lists are cancelled which impacts on the surgical waiting list.

Table 28 shows adult surgical speciality activity in 2007/08 and future projections. There is projected growth for day only procedures and it is anticipated that a proportion of this growth will be as privately referred outpatients. This proportion has not been quantified.

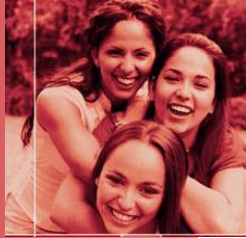


Table 28: Armidale Hospital Adult Surgical Services, Overnight and Day only Separations, 2007/08-2021/22

Surgical /Procedural Specialty	Overnight Separations				Day Only Separations			
	2007/08	2011/12	2016/17	2021/22	2007/08	2011/12	2016/17	2021/22
Breast Surgery	12	9	9	9	9	7	7	7
Colorectal Surgery	106	74	75	76	22	23	29	34
Dentistry	2	8	7	6	8	62	64	65
Diagnostic GI Endoscopy	48	47	44	39	369	549	600	648
Ear, Nose and Throat	26	25	23	21	2	5	5	6
Gynaecology	118	141	123	106	125	217	205	190
Head and Neck Surgery	2	1	1	1		5	6	7
Non Subspecialty Surgery	297	393	380	367	61	121	143	168
Ophthalmology	16	14	12	12	229	295	382	493
Orthopaedics	426	489	501	512	214	244	275	304
Plastic and Reconstructive	43	58	58	58	28	44	56	69
Tracheotomy	2	3	5	8				
Upper GIT Surgery	148	147	145	142	3	5	6	6
Urology	51	77	76	73	52	57	70	84
Vascular Surgery	15	0	20	21	11	5	7	9
Total	1,312	1,505	1,479	1,453	1,133	1,637	1,853	2,090

Source: FlowInfo v9.3 Excludes obstetrics, chemotherapy, renal dialysis, unqualified neonates and unallocated separations. Note: Any figures between one and five are noted as < 5 to de-identify the data. aIM 2005 includes all SRGs. Base year for projections is 2003/04 and should be considered indicative only.

Surgical outreach services include:

- General Surgical to Inverell each fortnight.
- Surgical inreach services include:
- Urology from Maitland monthly
- Gynaecology (locum) weekly. Note only some locums perform surgical procedures
- Paediatric Dental from Sydney bimonthly
- Gastroenterology from Sydney fortnightly
- Orthopaedics from Tamworth fortnightly
- Armidale Orthopaedic Staff provide a biweekly clinic.

Burns Treatment

Tamworth Hospital provides a burns treatment service for the northern clusters of HNE Health. In 2007/08 there were six separations for extensive burns for residents of Armidale's primary and referral catchments. Three people were treated at Royal North Shore Hospital, two people at Tamworth Hospital and one at Children's Hospital Westmead.

Orthopaedic Trauma Weekend Roster

Networking with Tamworth Health Services is well established for some services including the Orthopaedic Trauma Weekend Roster. This weekend roster arrangement provides for shared responsibility between Tamworth and Armidale EDs to cover trauma cases for Peel, Mehi, Tablelands and McIntyre Clusters. The Armidale ED has the on-call roster two



out of five weekends. This results in benefits for the orthopaedic on call roster by decreasing the on call requirements at each hospital on the alternate weekends. The Orthopaedic Trauma weekend is however, having a negative impact on some patients and their families. Bypassing the hospital nearest to where people live can result in them being a distance from family support and at times access to finances which can cause difficulties for patients returning home. Transfer back to the hospital or town of residence can have implications for community transport services and NSW Ambulance.

In addition, the Orthopaedic Trauma Weekend can negatively impact on Armidale Hospital as the available bed base to support emergency admissions over the weekend is relatively small. On occasions when the surgical ward is full, the elective list for the following Monday has to be reviewed which can extend waiting times for local residents.

Projected Surgical Bed Requirements

Table 29 shows projected surgical overnight and day only bed requirements to 2021/22. The NSW Health aIM2005 acute inpatient modelling tool has been used with a scenario based on more recent population projections for the primary and referral catchments. It is assumed that the current level of surgical activity at smaller hospitals of the Tablelands Cluster will be maintained into the future.

Table 29: Armidale Hospital Projected Adult Surgical Inpatient Bed Requirements, 2011/12-2021/22

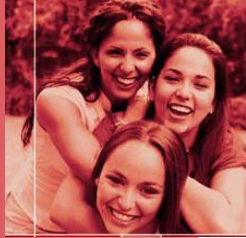
Overnight Activity	2011/12	2016/17	2021/22
Separations	1,505	1,479	1,453
Beddays	6,277	6,388	6,565
Beds @85% occupancy	20.2	20.6	21.2
Day Only Activity			
Separations	1,637	1,853	2,090
Beddays	1,637	1,853	2,090
Beds @ 85% occupancy 230 days / year	8.4	9.5	10.6

Source: aIM 2005, includes all SRG. Adult Surgical 15 years. Base year for projections is 2003/04 and should be considered indicative only.

The projected bed requirement to 2021/22 for adult surgical activity is for 22 overnight surgical beds and 11 day only surgical beds/chairs. The increasing trend towards day surgery may see an increasing demand for the day only beds/chairs. If an extended day surgery model is followed then it is anticipated these beds would be within the overnight bed capacity. Medical staff suggest that a one in five surgical on call roster is required to ensure workforce sustainability.

Issues highlighted through consultation include:

- A critical mass of skilled surgical staff required to ensure a sustainable workforce and service e.g. anaesthetists
- A need for safe and quality surgical service delivery consistent with role delineation
- Education capacity strengthened to meet an increasing expectation of senior medical staff to support JMP teaching requirements
- Ambulatory care strengthened if outpatient clinic area (which is at capacity) is expanded
- Access to allied health services improved to enhance patient care



Recommendations

- Develop strategies to strengthen and maintain a sustainable surgical workforce, including determining reasonable 'on call' rosters. These strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support
- Review and monitor systems to manage demand for elective and emergency surgery
- Undertake a joint review of the Orthopaedic Trauma Weekend Roster with Tamworth Rural Referral Hospital to determine its efficiency and effectiveness

Critical Care Services

Tamworth and Armidale Rural Referral Hospitals are part of the Hunter New England Rural Critical Care Network, which in turn is part of the state-wide Rural Critical Care Network. For the Peel, Tablelands, McIntyre and Mehi Clusters, this network has responsibility for developing and implementing continuing education, Area clinical guidelines, policies and procedures, medical retrieval services and a clinical support service, as well as monitoring the network's performance in critical care.

Armidale Hospital Critical Care areas include:

- Six treatment bays and plus two resuscitation bays in the Emergency Department
- Five ICU/ HDU/CCU beds

Armidale Hospital Level 4 role delineations for ICU, CCU and Emergency Medicine are conditional on effective network arrangements with Tamworth, including arrangements for immediate transfer (to Tamworth or other higher level facility) for patients requiring ventilation for greater than a few hours (in line with DOH Guide to the Role Delineation of Health Services Third Edition 2002).

Emergency Services

The Emergency Department (ED) provides services to Armidale and surrounding local communities and has two resuscitation bays and 6 treatment bays.

Due to the increase in presentations the nursing staff ratio has recently been increased to three nurses on the day shift. Medical cover is provided by Career Medical Officers (CMO). There is a staff establishment of six CMOs. Currently there are three CMO employed with the remaining roster covered by overtime and locums. In 2008/09 there were 14,637 presentations to the ED. Table 30 shows there was an increase in presentations of 841(6.1%) between 2006/07 and 2008/09. The greatest increase in presentations has been for Triage Category 5 with an increase of 1,291 (23.5%) presentations. Over the same time period there has been a decrease in Triage 1 presentations of 35.6% and in Triage 3 presentations of 27.6%.



Table 30: Armidale Hospital ED Presentations by Triage category, 2006/07-2008/09

Category	2006/07	2007/08	2008/09	% Change
1. Immediately life threatening	45	36	29	-35.6
2. Imminently life threatening	536	703	657	22.6
3. Potentially life threatening	2,585	2,197	1,872	-27.6
4. Potentially serious	5,136	6,117	5,294	3.1
5. Less urgent	5,494	6,090	6,785	23.5
Totals	13,796	15,143	14,637	6.1

Source: Business Objects 2009 from DoHRS

The proportion of ED activity in Triage 4s and 5s is high (82.5%) in comparison to 61.4% for NSW in 2008/09. The increase in people accessing Triage Category 5 Less urgent or primary health type services may reflect the lack of afterhours GP services in the town, or the difficulty in accessing primary health services in general. Table 31 presents ED presentations by age group and shows that in 2008/09 children aged less than 16 years accounted for up to 23% of total presentations or approximately 9 presentations per day. Those aged 75+ years accounted for 8% of total presentations or around three presentations per day. The number of presentations for people aged 85 years and over increased by 19% between 2006/07 and 2008/09.

Table 31: Armidale Hospital ED Presentations by Age Group, 2006/07-2008/09

Age Group	2006/07	2007/08	2008/09	% Change
Less than 2 years	617	750	671	8.8
2-16 years	2,662	2,919	2,734	2.7
17-29 years	3,933	4,126	3,885	-1.2
30-64 years	4,749	5,290	5,253	10.6
65-74 years	857	978	952	11.1
75-84 years	736	783	786	6.8
85+ years	318	393	378	18.9
Total	13,872	15,239	14,659	5.7

Source: Business Objects 2009 from DoHRS. Note: The mismatch in totals between the above tables is due to missing data for triage category.

ED presentations for 2008/09 were predominately for: injuries and fractures and, cardiac and respiratory disorders and infections. Mental Health presentations represented approximately 4% of total admissions.

HNE Health's contribution to the State Retrieval Network comprises a retrieval service operating by helicopter from Tamworth Hospital, and a larger service operating from John Hunter Hospital. These are in turn supported by the NSW Ambulance fixed wing fleet operating out of Sydney and Dubbo. The helicopter services are available to the whole of Hunter New England, and are occasionally used beyond its borders especially to North Coast AHS. In general Tamworth retrieval unit covers Peel, McIntyre, Mehi and Tablelands Clusters, supported by the JHH retrieval unit when required.

The Community Mental Health Team provides a consultation service to the ED Monday to Friday during business hours. All after hours admissions for patients with a mental illness come through the ED. There is a single room allocated for the safe assessment and management of a person suffering from mental illness however, this room is located outside of the main ED and is not observable from the staff station. Funding through the Caring Together Initiative has been provided and a new mental health safe assessment



room, new public toilets and new staff facilities for the ED will be completed by early July 2010.

Table 32 shows ED activity for 2008/09 and projected activity to 2021/22. Overall ED presentations are expected to decline by 0.82% to 2021/22. There is a projected decline in presentations in the 0-64 year age groups and a significant increase in the over 65 year age group reflecting the projected population growth in this age group.

Table 32: Armidale Hospital ED Presentations by Age Group, 2007/08-2021/22

Age group	2007/08	2011/12	2016/17	2021/22
0-14	3,669	3,438	3,328	3,299
15-64	9,416	9,285	8,914	8,491
65+	2,154	2,452	2,871	3,248
Total	15,239	15,175	15,114	15,037

Source: ED Presentations Business Objects 2009, DoH Population Projections Hunter New England AHS SLA based on HNE Health Internal Planning document and NSW Health Activity Planning Guideline for Emergency Department Services 2006

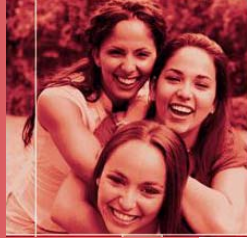
Applying the NSW guidelines of one treatment space per 1,460 ED presentations, current and projected presentations indicates that 11 treatment spaces are required to meet the current and future demand.

Part of Caring Together: The Health Action Plan for NSW, is a Critical Care and Emergency Services project to review ED workforce and skillmix. HNE Health will take into consideration the recommendations from this report.

The UNE JMP has nominated a conjoint position for a CMO for ED which will assist with the on call roster.

The following issues relating to Emergency Services were raised through the consultations:

- A critical mass of skilled staff is required to ensure a sustainable workforce as after hours there is only one medical doctor for the hospital
- Increasing numbers of presentations in the lower Triage categories should be reviewed and alternative models of care investigated
- Better service coordination to improve patient centred care by ensuring a safe assessment room for mental health clients and appropriate care for children requiring treatment in ED.



Recommendations

- Develop strategies to strengthen and maintain a sustainable Emergency Department workforce, including determining reasonable 'on call' rosters. These strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support
- Investigate the implementation of Physician Assistant positions to enhance staffing for the ED
- Implement relevant strategies from the review of Area wide Emergency Department issues being undertaken by the Emergency Services Stream
- Explore the potential of combining the ICU and ED clinical services under a critical care model of service delivery to ensure adequate medical coverage for ICU and ED and assist in staff skills maintenance
- Implement as appropriate actions identified by the Caring Together Critical Care and Emergency Services Project
- Explore alternative models of service delivery to deal with Triage categories 4/5 e.g. GP after hours model, Yr 4/5 medical students training model
- Improve care for children presenting to emergency services through training, skills development and the introduction of clinical practice guidelines

Intensive Care / High Dependency / Coronary Care

The Armidale Hospital ICU/HDU/CCU unit is designated as a level 4 service. Achieving these levels for ICU, CCU and Emergency Medicine is conditional on effective network arrangements with Tamworth Hospital, including consultation and transfer (to Tamworth or other higher level facility) of patients requiring more than 24 hours of ventilatory support where necessary (in line with DOH Guide to the Role Delineation of Health Services Third Edition 2002)

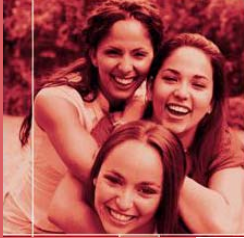
The ICU/HDU/CCU currently has five beds, divided into four bed bays and one single room that can be used for isolation. The Unit has two designated beds for short term ventilation. If patients require longer term ventilation they must be transferred to a higher level facility for ongoing treatment. Tamworth Hospital provides a Level 5 ICU service. Demand for ICU/HDU services is expected to increase over time due to:

- Increasing age of surgical patients who require ICU/HDU post surgery
- Increasing complexity of surgical procedures.
- In planning ICU/HDU Services, the level of service available at Armidale Hospital is considered in an Area-wide context. Location of beds across the Area is based on clinical need/capability, population projections and role delineation. At present, it is proposed to maintain the ICU/HDU/CCU bed numbers to ensure the service is at the Role Delineation approved level.

Patient centred care could be promoted by ensuring appropriate infrastructure such as a waiting area or relative's room for ICU/ HDU was made available.

Coronary Care Services

Armidale Hospital Coronary Care Service increased their role delineation from Level 3 to Level 4 over the period 2005-2009.



Clinical consultation reinforced the requirement of a critical mass of skilled staff to ensure a sustainable workforce and strengthen education capacity to support JMP teaching requirements.

Recommendations

- Review and address ICU needs/service gaps (including nursing and medical workforce deficits at the senior and junior level) in relation to achieving and maintaining role delineation level recommended by the HNE Health Rural Referral Hospitals Framework
- Implement the ED/Critical Care Network Patient Flow protocols/pathways to ensure ventilated patients are transferred to a higher level facility within 24 hours
- Further develop networking with the Tamworth Rural Referral Hospital ICU and clearly define Tamworth ICU's responsibilities in supporting Armidale ICU
- Consider a program where ICU staff could follow up patients after transfer from ICU to the medical/surgical ward
- Review space allocation to provide an appropriate private area for relatives and carers of ICU/HDU patients

Maternal and Child Health Services

Maternity Services

Armidale Hospital provides a continuum of maternal and child health services including antenatal care, birthing, post natal care and child development services. The model of service delivery includes specialist obstetricians, GP obstetricians and Midwives who can provide shared care with the obstetrician and also provide a Midwives Clinic.

Armidale Hospital currently has one obstetrician/gynaecologist. A second staff specialist (0.5 FTE clinical position) is being appointed in conjunction with the UNE JMP program. This position is due to commence early 2010. These positions are supported by six GP Obstetricians.

Role delineation for Maternal and Child Health Services at Armidale Hospital is provided in Attachment 14.5.

Antenatal clinics are provided on the maternity ward and staffed by midwives from the ward to enhance continuity of care. Midwives clinics are available Monday to Friday and are supervised by the Obstetrician. An Obstetrician Clinic is held weekly. Women may self refer or have a GP referral. The Booking In Clinic is available weekly.

The Armidale Hospital obstetric ward has 11 beds and there are two birthing suites. Currently there are approximately eleven antenatal admissions and one to two post natal admissions per month for pregnancy related complications or illness.

Table 33 shows the obstetric activity by ESRG for 2004/05 and 2007/08. The average length of stay for vaginal deliveries ranges between four hours to four days, and for caesarean deliveries between four to five days. The obstetric length of stay has decreased over the last four years which may be attributed in part to the introduction of the Early



Discharge program. Over the past four years the number of births has increased, whilst the percentage of caesarean deliveries has fallen from 26% to 23%.

Table 33: Armidale Hospital Maternity Services Activity by ESRG, 2005/06-2008/09

	2005/06	2006/07	2007/08	2008/09
Vaginal births				
Separations	312	338	301	365
Bed days	1137	1192	1045	1211
Average LOS	3.6	3.5	3.5	3.3
Caesarian births				
Separations	112	125	111	113
Bed days	545	527	541	556
Average LOS	4.8	4.2	4.9	4.9
Antenatal Admission				
Separations	140	126	135	140
Bed days	239	201	221	230
Average LOS	1.7	1.6	1.6	1.6
Postnatal Admission				
Separations	14	16	15	11
Bed days	39	73	32	29
Average LOS	2.8	4.6	2.1	2.6

Source: FlowInfo Version 10

Consultations with staff identified limitations with the Early Discharge Program with women seen once on Day 1 by maternity staff. Early Childhood Nurses and staff from the Aboriginal Mothers and Babies Program provide post natal follow up. Women who are discharged early often return to the ward for follow-up as maternity staff are unable to visit them at home. If required, women are referred to the 1800 Mum to Mum 24 hours counselling service. The nearest Tresillian service is in Sydney and is difficult to access for most young mothers.

High risk mothers who are unable to deliver at Armidale Hospital are transferred to Tamworth Hospital, John Hunter Hospital or other metropolitan hospitals. The Tamworth Health Services Plan 2008 – 2012^{xiv} is increasing the role delineation level of maternity services at Tamworth Hospital from Level 4 to Level 5 to provide services for selected high risk mothers closer to where they live.

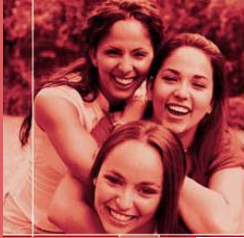
Birthing Services

Table 34 shows the births at Armidale Hospital from 2005/06 to 2008/09 and indicates an increase of 12.7% over this timeframe.

Table 34: Armidale Hospital Births, 2005/06-2008/09

2005/06	2006/07	2007/08	2008/09	% Change
424	463	413	478	12.7%

Source: Flowinfo v.10



It is not anticipated that these numbers will be sustained into the future due to a number of factors:

- A review of population projections to 2021 shows a 6% decrease in women residing in the Armidale primary and secondary catchment SLAs of childbearing age
- The birth rates for Aboriginal mothers are declining; however they will continue to be higher than for Non- Aboriginal mothers.

Projected births to 2021 for the Armidale Hospital catchment area and Armidale Hospital are presented in Table 35.

Table 35: Armidale Primary and Secondary Catchments Projected Births to 2021

SLA	2005/06		Projected births for Armidale Hospital		
	Actual Births	% born at Armidale Hospital	2011	2016	2021
Armidale Dumaresq	270	97	252	240	229
Uralla	57	82.4	45	41	39
Glen Innes Severn	106	26.4	26	23	22
Guyra	57	80.7	42	40	37
Inverell	199	2	4	4	4
Walcha	38	68.4	25	23	21
Tenterfield	78	1.3	1	1	1
Armidale Hospital Total			395	372	353
From outside catchments (2.3%)			8	7	7
Total Projected births			403	379	360

Source: FlowInfo Version 10, based on HNE Health Internal Planning document and NSW Health Maternity Services Inpatient Capacity and Projection Methods, 2008

The numbers of projected births have been calculated by applying a birth rate to the projected population number for women aged 15 – 49 years living in the catchment areas. The birth rate that was applied was calculated using the number of actual births for the female population from the Armidale primary and secondary SLAs for 2006 (ABS data). The proportion of births at Armidale Hospital for 2005/06 was then applied to the total projected number of births by SLA to produce the 2011, 2016 and 2021 projections.

Maternity outflows are expected to continue to be influenced by the mothers choice of where to birth. However with the proposed increase in maternity services at Tamworth it is anticipated that higher acuity outflows will increasingly flow towards Tamworth.

Table 36 shows the bed requirements for projected birthing, ante natal and post natal activity. This is based on the projected number of births, caesarean sections and vaginal deliveries as each have different lengths of stay. Antenatal and postnatal activity projections are from aIM2005.

The total number of maternity beds required for antenatal, postnatal and birthing services to 2021 at Armidale Hospital will be six beds. The projected bed requirements are less than the current beds due to the projected decrease in women of child bearing age across the catchment area. Over the last four years the average daily occupancy of the maternity ward has ranged between five and eight patients or 50% to 73% occupancy.

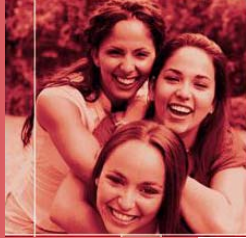


Table 36: Armidale Hospital Projected Maternity Beds to 2021

Activity	2011	2016	2021	Comments
Projected no. of births	403	379	360	
Projected number of caesarean sections	108	102	97	Based on 27% caesareans
Average length of stay	4.6	4.6	4.6	Based on average last four years
Estimated caesarean bed days	497	469	446	
Projected number of vaginal births	295	277	263	Based on 73% of total births
Average length of stay	3.5	3.5	3.5	Based on average last four years
Estimated vaginal delivery bed days	1032	970	921	
Estimated total bed days for births	1529	1439	1367	
Maternity post natal birthing beds	6	6	5	75% occupancy
Antenatal and Post natal Separations	146	132	120	Post natal separations are readmissions post discharge
Average length of stay	1.6	1.5	1.5	
Antenatal and Post natal beddays	232	201	175	
Antenatal and Post natal Beds @ 75%	1	1	1	
Grand Total	7	7	6	

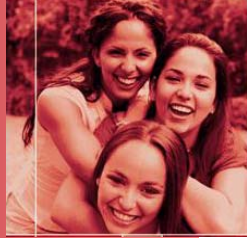
Source: aIM 2005 for antenatal and post natal activity projections, Calculations based on HNE Health Internal Planning document and NSW Health Maternity Services Inpatient Capacity and Projection Methods, 2008. Base year for projections is 2003/04 and should be considered indicative only.

It should be noted that recent increases in fertility rates may require a review of birth projections.

Highlighted in clinical consultation was the sustainability of the obstetric and gynaecology service as the sole obstetrician has a significant workload.

There needs to be improved access to services to meet the increasing demand for continuity in pre and post natal care such as access to antenatal classes, Early Discharge programs and lactation advice. Education and research could be strengthened by considering a Midwifery Educator position. This need will grow with the introduction of the Bachelor of Midwifery students.

It was noted that the service wants to implement the NSW Health Policy on Breastfeeding however; at this point they do not have a lactation consultant. Three staff are undertaking Lactation Consultation training to provide a more skilled service in the future.



Recommendations

- Explore options for sustainability of obstetrics and gynaecology services at Armidale and across the referral catchment. Options to be considered include:
 - Alternative models for gynaecology outreach services
 - Advanced trainee positions
 - Additional GP proceduralists
- Review demand for midwives clinics
- In conjunction with Community Health Services, review the effectiveness of the Early Discharge Program
- Consider the establishment of a Lactation Consultancy Service

Neonatal Services

Armidale Hospital has a Special Care Nursery with two cots operating as a Level 2 Neonatal Service. Armidale Maternity services support a baby friendly model. Admissions are generally for phototherapy, oxygen dependency and low birth weight. All babies born at Armidale Hospital undergo new born hearing testing in the maternity unit. Neonatal activity at Armidale Hospital is shown in Table 37 and indicates separations have decreased from 2004/05 whilst Average length of stay has increased from 2004/05.

Table 37: Armidale Hospital Qualified Neonatal Activity, 2004/05-2007/08

Activity	2004/05	2005/06	2006/07	2007/08
Separations	86	77	74	74
Beddays	533	545	432	515
Average Length of Stay	6.2	7.1	5.8	7.0

Source: FlowInfo Version 9.3, Acute Excluding User Defined List (Exclude) with SRGs: 20 23 74 99

The Special Care Nursery is staffed by maternity ward staff and had an average occupancy of 70% for 2007/08. Around 18% of babies born at Armidale Hospital require admission to the special care nursery. The current state wide average length of stay in a Special Care Nursery is 6.87 days. Based on 75% occupancy, length of stay of seven days and assuming 18% of babies will require admission to a special care nursery, Table 38 shows that Armidale Hospital will still require two cots by 2021/22.

Table 38: Armidale Hospital Projected Qualified Neonatal Separations, Beddays and Beds, 2011/12-2021/22

Activity	2011/12	2016/17	2021/22
Number of projected births	444	419	398
Future Qualified neonates	80.0	75.5	71.6
Total Projected beddays (los 7 days)	520	491	465
Projected beds based on 75% occupancy	2.0	1.9	1.8

Source: FlowInfo Version 9.3, Acute Excluding User Defined List (Exclude) with SRGs: 20 23 74 99, Calculations for projected births based on HNE Health Internal Planning document and NSW Health Maternity Services Inpatient Capacity and Projection Methods, 2008



Neonatal transfers from Armidale Health Services are generally to John Hunter Hospital or other Sydney metropolitan hospitals. Back transfers to Armidale Hospital generally originate from John Hunter, Westmead or the Royal Hospital for Women at Randwick. The Neonatal Emergency Transfer Service (NETS) organise the transfers. NETS retrieval takes three – six hours often needing up to four hours to stabilise the baby. Armidale Hospital transfers approximately 12 neonates per year.

The Tamworth Hospital Health Services Plan 2008 states that the Tamworth Special Care Nursery will increase to a Level 4 Neonatal Service. This proposed increase is likely to reduce neonatal outflows to the John Hunter Hospital.

There are two paediatricians providing ongoing support to the Armidale Hospital nursery. One paediatrician is employed full time and the other part time. The sustainability of the present paediatrician service is of concern due to the current one to two on call roster.

Services for Children, Young People and Families

HNE Health provides services for children, young people and families as part of an Area-wide network guided by the HNE Health Children, Young People and Families Services Plan 2007 – 2011^{xv}. Key directions for the service include:

- Improved care for children presenting to emergency services through training, skills development and the introduction of clinical practice guidelines for ED staff
- Enhanced paediatric staff recruitment and retention strategies
- Establishment of paediatric palliative care, gastroenterology, plastics and reconstructive and rehabilitation services
- Integration of Maternity and Child and Family Health services for vulnerable families
- Increased focus on disease prevention and early intervention for vulnerable families
- Strengthening violence prevention services.

Services for children in HNE Health area are supported by the Northern Child Health Network. The Northern Child Health Network extends from the southern reaches of the Hunter area to the NSW / Queensland border, including the North Coast AHS.

Service Profile

Table 39 shows the proportion of children and young people aged 19 years and under in the Tablelands Cluster population, which is projected to decrease by 15% to 2026. In 2006 the population aged less than 19 years was 29% of the total population which will decrease to 25.5% of the total Tablelands Cluster population by 2026.

Table 39: Age projections for Tablelands Cluster 0-19 years, 2006–2026

Age	2006	2011	2016	2021	2026	% change
0-19	14,628	13,943	13,227	12,770	12,429	↓15.0%
Total	50,982	5,0671	50,156	49,525	48,744	↓4.4%

Source: NSW Health Population projection Series 1.2009, Department of Planning and Statewide Services Development Branch March 2009



A wide range of services are currently provided to children, young people and families by HNE Health and other public, private and community organisations.

Services for children, young people and families are located in areas that are accessible to families and include:

- Armidale Community Health Centre
- Uralla Community Health Centre

Table 40 shows the non admitted patient occasions of service (NAPOOS) activity for community based children's services. It should be noted that children are also treated as part of other family focused services. Whilst Community Health Child and Family Services appear to have increased significantly, it should be noted that NAPOOS for the Families First Program and hospital based Child and Family Services were combined with Community Health Child and Family Services in 2007.

Table 40: Armidale Community Health Centre and Armidale Hospital NAPOOS, 2005/06-2008/09

Service	2005/06	2006/07	2007/08	2008/09
Community Health				
Child and Family	3,822	3,791	4,284	5,557
Child Protection	366	293	76	111
Families First Follow-up Visit	114	149	*	-
Families First Initial Visit	299	292	*	-
Mental Health child and adolescent	365	359	339	64
Armidale Hospital				
Child and Family	630	1056	*	-
Paediatric medicine	4	N/A	25	39

Source: Non Admitted Patients Data Collection 2009 Armidale Community Health Centre and Armidale Hospital. Note: * data rolled into Child and Family Community Health data collection from July 2007.

Paediatric Inpatient Services

Paediatric inpatient services are part of a range of services provided to children and young people in the Armidale area. Paediatric surgery is provided at Level 3 role delineation and paediatric medicine at Level 4. The paediatric ward has eight beds and can utilise four flex beds, either two from the medical ward or two from the maternity ward when required. Admission to the ward can be via the ED, direct referrals or transfers from outlying hospitals for booked surgical/medical procedures.

There are two paediatricians providing services to Armidale and surrounding communities. Paediatricians and GPs can refer direct to the ward and nursing staff can commence treatment (following nurse initiated treatment guidelines) prior to the paediatrician assessing the patient. The Armidale Hospital has recently appointed an accredited ED resident position, to be based within the ED.

A Paediatric CNC based in Armidale covers the northern clusters of Mehi, McIntyre, Tablelands and Peel.



Armidale Hospital has no paediatric anaesthetist and only provides surgical procedures on children aged greater than one year of age. Day only dental and ENT procedures are performed and day only medical infusions for metabolic disorders are undertaken on the paediatric ward. The majority of complex surgical cases will continue to be referred to tertiary hospitals.

There is minimal paediatric physiotherapy service. There are increasing numbers of premature babies requiring follow up and an increasing need to co-ordinate case management, especially for children with low socioeconomic backgrounds and complicated treatment needs.

Table 41 shows total paediatric activity increased by 8.5% from 2004/05 to 2007/08. The largest increases occurred in the 5–9 (41.4%) and 10-14 (37.4%) year age groups.

Table 41: Armidale Hospital Paediatric Activity, 2004/05-2007/08

Age	2004/05	2005/06	2006/07	2007/08	% Change
00 to 04 years	368	371	377	373	1.4
05 to 09 years	133	140	156	188	41.4
10 to 14 years	115	134	155	158	37.4
15 to 19 years	300	274	348	275	-8.3
Total	916	919	1,036	994	8.5

Source: Flowinfo v.9.3. All patient groups. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations

Table 42 shows that in 2007/08 71.5% (711) of paediatric admissions were emergency admissions. The proportion was highest for the 10-14 year age group where 83.5% of admissions were emergencies.

Table 42: Armidale Hospital Paediatric Activity by Age and Urgency of Admission, 2007/08

Age in Years	Emergency	Other	Planned	Total	% Emergency
00 to 04	268	46	59	373	71.8
05 to 09	120	3	65	188	63.8
10 to 14	132	0	26	158	83.5
15 to 19	191	38	46	275	69.5
Total	711	87	196	994	71.5

Source: Flowinfo v.9.3. All patient groups. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations

Table 43 presents paediatric inpatient medical and surgical activity for 2007/08. In 2007/08 the main reasons for medical admission were for respiratory and infectious diseases. The main reasons for surgical admission were orthopaedics, injuries and dental extractions.

Table 43: Armidale Hospital Medical and Surgical Paediatric Activity, 2007/08

Activity	Separations	Bed days	ALOS
Medical	447	961	2.15
Surgical	417	684	1.6

Source: Flowinfo v.9.3. All patient groups. Excludes chemotherapy, renal dialysis, unqualified neonates and unallocated separations. Excludes Obstetrics and qualified neonates.



Table 44 presents bed numbers required to meet future paediatric and young people inpatient activity at Armidale Hospital based on projected activity. An occupancy rate of 75% has been assumed for future activity. This suggests that five beds will be required by 2021. It is noted that the future activity projections are for 0-15 years only.

Table 44: Armidale Hospital Paediatric Inpatient Activity Projections 0–15 years, 2011/12-2021/22

Overnight Activity	2011/12	2016/17	2021/22
Separations	459	425	400
Beddays	1284	1149	1049
Beds @75% occupancy	4.6	4.2	3.8
Day Only Activity			
Separations	124	123	127
Beddays	124	123	127
Beds @75% occupancy	0.5	0.5	0.5
Total Paediatric Beds	5.1	4.7	4.3

Source: aIM 2005 Age Group 00 – 15 years. Note includes all SRG except qualified neonates, places of residence, and stay types, the scenario has aligned population with the NSW Health Population Projection Series 1.2009. Base year for projections is 2003/04 and should be considered indicative only.

Children with complex needs (cerebral palsy, cystic fibrosis, muscular dystrophy, and palliative care) are managed locally by the generalist paediatricians, GPs, paediatric nursing staff and child and family allied health staff from Armidale Community Health Services with input from tertiary specialists when required.

Referrals for tertiary specialist care are to the three children's hospitals. Table 45 shows the paediatric outflows from 2004/05 to 2007/08.

Table 45: Armidale Hospital Paediatric Outflows, 2004/05-2007/08

Hospital	2004/05	2005/06	2006/07	2007/08	% Change
Children's Hospital Westmead	81	62	55	74	-9.3
Sydney Children's Hospital	67	86	81	107	59.7
John Hunter Children's Hospital	83	73	76	94	13.2
Total	231	221	212	275	19.0

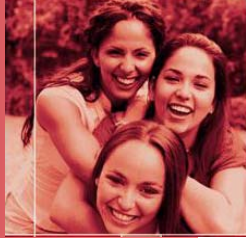
Source: FlowInfor V9.3 Excluding User Defined List (Exclude) with SRGs: 20 23 74 99

To support local paediatricians, the following subspecialty clinics are currently provided in Armidale:

- Paediatric Oncology four times per year
- Cystic Fibrosis twice a year
- Juvenile Diabetes twice per year

To strengthen the paediatric workforce the Joint Medical Program created a 0.8 FTE paediatric academic position that HNE Health has agreed to increase by 0.2 clinical FTE to create a full time position. It is anticipated that this position will provide outreach clinics to the surrounding communities.

Consultation with staff identified that: a critical mass of skilled paediatric medical staff is required to ensure a sustainable service. Paediatric physiotherapy services need to be enhanced and, there can be difficulties accessing Child and Adolescent Psychology.



Recommendations

- Enhance paediatric services through the provision of an additional paediatric medical position and explore outreach options to ensure expanded services can be sustained (a paediatric academic position is currently being advertised by UNE and HNE Health)
- Explore options to enhance funding for Child and Family health nursing to sustain home visiting for 0-5 year age group
- Enhance paediatric physiotherapy services for the Armidale area, and Tablelands and McIntyre Clusters

Child and Family Services

Community based Child, Youth and Family Services include:
Aboriginal Mothers and Babies Program

The Aboriginal Mothers and Babies Program provides access to health services during and after pregnancy and birth. A midwife (0.8fte position) and an Aboriginal Health Education Officer provide antenatal and postnatal services until the baby is 6 weeks of age. Weekly clinics are held at Narwan Clinic. This service aims to improve access to antenatal care and breastfeeding, and to reduce smoking in pregnancy and low birth weight babies. The service visits women at home as this is more culturally acceptable for Aboriginal women.

The Aboriginal Mothers and Babies Program is available to Aboriginal women living in Armidale, Guyra and Uralla. Referral is by self, family, community groups, GPs and other health workers.

Additional funding has been secured through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) New Directions allocation to provide an Aboriginal Health Worker and Early Childhood Nurse for follow up from six weeks to eight years of age. This program will become an integrated service with the Aboriginal Mothers and Babies Program.

Consultation with staff indicated that the referral rate to the program could be improved by working closely with the Midwives clinic.

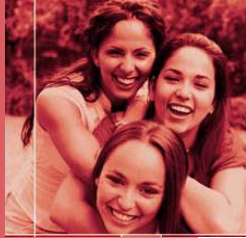
Audiometry

An Early Childhood Nurse provides audiometry clinics in Armidale and an outreach clinic at Glen Innes. The service provides hearing assessments and education.

Child and Family Health

Early Childhood Centre Services provide ongoing health checks, support, screening, and education for 0-5 year olds. The service is accessed via an appointment either at the centre or by a community consultation in the home.

Early Childhood Nurses provide the link between hospital and community based services. Universal First Home Visits (under the guidelines of Families NSW) are offered to all mothers who have given birth.



Immunisation

Community Health immunisation clinics are provided for 0-6 year olds and at risk adults. School based immunisation services are also provided.

Immunisation is provided via follow up programs for children with overdue immunisations and for children from overseas requiring immunisation.

Physical Abuse and Neglect of Children (PANOC) Counselling Service

The PANOC Service provides counselling and therapeutic services to children, young people and their families where physical and/or emotional abuse and neglect have been identified and can only be accessed by a DoCS referral.

Psychological Counselling

The psychological counselling service provides counselling to parents and families regarding management of children with emotional, behavioural and social problems. The service also provides counselling to individuals and couples with a wide variety of relationship problems. Counselling of individuals with emotional, behavioural and communication problems, including issues of stress, bereavement, anxiety and depression, is also provided. The psychological counselling service is accessed by referral from GP, Paediatrician, health workers, self, carer or friend.

Sexual Assault Counselling Service

The Sexual Assault Counselling service provides free counselling for people who have experienced sexual assault. The service is available in Armidale, Guyra and Uralla and is accessed by referral from GPs, other health workers, NSW Police, DoCs, or self referral. The Sexual Assault service also provides an on-call emergency counselling support.

Social Work

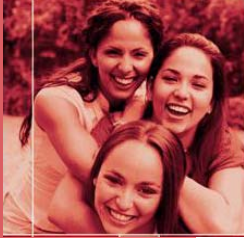
The Social Work service provides general counselling for all emotional and psychosocial issues as well as specialised services including oncology and renal. The service provides one to one and couple relationship counselling; family or individual crisis intervention; coping with stress and depression; counselling in relation to loss and grief; adult survivor of sexual assault; domestic violence and other abuse issues

The service is available to the populations of Armidale, Guyra and Uralla. The service is accessed via self referral directly through drop-in during working hours and seeing an Intake Worker in person or via telephone.

Speech Pathology

The Speech Pathology service identifies, diagnoses and treats speech, language, voice and fluency (stuttering) difficulties in children and adults. It also assists with feeding and/or swallowing disorders in children and adults. The focus is on early intervention. The speech pathology service (2.8 FTE) is provided Monday to Thursday for adults and Friday for children and sees both inpatients and outpatients.

Speech pathologists have an important role in rehabilitation. The service is accessed via referrals from self, family, health staff, doctors, education staff and other professionals.



The service does provide cost recovery services to nursing homes and hostels, and the private hospital.

The Paediatric Speech Pathology service has 0.12 FTE for inpatients and 2.0 FTE for outpatients. The service covers Armidale, Uralla, Walcha, Kentucky and Guyra. Access to services is based on need. There is a focus on group sessions and parent training. There is a gap in services to the Aboriginal community as assessments are undertaken but there is minimal follow up compliance.

There is a need for multidisciplinary care for complex children however, this is difficult to achieve, as other disciplines are hospital/inpatient based. Paediatric services will need to work more closely with Aboriginal Health Workers. Complex children may be DADHC eligible or non-eligible which is an issue as multidisciplinary services are often required with the assistance of social work.

Recommendations

- Develop a collaborative program with Aboriginal Health, Speech Pathology and New England Division of General Practitioners (NEDGP) to improve access by the Aboriginal community
- Review models of outreach service delivery for children
- Develop a coordinated approach to managing the needs of complex children in conjunction with Department of Education, Paediatric Services, and Ageing, Disability and Home Care (ADHC) - Department of Human Services NSW
- Office for Aboriginal and Torres Strait Islander Health (OATSIH) New Directions service to work with NEDGP and Speech Pathologists to improve Aboriginal children's access to speech pathology services.

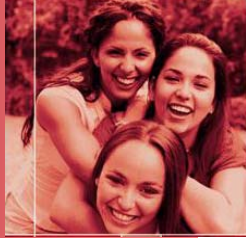
Disability Services

The Department of Ageing, Disability and Home Care (Tamworth Office) provides services in Armidale and for surrounding communities including:

- Home Maintenance and Modification
- HACC Podiatry Services
- Temporary Assistance Project: Domestic Assistance and Personal Care

Other Disability Services available across the Armidale catchment include:

- Northcott Disability Services who provide a range of services including Paediatric Spinal Outreach Service, Spina Bifida Group of NSW and a Computer Assistive Technology Service
- Integrated Living Armidale provide community care and disability services covering: Home and Community Care, Community Aged Care, Veteran's Affairs Home Care , Respite Services – for aged, dementia, disability and mental health, Disability supported accommodation services, disability employment services and disability day programs
- The Armidale Care for Children with Disabilities Inc provides respite care, in the family home or other appropriate venues, for families of children 0-18 years old with disabilities.



Major concerns for child and family services identified through consultation include:

- providing a critical mass of skilled Child and Family Health staff to ensure a sustainable service and workforce.
- enhancing partnerships and networks to improve access to child and family services e.g. a Paediatric chronic and complex care service
- strengthening Paediatric ambulatory care services e.g. paediatric diabetes education
- better coordination of Community Health IT systems to improve transfer of information

Recommendations

- Investigate the need for a Paediatric Chronic and Complex Care service
- Establish community based social work and psychology support for children and families

Clinical Support Services

Operating Suite / Day Procedures Services

Armidale Hospital operating suite and day procedure services include:

- A 10 bed unit which caters for surgical and medical same day procedures
- Two operating rooms
- One procedure room which is dedicated to endoscopy procedures.

There are four general surgeons (two part time and two full time). The increase in staff specialists has resulted in more complex work being undertaken at Armidale Hospital than was previously performed by GP surgeons.

Theatre allocation is two elective lists in the morning session and one elective afternoon session and one emergency session each afternoon.

All patients are admitted on the day of surgery except people who have to travel long distances or require a bowel preparation prior to theatre.

Operating Suite

In 2008/09 the operating suite at Armidale Hospital performed 2933 surgical procedures. The November 2009 waiting list data shows that the specialities with the greatest number of Category C long waits included general surgery, ophthalmology and orthopaedics. Consultation revealed that the scheduling of operating theatre time is a concern and it was recognised that this may be due to the lack of an anaesthetist at the time of the consultation.

Table 46 presents the number of operating suite procedures at the Armidale Hospital for the period 2004/05 to 2008/09. There was an increase of 87 (3.1%) procedures between 2004/05 and 2008/09. The number of procedures did increase to 3,043 (6.9%) in 2007/08 but between 2007/08 and 2008/09 there was a decrease of 110 (3.6%) procedures.



Table 46: Armidale Hospital Operating Suite Procedures, 2004/05-2008/09

2004/05	2005/06	2006/07	2007/08	2008/09	% Change
2,846	2,761	3,006	3,043	2,933	3.06

Source: Data received from Armidale Hospital Dec 2009

Table 47 presents a breakdown of the Armidale operating suite procedures by month for 2008/09. Over the twelve months emergency procedures accounted for approximately 31.3%, day only procedures 34.5%, and other surgical procedures 34.2%.

Table 47: Armidale Hospital Operating Suite Procedures 2008/09

Month	Day Procedure Booked	Other surgical Procedures	Emergency procedures	Total	% Day Procedure Booked	% Other surgical Procedures	% Emergency procedures
July	101	120	79	300	33.7	40.0	26.3
Aug	116	86	78	280	41.4	30.7	27.9
Sept	96	79	75	250	38.4	31.6	30.0
Oct	114	77	78	269	42.4	28.6	29.0
Nov	107	78	86	271	39.5	28.8	31.7
Dec	69	61	97	227	30.4	26.9	42.7
Jan	45	23	50	118	38.1	19.5	42.4
Feb	86	50	63	199	43.2	25.1	31.7
Mar	95	117	64	276	34.4	42.4	23.2
Apr	13	141	69	223	5.8	63.2	30.9
May	63	73	96	232	27.2	31.5	41.4
June	107	97	84	288	37.2	33.7	29.2
Total	1,012	1,002	919	2,933	34.5	34.2	31.3

Source: Data received from Armidale Hospital Theatres and CSSD Manager October, 2009

The NSW Health Operating Theatre Tool (May 2007)^{xvi} has been used to project the number of multi function operating and procedure rooms required to meet the future surgical needs of the Armidale Hospital.

Table 48 shows the actual 2008/09 activity and the projected operating suite activity for Armidale Hospital. Operating suite activity is projected to increase by 45% to 2021/22.

Table 48: Armidale Hospital Current and Projected Operating Suite Activity, 2008/09-2021/22

Year	2008/09	2011/12	2016/17	2021/22
Cases	2,933	3,771	3,986	4,254

Source: aIM2005. Base year for projections is 2003/04 and should be considered indicative only.

Potential increases in activity may be due to:

- Increased complexity of surgical procedures required by an ageing population
- New techniques and technologies that result in increased surgical interventions
- An increasing trend in privately referred non admitted occasions of service being carried out in an operating theatre. These occasions of service have been included in the activity indicated in Tables 48 and 49.

Table 49 presents the results of projection modelling and shows that two operating theatres, one anaesthetic bay and one procedure room will be needed by 2021/22. It is



proposed that any increase in activity can be accommodated in the existing two theatres and procedure room.

Table 49: Armidale Hospital Projected Operating Theatre, Anaesthetic Bay and Procedure Room Activity, 2011/12-2021/22

Type	2011/12	2016/17	2021/22	Number required (rounded)
Anaesthetic Bay	0.1	0.1	0.1	1
Operating Theatres	1.5	1.6	1.7	2
Procedure Rooms	0.4	0.5	0.5	1

Source: aIM2005 and NSW Health Operating Theatre Tool

There are currently four recovery bays at Armidale Hospital. Generally recovery bays are calculated at two recovery places per operating suite and from two to four recovery places for day procedure rooms. The variance depends on throughput and there may need to be an increase of one to two recovery bays to support future procedural activity.

Day Surgery

Table 50 presents surgical specialty separations and the number of day surgery beds / chairs projected to 2021/22.

Table 50: Armidale Hospital Projected Separations and Day Surgery Beds/Chairs, 2011/12-2021/22

Day Only	2011/12	2016/17	2021/22
Adult Surgical	1,088	1,253	1,443
Paediatric	124	123	127
Total Separations	1,212	1,376	1,570
Day only surgical beds/chairs @ 85% occupancy 230 days / year	6.2	7	8

Source: aIM 2005. Base year for projections is 2003/04 and should be considered indicative only.

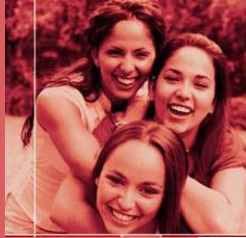
Anaesthetics

Armidale Hospital has a Level 4 anaesthetic service. The anaesthetic service is provided by one CMO and four VMOs. There is a one in two or a one in three on call roster during the week and a one in five on-call weekend roster. At times there are difficulties providing anaesthetic cover and surgical lists may have to be cancelled. It has been suggested that an additional 1.0 FTE anaesthetist is required to ensure adequate cover at all times. Consultation with medical staff has suggested that a one in five anaesthetic roster would strengthen the workforce and ensure service sustainability.

Preadmission clinics are held nine days per month by anaesthetists.

One VMO provides a Chronic Pain Clinic eight mornings per month.

Consultation with staff and other key stakeholders highlighted a need for safe and quality service delivery consistent with role delineation and, a critical mass of skilled staff to ensure a sustainable anaesthetic and surgical workforce and services.



Recommendations

- Enhance co-ordination of discharge planning processes ensuring culturally appropriate multidisciplinary service links are in place as appropriate for the individual patient (e.g. GP discharge letter from CHIME, to and from Community nursing services)
- Develop strategies to strengthen and maintain a sustainable anaesthetic workforce, including determining reasonable 'on call' rosters. These strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support
- Ensure collaborative medical workforce rostering continues with Armidale Private Hospital

Central Sterile Supplies Department (CSSD)

The CSSD services Armidale Hospital Operating Theatres, ED, ICU, medical wards, obstetrics and gynaecology wards, domiciliary services, dental service, Foot Clinics (also at Uralla, Tenterfield, Glen Innes and Guyra) and Glen Innes Hospital's Operating Theatres and ED. Services are also provided to some GPs and the Pat Dixon Medical Centre.

The CSSD has a good working relationship with and provides back up for Armidale Private Hospital. CSSD has 3.8 FTE staff - three work within the department and 0.8 FTE within the operating theatre suite.

The CSSD provides a service Monday to Friday, 7am to 6 pm. When Armidale Hospital is on for the Orthopaedic Trauma weekend roster, CSSD staff are rostered on call.

The CSSD networks with Glen Innes and Inverell Hospitals, sharing equipment for surgical lists when able e.g. ophthalmology. Networking with the Tamworth services is limited.

There is a need for improved asset management in CSSD at Armidale. NSW Health is considering a model for theatre equipment tracking and maintenance, and there may be opportunity to access funds through this program. The John Hunter Hospital will be trialling an approved instrument tracking system. Once this trial has been completed the instrument tracking system will be rolled out across HNE Health acute hospitals.

Recommendations

- Develop an equipment maintenance and replacement schedule with strategies to source ongoing funding to improve provision of surgical equipment through CSSD.

Pathology Services

The Armidale Laboratory is part of a network of laboratories operating collectively as Pathology New England. Other laboratories within the network include Glen Innes, Inverell, Tamworth and a collecting centre at Tenterfield.

Pathology New England is part of the newly formed 'Pathology North', which is one of four pathology service clusters in NSW based around tertiary centres. Pathology North covers



Northern Sydney Central Coast Area Health Service, North Coast Area Health Service and HNE Health.

The Armidale Laboratory is a level 4 accredited laboratory. Its primary role is to meet the pathology needs of the Armidale Hospital. It also provides outpatient services to the wider community.

Armidale Hospital does not have a Pathologist on site; therefore many specimens are transferred to Tamworth for further testing.

The Armidale laboratory currently operates Monday to Friday 7am to 5pm and on weekends 8:30am to 5:30pm. Outside of these hours a staff member is rostered on call at all times.

Non Admitted Occasions of Service for pathology are provided in Table 51. Biochemistry and haematology tests account for approximately 68% of all occasions of service. In 2008/09 pathology NAPOOS increased by 6.6%, while tests for pathology in the ED decreased by 8.7%.

Table 51: Armidale Hospital Pathology NAPOOS, 2005/06-2008/09

Location	2005/06	2006/07	2007/08	2008/09	% Change
Pathology	730	834	978	778	6.6
Pathology in the ED	3768	5136	3630	3441	-8.7

Source: Non-Admitted Patient Data Collection 2009

A Blood Bank Service operates at Armidale Hospital adjacent to the Pathology Department. This service operates Monday to Friday and hours of opening vary to suit blood donors.

Consultation with staff suggested there was increasing demand for inpatient pathology, chemotherapy and transfusion services. As there is limited access to pathology overnight, it was suggested that additional point of care testing facilities be provided in approved departments e.g. ICU. Succession planning is required to ensure sustainable workforce and service delivery.

Recommendations

- Implement the Point of Care testing strategy (in approved departments) with appropriate governance, and consistent with Pathology North/AHS directions
- Develop succession planning strategies for the Pathology Department to recruit people with the broad range of pathology experience required for rural areas

Pharmacy Services

Pharmacy services are currently delineated at Level 4, supported by network arrangements with Tamworth Hospital for drug procurement and distribution. The current service is limited to supply of medication for inpatients and for s100 and compassionate supply to outpatients. Pharmacy services provide a supply service to Tablelands Cluster hospitals and a limited service to Inverell Hospital as needed. There is a Pharmacist employed for one day a week to visit Glen Innes Hospital. Armidale Hospital is the base for packing and dispatching of medications to six separate sites in the Tablelands and



McIntyre Clusters. All issues relating to the ordering, prescribing, dispensing, medication management, and safety and legal requirements are the responsibility of the Armidale Pharmacy Department.

Armidale Hospital wards use an imprest system with limited individual supply. The After Hours Nurse Manager and Security Staff access pharmacy after hours if required. Drug incident monitoring and reporting conducted across the northern part of HNE Health has identified that improved procedures need to be introduced to ensure drug safety across all centres.

Consultation with staff and other key stakeholders identified that there is a need for safe and quality service delivery consistent with role delineation and that a critical mass of skilled staff is required to ensure a sustainable pharmacy workforce and services. There is lack of continuity of service for the wards however, a limited pharmacy service is involved in medication review, discharge planning, patient education and staff education. Any expansion of oncology services at Armidale has the potential for additional medication dispensing. This could necessitate an increase in stockholding and the need for additional Pharmacy stock space. Furthermore, the position of Pharmacy away from the mainstream operations of the hospital is of concern. Capacity and location issues may be addressed in a Master Site Plan process.

A new 0.5 FTE position, funded under the NSW Health Caring Together Initiative, commenced in April 2010. It is planned that this position will provide a remote clinical pharmacy service to Inverell, Emmaville, Guyra and Tenterfield Hospitals.

The UNE commenced an undergraduate pharmacy degree in 2010 which will potentially increase the pool of Pharmacists available locally.

Recommendations

- Facilitate pharmacy involvement in medication reconciliation on admission, reviews and the discharge planning process
- Increase clinical pharmacy services

Diagnostic Imaging Services

Diagnostic Imaging services at Armidale Hospital are delineated at Level 4. Armidale Hospital Imaging Services provide computerised radiography with one general machine, one CT scanner, two mobile x-ray units (generally used in ICU or sometimes paediatrics) and one ultrasound machine. The service provides an image intensifier in theatres (daily use) and an Orthopantomogram (OPG) dental unit. It occasionally provides forensic radiography.

The imaging service provides a fortnightly radiography (X-ray) clinic at Guyra MPS and is also contracted to provide services to the Armidale Private Hospital.

The Imaging Services operate from 8am to 6.30pm Monday to Friday and 9am to 5 pm on Saturdays and Sundays. After hours staff are rostered on call. There are on average 16 call backs a month.

There are four radiographers based at Armidale, one is also a sonographer. One staff member provides holiday and leave relief for Tenterfield, Inverell and Glen Innes.



Radiographers have an oncall roster of one in three. The Staff roster generally works ten days on with four days off. There is one full time clerical officer.

PRP Imaging is a private company contracted to HNE Health to provide an onsite radiologist at the hospital for three days each week (Tuesday, Wednesday and Thursday). Mondays and Fridays CT requests are faxed to the radiologist at Tamworth to determine if a contrast or non contrast CT is required. Out of hours images are sent via PACS to the PRP Imaging radiologist on-call.

A CT scanner has recently been installed in Armidale Hospital's Imaging Department. Previously patients had to be transferred offsite to the private imaging service. Angiography and other interventional procedures can now be provided at Armidale Hospital. MRI is provided at Tamworth.

In January 2009 HNE Health introduced the Radiology Information System (RIS) and the Picture Archiving Communications Systems (PACS) allowing digital access to images and reports.

Table 52 shows that over the timeframe 2005/06 to 2008/09 diagnostic imaging NAPOOS have fluctuated but overall have remained static.

Table 52: Armidale Hospital Medical Imaging NAPOOS, 2005/06-2008/09

Service	2005/06	2006/07	2007/08	2008/09
Imaging	2,738	3,037	1,708	2,026
Imaging in the ED	1,854	1,538	326	1,997
Privately referred	785	1,591	859	296
Total NAPOOS	5,377	6,166	2,893	4,319

Source: Non-Admitted Patient Data Collection 2009

Consultation with staff and key stakeholders suggested that access to imaging services has been improved with the introduction of the CT scanner. This has impacted on resources required to support this new service and access to general x-ray services.

Recommendations

- Identify additional resources to support the increasing demand in the imaging department i.e. increased clerical, nursing and radiographer/sonographer support
- Investigate the need for an additional general X-ray room

Nuclear Medicine

Armidale Hospital does not provide Nuclear Medicine services. Level 4 Nuclear Medicine services are available at Tamworth Hospital. The Tamworth Health Services Plan 2008-2012 indicates that the service will increase to a Level 5 service.

Medical Records

Armidale Hospital Medical Records Department coordinates medical records and their storage for the Armidale Health Services. The activity of this unit is closely associated with the hospital's activity, especially if new services are commenced. For example, an



additional outpatient clinic entails preparing medical records before and after the clinic. A 0.5 FTE position has been appointed to assist with additional outpatient clinics run by staff specialists.

Armidale Hospital does not meet Australian Council of Health Standards (ACHS) requirements to have integrated ED records with general medical records as there is not enough space to store integrated records. There is also an issue around space required for primary storage and the accessing records in storage. The increase in medical records size due to the integration of outpatient clinic notes has meant that the primary storage has decreased to two years.

HNE Health is developing a strategy to implement the digitalisation of medical records and it is anticipated that this will address the current difficulties between the electronic records systems used for Community Health records and ED inpatient services.

Recommendations

- Implement Electronic Medical Records in line with Area protocols for Armidale Hospital
- Develop options for long term storage of Medical Records

Integrated Community and Hospital Services

Role delineation for integrated community and hospital services of Armidale Hospital is provided in Attachment 14.5. The 2009 role delineation assessment shows that there has been an increase in role delineation since 2005 for Adult and Child/Adolescent mental health inpatient acute and extended care, and community care – acute/non acute.

Adolescent Health Services

Adolescent Health Services operate as a Level 3 service for the Tablelands Cluster. The Paediatric Unit at the Armidale Hospital has the capacity to admit young people however facilities are not ideal for adolescents. There is limited access to adolescent psychiatry services and limited access to nursing and psychology services from Child and Adolescent Mental Health Services.

The Armidale Child, Youth and Family Team are often asked to assist in the management of children/adolescents in Inverell and Glen Innes, however there is limited capacity to provide this support.

Mental Health Services^{xvii}

HNE Mental Health Services are managed and operated as a single service across the Hunter New England area. Although there are close working relationships between Mental Health Services and Armidale Health Services, the services are managed and operated separately.

Mental Health Services in the Armidale area are delivered in partnership with other service providers and the model of service delivery covers the provision of adult sub acute inpatient services and community-based and consultative mental health services.

The Hunter New England Rural Training Unit and the School of Rural Medicine at the UNE have undertaken a needs assessment of GPs' management of patients with mental health conditions. The assessment identified the need to improve GP's diagnostic and treatment skills of children and adolescents with mental health conditions.



Separate planning processes are currently underway to assess future needs particularly for increased acute mental health services in Armidale.

Community Mental Health Services

Armidale Community Mental Health Team (CMHT) covers the Tablelands Cluster with members of the team based in Armidale, Glen Innes and Tenterfield. They provide assessment, treatment, counselling, support, education, information and referral for anyone in Armidale and surrounding communities experiencing mental distress.

CMHT uses a care coordination model of care. Mental health community services are accessed via a 24-hour Centralised Intake/Extended Hours Crisis line based in Newcastle. The service accepts referrals from Armidale Hospital, Police, GPs and self-referrals.

Table 53 shows community mental health occasions of service for two years from 2005/06 to 2006/07. Over that period, there was been a decrease of 7% in OOS overall, and this has occurred with decreases in OOS for CMHT Adult and General and Older Persons.

Occasions of service were provided as either face to face meetings or phone contact with clients. CAMHS staff may also provide follow up support to carers and external service providers.

Table 53: Community Mental Health OOS, 2005/06-2007/08

Team	Program	2005/ 06	2006/ 07
CAMHS	Child and Adolescent	382	728
CMHT	Adult and General	2,462.7	1,915.9
	Older Persons	41	28
Rehabilitation	Adult and General	514.2	890.3
TOTAL		3,399.9	3,180.2

Source: Non Admitted Patient OOS provided by Mental Health Team Occasions of Service by Program and Team 2005-2008. Note: 2007/08 data is incomplete.

Child and Adolescent Mental Health Services (CAMHS)

The HNE Health Mental Health Services Plan 2006 – 2010 identifies Armidale as a hub for mental health services for children and adolescents. The model of service is integrated with community mental health and local hospitals to enable appropriate access.

CAMHS operates across the northern part of HNE Health and works closely with other agencies involved in service for children and young people. It provides assessment, management and clinical intervention for children and adolescents aged up to 17 years with mental health problems or at high risk of developing a mental illness.

Child and Adolescent services are beginning to see increasing numbers of acute presentations (up 90% between 2005/06 and 2006/07). Children and young people requiring inpatient care are referred to the Nexus Unit at the John Hunter Hospital in Newcastle.

There are several specialist programs provided across HNE Health including Aboriginal children and their families; Children of Parents with Mental Illness (COPMI); School-Link and Early Psychosis. A School-Link program has been provided over the last two years. The inability to provide other programs including the new Youth Mental Health Project, targeting 14 to 24 year olds, is of concern.



Inpatient and Residential Services

There are two specialist mental health inpatient units in northern Hunter New England which cater for the needs of people requiring hospital care when experiencing mental illness or mental health difficulties - The Clark Centre at Armidale Hospital and Banksia House at Tamworth Hospital.

Adult mental health inpatient intensive care requirements are provided by the Psychiatric Emergency Care Centre (PECC) at Calvary Mater Newcastle due to the specialised nature of this service.

Paediatric and adolescent inpatient services are provided by the Nexus Unit at the John Hunter Hospital in Newcastle.

Long Stay and Supported Accommodation are provided by non-government organisations and other service partners in Armidale and Tamworth.

Inpatient services for older people with acute illness and dementia with challenging behaviours are provided by the Hilltop Lodge Transitional Behavioural Assessment and Intervention Service (T-BASIS Unit) at Tamworth Hospital.

HNE Mental Health Services are in partnership with and give support to agencies providing services to people with mental illness living in Armidale. This includes nursing homes and Non Government Organisations (NGOs) such as Mallam House, the Psychiatric Rehabilitation Association and the Benevolent Society (who provide support and mentors). Forensic Mental Health Services are provided as a State-wide service. Access to these services is by referral.

Adult Sub Acute Mental Health Services

The Clark Centre is an eight bed unit for voluntary admissions of people aged 18 years and older. The Clark Centre provides assessment and intervention for all mental health diagnosis excluding dementia and drug and alcohol detox. Medical support is provided by a Resident Medical Officer and consultant psychiatrist who is based with the community team. The Clinical Director position is currently vacant.

On discharge clients are referred to the Community Mental Health Team.

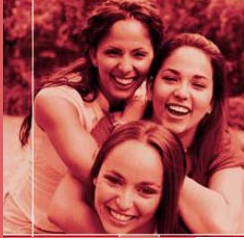
Patients requiring admission to a secure acute inpatient facility are transferred to the Banksia Unit at Tamworth Hospital or to another secure facility.

Table 54 presents Clark Centre activity and shows an overall decrease in separations, bed days and length of stay between 2004/05 and 2007/08.

Table 54: Clark Centre Sub Acute Mental Health Unit Activity, 2004/05-2007/08

Activity	2004/05	2005/06	2006/07	2007/08
Separations	256	248	217	239
Bed days	2,066	2,426	2,174	1,820
Average length of stay	8.1	9.8	10.0	7.6
Available beddays	2,920	2,920	2,920	2,920
Occupancy	70.8	83.1	74.5	62.3

Source: Flowinfo v.9.3 - Statewide Services, NSW Department of Health, 01/07/04 to 30/06/08
Armidale Hospital, Patient Group(s): Acute, Sub and Non-Acute, Unqualified Neonate, Psychiatric, Other(Non-Acute)



Adult Non-Acute Mental Health Services

Access to mental health inpatient rehabilitation services is available through services based at Morisset Hospital and Calvary Mater Newcastle Hospital.

Increasing emphasis is being placed on the provision of mental health services within the community to support people with a mental illness. Agencies such as Mallam House, the Psychiatric Rehabilitation Association and the Benevolent Society provide support, counselling and residential services in Armidale and the surrounding areas.

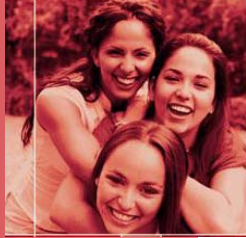
Community Residential Services

Community residential services are provided through the Housing and Accommodation Support Initiative (HASI). There are 10 high support places administered by the Richmond Fellowship in Tamworth. There are also 20 low support places managed by the Psychiatric Rehabilitation Association, 16 located in Tamworth and four outreach packages for Armidale.

The draft Future Directions – HNE Inpatient Mental Health Services (2008)^{xviii} outlines proposed developments for inpatient mental health services. The document recommends increasing inpatient mental health bed capacity in the Tablelands Cluster.

The Joint Medical Program has proposed a conjoint Academic Psychiatry position of 0.4 FTE UNE and 0.6 FTE HNE Health to enhance access to psychiatry services.

Recurring themes relating to hospital and community based services identified during consultations are also applicable to Mental Health Services. These include the need for safe and quality service delivery consistent with role delineation, a critical mass of skilled staff to ensure sustainable mental health workforce and services, enhanced partnerships and networks to assist in meeting the increased demand for mental health services and, strengthening education/teaching capacity to support the Joint Medical Program.



Recommendations

- Identify and implement systems to support GP VMOs providing weekend and after hours cover for mental health emergency presentations i.e. clarifying callback processes, enhancing education and skill development opportunities
- Pursue recruitment of vacant psychiatrist positions, and consider options of joint appointments with UNE to enhance education/teaching role
- Develop initiatives to enhance access to Child and Adolescent Mental Health Services specialist programs
- Facilitate improved access to psychiatric consultation, particularly out of hours access, via the establishment of the proposed video link to the Psychiatric Emergency Care Centre in Newcastle
- In partnership with HNE Mental Health services, explore options to increase bed numbers, particularly for gazetted beds, to meet projected needs across the catchment
- Enhance links between Mental Health Services and other acute and community based services
- Work collaboratively with other services i.e. Ambulance, Police and HNE Health internal transport services, to address transfer issues and develop an agreed protocol
- Improve communication of available Mental Health services to stakeholders
- Continue to improve access to Mental Health services for Aboriginal people via a range of initiatives (e.g. Aboriginal Mental Health traineeship) in partnership with Aboriginal Controlled Community Health Services (ACCHS), the Aboriginal community, NEDGP and other stakeholders

Drug and Alcohol Service

The Armidale Drug and Alcohol Service is available to all members of the community and accessed via a central intake number. Patients are referred from GPs, Armidale Aboriginal Medical Service, Police, other community health services and through self referral.

The service provides assessment, counselling and psychological therapy for individuals, families and couples with alcohol and other drug issues. It also provides pharmacotherapy, hepatitis C information, needle and syringe exchange and referral/management of detoxification. There are a limited number of people on pharmacotherapy programs, with only three pharmacies involved in the pharmacotherapy program. There is no pharmacotherapy dosing service at Armidale Hospital. One VMO provides a drug and alcohol outpatient clinic at the Community Health Centre as part of the Drug and Alcohol Service.

Outreach services are provided to Guyra and Uralla fortnightly. Additional services are provided by: GPs (communication, referrals and participation in case conferences); The Benevolent Society (Dual Diagnosis and Probation Services) and Freeman House (an Alcohol and other Drugs NGO residential rehabilitation service run by St Vincent De Paul Society). There is a need to improve access to Drug and Alcohol services for Aboriginal people.

Drug and Alcohol Services are provided primarily in the community with inpatient stays for detoxification when required. Patients needing detoxification are admitted to the general medical ward. The Drug and Alcohol Service provides consultation liaison to inpatients. Lakeview Detoxification Unit at Belmont Hospital is available for intensive management.



Consultation with staff and other key stakeholders indicated however that it could be difficult to access beds at Lakeview.

Table 55 shows there have been fluctuations in drug and alcohol inpatient activity between 2004/05 and 2007/08, and average length of stay has decreased from 5.3 days to 4.0 days over that time.

Table 55: Armidale Hospital Drug and Alcohol Inpatient Service Activity, 2004/05-2007/08

Activity	2004/05	2005/06	2006/07	2007/08
Separations	144	117	140	121
Bed days	769	525	534	485
Average Length of stay	5.34	4.49	3.81	4.01

Source: FlowInfo v.9.3, Non-Admitted Patient Occasions of Service Data Collection 2009

The aIM 2005 inpatient modelling tool identifies a need for one inpatient bed for drug and alcohol services to 2021. This is included within the medical inpatient bed numbers.

Consultation also identified a growing demand for some services such as pharmacotherapy dosing and dual diagnosis. It was suggested that this might be achieved through enhanced partnerships and networking with other services.

Recommendations

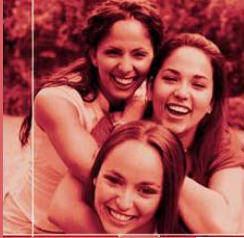
- Continue to work with Mental Health Services to develop care pathways for the management of patients with D&A and mental health comorbidities
- Improve links between acute inpatient services, community services and Drug and Alcohol services. e.g. through inpatient consultation liaison
- Expand the use of alternative dosing modalities e.g. Buprenorphine-nalaxone, unsupervised dosing
- Continue to improve access to Drug and Alcohol services for Aboriginal people via a range of initiatives in partnership with ACCHSs, the Aboriginal community, NEDGP and other stakeholders
- Work with the Mental Health/D&A Services Network to explore opportunities for staff development including possible rotations within funding allocations

Ongoing and Extended Care

Community based Ongoing and Extended Care Services provide a number of specific aged care programs including: Aged Care Services, Transitional Aged Care Services, Aged Care Assessment Team (ACAT), Continence Care, Community Nursing and Community Nursing HACC, Diabetes Education, Dietetics, Palliative Care Services, Podiatry and Psychogeriatric Care.

Aged Care Services

The Aged Service Emergency Team (ASET) provides a service to people 70 years of age and older who present to the ED. This project has funding for three years and has been running for one year. The project aims to follow up each elderly person and their carers with a focus on falls prevention and pressure risk assessment. An assessment is undertaken of the home situation and can result in outpatient referrals to OT, dietician and physiotherapist.



The Acute Age Related Care Service (AARCS) is based within Armidale Hospital and has a focus on admitted older people with complex needs. This project has funding for three years and has been operational for one year. The service is accessed by referral from the inpatient wards and self referral. AARCS looks after families and carers, providing support, guidance and guardianship advice. This service commences on admission and within 24 hours discharge planning has commenced.

Transitional Aged Care Services

In October 2009 Armidale Aged Care Services introduced a Transitional Aged Care program. This community based multi-disciplinary program provides slow stream rehabilitation in people's homes in an attempt to avoid premature admission to nursing homes and acute hospital beds.

The Transitional Aged Care program has capacity for 15 community care places providing care seven days a week. The multidisciplinary team includes registered nurses, enrolled nurses and assistants in nursing, physiotherapists and occupational therapists.
Aged Care Assessment Team (ACAT)

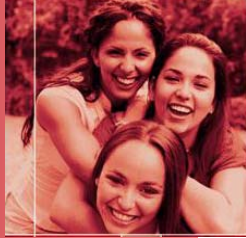
Armidale ACAT is a community based service that provides assessment, information, advice and assistance to older people who want to remain at home or who are thinking of moving into a hostel or nursing home. Assessment in hospital can only take place when the patient is ready for discharge.

The ACAT service covers the Tablelands and McIntyre Clusters, and is available to older people, and their carers and families, who are experiencing difficulties managing at home. ACAT is a key coordinating service in the management of frail aged people in the community and works closely with Armidale Hospital, GPs, other government agencies and NGOs, including nursing homes and hostels.

Referrals can be made from individuals, families, carers, other service providers, GPs and Health Services.

Referrals for assessment are prioritised into three timeframes. Priority 1 clients are those to be assessed within 48 hours, Priority 2 within two weeks and Priority 3 between four to six weeks. These timeframes are currently being achieved.

Consultation with staff and other key stakeholders suggested enhanced partnerships and networking are required to meet the needs of older people with complex needs who have frequent admissions. There also needs to be an increased focus on primary and continuing care in the community.



Recommendations

- Review the Aged Care Assessment Team (ACAT) workforce in the Tableland and McIntyre Clusters and develop strategies to address identified gaps
- Monitor and explore opportunities for enhancement of the Transitional Aged Care Program
- Raise awareness of the availability of Aged Care and ACAT services in the Tablelands and McIntyre Clusters
- In partnership with NEDGP, explore models to improve the management of older people with complex needs e.g. Hospital in the Home, and increased support to Aged Care facilities

Continence Care

A CNC provides continence care services for the Tablelands and McIntyre Clusters. Consultations are provided by phone, home visits and clinics. Issues raised during consultation with staff identified an increasing need for this service, opportunities for local promotion of the service need to be pursued and succession planning is required to ensure that the service is sustainable into the future.

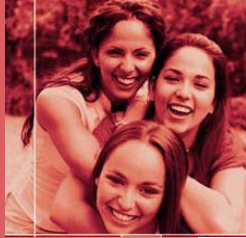
Community Nursing and Home and Community Care (HACC)

Community Nursing and HACC services provide home based nursing care for the Armidale community within a radius of 30 km. Community nursing is provided to people of all ages, and includes wound management, follow up care after discharge from hospital, comprehensive assessments and referrals to other services. The Community Nursing service also assists community members to maintain their health providing disease prevention education and support.

There are 5.7 FTE community nurses employed, many work part time which may impact on continuity of care. One nurse covers weekends. Referrals to the service are from GPs, Discharge Planner, ACAT, Community Nurses and Home Care. Referral can also be made by self, family and friends.

There is a need for safe and quality service delivery consistent with role delineation. It is difficult to provide timely service provision with increasing waiting lists, and a critical mass of skilled staff is required to ensure a sustainable workforce and services. Better service coordination is required between services especially for referrals and discharge planning. IT systems need to be coordinated across the continuum of care.

The National Health and Hospitals Reform Commission has a focus on primary health care which will influence future models of service delivery for community based health care.



Recommendations

- Review staffing levels for community nursing services and benchmark against other like services within HNE Health
- Develop new models of care to complement acute and community services e.g. Hospital in the Home
- Collaborate with practice nurses, GPs and NEDGP to provide education programs and support for disease prevention e.g. wound care management

Diabetes Education

The Diabetes Education service provides education to insulin dependent, non insulin dependent and gestational diabetics and people with impaired glucose tolerance. The service also provides information to family members, friends or people who work with diabetics.

Approximately 17% (8,500) of the Tablelands Cluster population have diabetes. The incidence of Type 1 diabetes is increasing at around 3-5% per year, while the incidence of Type 2 diabetes is increasing more rapidly. There is an increasing complexity of care and treatment regimes. Approximately 40% of children and young people being seen by the service are on insulin pumps, which entails ongoing education and support.

People can be referred by GPs, the NEDGP, self, families and carers. One Diabetes Educator provides services for Armidale, Uralla and Guyra. Although this is a community based service the Diabetes Educator spends 30-40% of their time seeing inpatients. The service also sees children from Armidale, Glen Innes and Inverell.

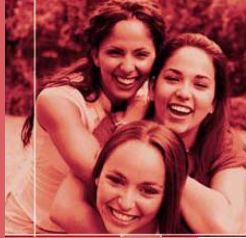
Diabetes Education has generally been provided as a one to one service however, with increasing demand and lengthening waiting lists the focus has been on developing group education programs.

The service has links with the CNC Diabetes Educator at Tamworth and the CNC Paediatric Diabetes Educator based in the Hunter area.

Dietetics

Dietitians provide advice and information on dietary matters, including healthy eating and special diets for specific conditions. There are currently 1.5 FTE Dietitians employed. The service is available to Armidale and surrounding communities with monthly clinics conducted at the Narwan Clinic and Guyra.

Referrals to the service are from GPs and other health workers. Consultation with staff indicated increasing demand for services with long waiting times for appointments.



Recommendations

- Review resource requirements to meet the demand for diabetes education and management for inpatients and the general community (particularly the Aboriginal community), including prevention and early intervention
- Continue to explore shared care/educational models with partners such as the NEDGP, University of New England (UNE) and ACCHS
- Review resource requirements to meet the demand for dietetics education and management for inpatients and the general community (particularly the Aboriginal community), including prevention and early intervention

Palliative Care Services

Palliative Care is care provided for people of all ages who have a life limiting illness with little or no prospect of cure, and for whom the primary goal is quality of life.

A specialist palliative care nursing team (1.6 FTE) provides direct care to palliative care clients supporting local GPs and generalist community nursing, hospital and aged care services staff. The Palliative Care Service is available 8am to 5 pm Monday to Friday with community nurses providing weekend cover.

In the inpatient setting Palliative Care Services are provided on the medical ward (two dedicated beds) and/or in the home. The service provides symptom control and support for clients receiving treatment for cancer, quality symptom management for terminally ill clients and bereavement follow up to carers of terminally ill clients.

Armidale Palliative Care Service networks with Tamworth Palliative Care Service, GPs, Specialists and the Clinical Nurse Consultant.

Clients are referred by GPs, Nurses, Aged Care Team, self, hospital staff, family and friends.

The HNE Health Palliative Care Services Plan 2009 - 2013 promotes the development of coordinated and integrated models of service delivery and aims to address issues of equity of access to services and resources. Palliative Care Services face workforce challenges (especially regarding the availability of specialised palliative care staff in rural areas) and, in meeting the health needs of groups with special needs such as Aboriginal people. The Armidale Palliative Care Service will work to implement the recommendations of the Palliative Care Plan. Planned projects include standardisation of clinical protocols; the End of Life pathway and Medication Safety for Carers at home. The Palliative Care Clinical Stream is currently researching best practice models for the delivery of care responsive to demand e.g. extended hours services.

COAG funding has recently been made available to HNE Health to enhance palliative care services for Aboriginal communities.

Consultation with staff and key stakeholders identified that better service coordination between inpatient and community health services is required to meet the increasing demand for palliative care and to ensure the Palliative Care Service is always informed of patients being discharged and their needs.



Table 56 shows the projected separations and bed requirements for inpatient palliative care. By 2021, two beds will be required for palliative care services at Armidale Hospital.

Table 56: Armidale Hospital Palliative Care Separations and Bed Requirements, 2005 and projected to 2021

Activity	2005	2011	2016	2021
Separations	16	32	45	60
Beddays	121	309	400	501
Beds @ 85% occupancy	0.39	1.00	1.29	1.62

Source: SiAM v.1 Note: includes all care types, clinical groups, day only and overnight, age groups and SLAs. Base year for projections is 2005 and should be considered indicative only.

Recommendations

- Develop clinical pathway/protocols for hospital Nurse Unit Managers (NUMs) and the Discharge Planner to ensure that all people who would benefit from palliative care services are referred to the service
- Investigate the need for palliative care extended hours services
- Work with Aged Care facilities to support end of life care management
- Develop advanced care planning models with all relevant partners

Podiatry

Access to podiatry services is provided by a fortnightly public podiatry clinic or through the private sector.

Community nurses provide foot care clinics to enable clients to maintain mobility, reduce risk of falls and improve overall general health. There is a shortage of dedicated diabetic foot care nurses. The increasing incidence of diabetes will increase demand for this service.

Recommendations

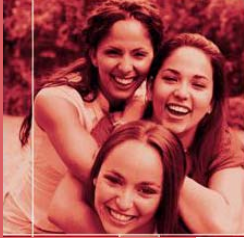
- In partnership with the NEDGP, explore options for increased provision of podiatry services

Psychogeriatric Care

A psycho-geriatrician from Sydney provides a monthly clinic in Armidale.

A Psychogeriatric Care Nurse (0.8 FTE) based in Armidale assists people suffering from dementia and their carers. The nurse attends the monthly Psychogeriatric clinic providing follow up to people seen at the clinic and working closely with the NEDGP Dementia Services.

Dementia respite and residential care is provided by the Ningana Hostel and Ken Thompson Lodge in Armidale and by McMaugh Gardens in Uralla. The Armidale



Dementia Day Respite Program is a service providing respite for carers of people with dementia three mornings a week.

Since 2002 the NEDGP, in partnership with NSW Health, HNE Health, UNE and New England Credit Union have provided a Memory Assessment Program funded by the Commonwealth. The geriatrician at Armidale Hospital works on the program. This program needs dedicated ongoing funding to continue. The NEDGP also has a Dementia Behaviour Advisory Committee.

The main issues identified through consultation with staff and other key stakeholders were that access to advanced neuropsychiatry assessments is required in Armidale.

Recommendations

- Consider options for accessing advanced neuropsychology assessments.
- Work with the NEDGP to explore future directions and opportunities for the Memory Assessment Program

Chronic Care Services

Services for the management of people with chronic disease are a high priority for Armidale Health Services due to the ageing population and the high proportion of people utilising hospital and community based services that have complex and chronic diseases. The HNE Health Chronic Disease Services Plan 2006 – 2010 identifies the following priorities for chronic disease management:

- Prevention of disease
- Promotion and facilitation of self-management strategies
- Models of care that improve psychological support, ongoing monitoring and coordination of care

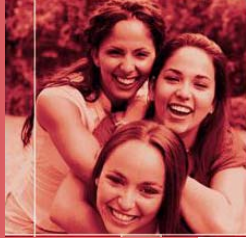
Palliative care

The plan recognises that effective partnerships with general practice and other government and non-government agencies are required to improve chronic disease management. A specific focus was the need to target interventions to Aboriginal people who experience a disproportionately high burden of chronic disease.

The Integrated Chronic Care for Aboriginal People Program has received funding to review current services offered, integrate with existing programs and, establish new programs to improve access to chronic disease services for Aboriginal people. Armidale, Guyra and Glen Innes will be sites for some of these programs.

As well, HNE Health has recently received funding for the following service enhancements:

- An additional geriatrician to be based at Tamworth. This position will provide support for the Geriatrician based in Armidale.
- A Community Rehabilitation Team based in the Greater Newcastle Cluster to provide educational support and outreach services to rural Hunter New England.



- A neuropsychologist to be based in Tamworth, providing services to Armidale and an additional 0.5 FTE Dementia Support Nurse for the Tablelands Cluster.

Cardiac Rehabilitation Service

Cardiac Rehabilitation services are provided to all cardiac patients within the primary and referral catchment areas. The demand for cardiac rehabilitation services is growing.

Armidale Cardiac Rehabilitation Services are provided by NEDGP in partnership with HNE Health and supported by hospital and community health services. Patients are referred from ICU or the medical ward. The cardiac rehabilitation program is offered two days per week, for groups of 16 to 20 people. There is good support from the NEDGP and GPs for this service and referrals are made on identification of risk factors, often before a cardiac episode has occurred.

Heart Failure services in Armidale are minimal and require additional resources to support evidence based models of clinical practice, such as the Health Failure Community Nursing model to provide appropriate follow up in the community. Currently the Cardiac Rehabilitation community nursing position provides some home based services including heart failure support, however the service is limited.

Home Based Heart Health Program

This is a home based program developed to support people with on-going heart health problems. It aims to provide people with the knowledge and skills they need to better manage their own health and potentially reduce admissions to hospital. The service is available to any person with an ongoing heart condition or risk factors.

The service is accessed by referral from a doctor or the hospital and is jointly run by the NEDGP and Armidale Community Health. There is an average of four people on the program. Consultation with staff identified potential to increase Heart Failure services with group programs and to provide additional staff training.

Pulmonary Rehabilitation

The Pulmonary Rehabilitation Program is a nine week program suitable for people who have underlying chronic lung disease, ongoing respiratory problems or who are physically limited by breathlessness. The Program is individually tailored to assist people regain some physical vitality and independence. Partners and caregivers are also encouraged to attend to provide support and motivation. Approximately four programs are run per year with an average of four to eight participants per program.

The program operates in the rehabilitation gymnasium at Armidale Hospital with a Clinical Nurse Specialist and Physiotherapist in attendance. Individual consultation can be arranged and a maintenance program is also offered (1 hour/week supervised exercise in the gymnasium).

Recommendations

- Explore options for enhancing multidisciplinary models of chronic care locally with all key stakeholders
- Review chronic disease service delivery and develop multidisciplinary models of care to improve disease management



Rehabilitation Services

Armidale Hospital has a generalist rehabilitation unit providing active and slow stream rehabilitation. The service is provided from eight rehabilitation beds located on the medical ward and via day / outpatient programs. The Rehabilitation Service is currently undertaking an internal review of service provision. The staff geriatrician provides outpatient clinics six days per month. Due to ill health of the present incumbent, succession planning for the Geriatrician / rehabilitation position is required.

The service would like to provide community based rehabilitation however it currently does not. Another major services gap is the inability to provide outreach rehabilitation services to Glen Innes, Tenterfield and Inverell. Consultation with the HNE Aged Care and Rehabilitation Services Network identified that supporting older and younger people with a chronic disease or disabling condition in both inpatient and outpatient settings is also a challenge. These particular client groups require a range of acute and post acute medical and psychosocial intervention.

Table 57 presents the projected separations and bed requirements for the two sub-acute service related groups of rehabilitation and maintenance.

Table 57: Armidale Hospital Rehabilitation and Maintenance Separations and Bed Requirements 2005 and projected 2011-2021

Activity	2005	2011	2016	2021
Rehabilitation Separations	111	144	174	209
Rehabilitation Beddays	1,544	2,484	2,896	3,388
Rehabilitation Beds @ 85% occupancy	4.98	8.01	9.34	10.93
Maintenance Separations	21	33	36	38
Maintenance Beddays	209	918	891	845
Maintenance Beds @ 85% Occupancy	0.67	2.96	2.87	2.73
Total Separations	132	177	210	247

Source: SiAM v.1 Note: includes all care types, clinical groups, day only and overnight, age groups and SLAs. Base year for projections is 2005 and should be considered indicative only.

By 2021, 14 beds will be required for maintenance and rehabilitation services at Armidale Hospital. Access to maintenance care is influenced by the availability of residential aged care places. As Armidale has a good supply of residential aged care services (Refer to Section 8.3) the allocation of three beds for maintenance may not be required in the future and occupancy should be monitored.

Brain Injury Services

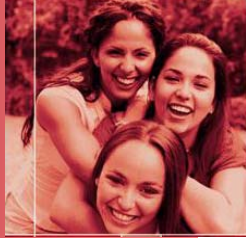
Armidale Hospital does not offer Acute Brain Injury Services. The HNE Health Brain Injury Service is an area wide service that is affiliated with Brain Injury NSW. The Brain Injury Team based at Tamworth Hospital is a multidisciplinary slow stream rehabilitation service. People living in the Armidale primary and referral catchment areas access this service at Tamworth when required.

Hydrotherapy Services

A hydrotherapy pool is located on the Armidale Hospital site. The hydrotherapy pool operates from 8 am to 7 pm every week day. An entry fee is charged.

User groups include:

- Physiotherapist- run groups (staffed from the hospital)
- Volunteer supervised groups (patients that know their exercises regime thoroughly after six to eight sessions with a physiotherapist can attend these groups)



- Paediatric physiotherapist -run groups e.g. for Osteogenesis Imperfecta
- Stroke recovery groups
- Challenge Day Services (for intellectually disabled adults)

Patient conditions range from osteogenesis imperfecta, arthritis, head injuries, cerebrovascular accident (CVA), rehabilitation after fractures (especially lower limbs), cerebral palsy, weight loss, Fredericks ataxia, back injury and shoulder injury. On Saturdays the hydrotherapy pool is used by "learn to swim" groups.

Physiotherapy-led hydrotherapy activity has had an average of 1,076 occasions of use per year over the last three years. Other user groups estimate activity to be in excess of 6,700 occasions of use per year (excluding the Learn to Swim groups).

Recommendations

- In conjunction with the Aged Care and Rehabilitation Network review and confirm the hospital based rehabilitation service model for Armidale
- Undertake succession planning for the Geriatrician/Rehabilitation physician position
- Consider options for providing and maintaining rehabilitation outreach clinics, including networking with the rehabilitation service in Tamworth
- In conjunction with the Transitional Aged Care Program, introduce a community based rehabilitation program to expand care options

Allied Health Services

Allied Health services at Armidale provide a range of inpatient, outpatient and community based services in partnership with inpatient services and other service providers. Pressure on allied health services is increasing as patient acuity is increasing. With the increasing pressure of discharge planning and early discharge, community based allied therapy services are experiencing difficulties meeting the demand.

The HNE Health Caring Together – Allied Health Project is reviewing the allied health requirements across inpatient and community services. Work is also being undertaken to develop the allied health assistant role to support allied health professionals. This training is available at Gunnedah TAFE.

Table 58 shows the Allied Health workforce profile.



Table 58: Allied Health Service Workforce - Inpatient and Community Based

Discipline	Head Count	FTE	Comment
Counsellors	2	0.8	
Dietitians	2	1.5	0.5 FTE for inpatients.
Occupational Therapists	8	7.3	
Pharmacists	3	1.8	
Physiotherapists	10	7.7	There is minimal paediatric physiotherapy.
Psychologists	7	5.7	
Radiographers and Trainees	4	4	
Social Workers	5	4.3	Three Inpatient: 1 FTE Renal, 1 FTE Medical Oncology. Generalist position vacant
Speech Pathologists	5	3.8	Inpatient and outpatient cover for communication and swallowing.

Source: Workforce Development Profile for the Armidale Health Services, October 2009

Key issues for Allied Health services that were identified through consultation with staff and other key stakeholders are:

- The need to develop multidisciplinary team approaches to service delivery
- Increasing demand for and limited access to afterhours allied health services
- Physical space of the physiotherapy and occupational therapy departments is less than ideal; there is a lack of consulting space and no designated waiting area
- Incompatible data collection processes

Recommendations

- Develop guidelines for clinicians and managers to follow when introducing a new service that considers and costs the impact on allied health therapies, nursing hours and other infrastructure required to support the new service
- Benchmark Armidale Allied Health staffing levels against peer services to identify gaps and develop strategies to address those gaps
- In conjunction with UNE, identify Allied Health capacity to provide education and teaching at Armidale Hospital and at the University
- In all clinical service developments ensure consideration is given to the impact on Allied Health resources
- Develop mechanisms for consistency in collection of service delivery data

Population Health Services

HNE Health Population Health Services based in Armidale are part of an Area-wide team responsible for the delivery of a range of population health services in and around Armidale and across the northern part of the HNE Health area.

The following provides an overview of Health Promotion programs conducted in the Armidale area in 2009:



Falls Prevention

The Active Living Program in collaboration with TAFE NSW-New England Institute and Working Options (training and workforce development consultants) ran a 10 week pilot 'Balance and Strength Falls Prevention Exercise' Program in Armidale. The pilot was successful and data collated from the pilot has been used to inform the development of programs across the HNE Health area. Classes have continued on a fee for service basis and additional classes have started at the Masonic Centre in Armidale.

Good for Kids

Rolling out of the physical activity strategy 'I Move We Move' to encourage physical activity and development of fundamental movement skills in children 0-5 years has commenced. Work to facilitate the uptake of nutrition best practice guidelines by carers has progressed

The NEDGP has been involved in running professional education events (for Practice Nurses and GPs) and practice visits on obesity prevention

The kiosk at Armidale Hospital is introducing Healthier Choices Guidelines Healthy eating and physical activity programs including 'Crunch and Sip' and 'Get Skilled, Get Active, Go' in primary schools in the Armidale area. To date, workshops and support resources are being implemented and there will be follow up support provided to these schools.

Sexual Health Promotion

Sexual Health Promotion has supported the establishment of an incorporated group North West Rainbow Connection Inc. There is a strong group of Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) emerging in Armidale and the service has begun to make connections with the University and the Queer Space. The Sexual Health Promotion Service will be engaging with Sexual Health Services and the AIDS Council of New South Wales to raise awareness of the specific health care needs of this group.

Sexual Health Promotion will attend 'O' (orientation) Week and Lifesaver Week at UNE distributing sexual health information and raising awareness of sexual health services available in Armidale.

Healthy Schools Healthy Futures

The 'Healthy Schools Healthy Futures' program being implemented at Tenterfield and Glen Innes High Schools and Emmaville Central School will run until 2012. The program aims to improve the health and wellbeing of Year 7 to Year 10 students. The 'Healthy Schools Healthy Futures' program focuses on enhancing student resilience; specifically, personal skills, such as communication and cooperation, self-esteem, empathy, help-seeking and self-awareness, and setting appropriate goals and aspirations.

Preventive Care

Over the next twelve months the HNE Health Preventive Care Program will be rolled out in the Armidale area as part of an area wide implementation strategy. The Preventive Care Program aims to reduce the prevalence of risk behaviours that contribute to vaccine preventable diseases, chronic diseases and falls among the elderly.



Community Based Health Services

Community based health services are provided from the Armidale Community Health Centre, located on Armidale Hospital campus.

In the main, community based health services are provided to the communities of Armidale and Uralla. Some services outreach to the communities of the Tablelands Cluster and to Walcha (Peel Cluster) and Inverell (McIntyre Cluster). Service delivery models use an integrated multi disciplinary approach and are provided in partnership with a range of other service providers including GPs, other government agencies and NGOs. A service directory for community based services is available and updated each year. Specialist service teams based in Armidale include Mental Health (refer Section 7.8), Drug and Alcohol (refer Section 7.8), Transitional Aged Care, Women's Health and Palliative Care (refer Section 7.9).

Aboriginal Health Services

Improving Aboriginal and Torres Strait Islander Health is a key strategic direction for HNE Health. The HNE Aboriginal Health Plan 2007-2011, developed in partnership with the Aboriginal Community Controlled Health Services across the Hunter New England area addresses key issues that include:

- The need to strengthen the partnership between HNE Health and the Aboriginal Community Controlled Health Services;
- Communication between services and communities
- Data quality
- Cultural respect
- A focus on health promotion and primary health care and the needs of more disadvantaged Aboriginal people living in rural and remote parts of the area.

A key service partner in the provision of services to Aboriginal and Torres Strait Islander people in Armidale is the Pat Dixon Medical Centre (an Aboriginal Community Controlled Health Service).

Armidale Hospital has one Aboriginal Liaison Officer. The management of Armidale Health Services are committed to increasing the Aboriginal staff to ensure the delivery of culturally safe and respectful health services.

Table 59 presents the total numbers of Aboriginal people by age group who access Armidale Hospital. Approximately 97.5% of these separations were for Aboriginal people living in the primary and referral catchments of Armidale Hospital. People in the 45-64 age groups (40.1%) and 20-44 age groups (36.5%) are those most often admitted to Armidale Hospital.



Table 59: Aboriginal Population Admitted to Armidale Hospital by Age Group, 2004/05-2007/08

Age in Years	2004/05	2005/06	2006/07	2007/08	% Change
00 -19	149	143	150	203	36.2
20 - 44	291	355	395	380	30.6
45 - 64	191	245	302	417	118.3
65 - 84	164	83	52	37	-77.4
85 +	1	1	2	4	300.0
Total	796	827	901	1,041	30.8

Source: Flowinfo v.9.3. Patient groups: acute, sub and non-acute, psychiatric and other (non-acute).

Table 60 presents the numbers of identified Aboriginal people from the primary and referral catchments admitted to Armidale Hospital between 2004/05 and 2007/08. The numbers show an increase each year over that time. In 2007/08, 89% of admissions were from the primary catchment.

Table 60: Aboriginal Population Accessing Armidale Hospital from Primary and Referral SLA, 2004/05-2007/08

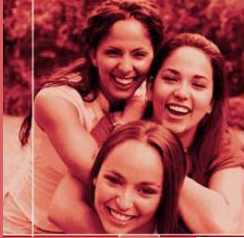
SLA	2004/05	2005/06	2006/07	2007/08
Armidale Dumaresq	650	672	687	840
Glen Innes	16	15	27	22
Guyra	22	31	45	33
Inverell	30	20	26	22
Severn	5	<5	<5	6
Tenterfield	9	7	6	13
Uralla	19	37	59	49
Walcha	22	12	16	17
Total	773	796	868	1,002

Source: Flowinfo v.9.3. Patient groups: acute, sub and non-acute, psychiatric and other (non-acute)

Admissions for renal dialysis and obstetrics were the two top reasons for admission to Armidale Hospital over the period 2004/05 – 2007/08. There has been a 70% increase in renal dialysis separations and 34% in obstetrics separations.

Community based Aboriginal Health Services provide liaison and education programs in the community. These include the fortnightly Narwan Clinic; Diabetes Program with monthly clinics and home visits; Chronic Care home visits in conjunction with Palliative Care and community nurses; school programs such as the Otitis Media Program and the 'Shake a Leg' program on exercise and nutrition and, oral health and personal hygiene. HNE Health operates an Aboriginal drop-in centre at Narwan Clinic, which is a culturally appropriate place where clinics are held every week, including visits by GPs, a Paediatrician, the Aboriginal Mothers and Babies Service, Community Dietitian and Immunisation Nurse.

Aboriginal Health staff are trained to screen children from 3 -12 years of age. The Otitis Media Program has screened almost every Aboriginal child at school in Armidale. There is a referral system in place to a GP or audiologist if required however; there is a limited audiometry service with long waiting lists. ENT surgery is offered at Tamworth Hospital



with an outpatient clinic at Armidale Hospital. Aboriginal people from Glen Innes and Tenterfield access ENT specialist services at Moree or Lismore.

Additional Aboriginal Health Service mental health positions are being recruited to cover Armidale and Tamworth and provide an Area Aboriginal Clinical Leader for Mental Health and a Coordinator - Aboriginal Mental Health.

Aboriginal Health Education Service

Aboriginal Health Education aims to improve Aboriginal health and access to local health services through the provision of support and education to Aboriginal people. Aboriginal Health Education Officers foster cultural awareness by providing support to other community health service providers.

The Service is available to members of Aboriginal communities covered by Armidale Health Services including Armidale, Guyra and Uralla through direct referral by self, family and community groups or by GPs and other health service providers.

Aboriginal Sexual Health

The Aboriginal Sexual Health Service improves access for Aboriginal people to information relating to the prevention of HIV/AIDS, Hepatitis and sexually transmitted diseases. The Service is available to Aboriginal communities across the Tablelands Cluster and Inverell in the McIntyre Cluster. Referral is by self, family, community groups or by GPs and other health service providers.

Accommodation for Aboriginal patients, their carers and families is a significant, ongoing issue, as is the limited access to appropriate, affordable transport to health services.

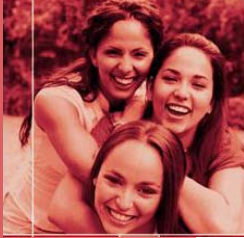
Recommendations

- Strengthen partnerships with non-government and other providers to facilitate and expand provision of culturally appropriate and safe health care for Aboriginal people
- Ensure all health services staff participate in cultural respect training
- Develop strategies to increase the cultural appropriateness and accessibility of services
- Implement and strengthen the HNE Health Aboriginal Employment Strategy

Women's Health (including cervical screening co-ordination)

The Women's Health service comprises 1.0 FTE Women's Health nurse and provides general clinics and community education to schools, women's groups and community meetings in Armidale, Guyra, Uralla, Glen Innes, Emmaville, Drake, Tenterfield and Inverell. Content includes all women's health issues e.g. pap tests, breast checks, family planning and menopause issues. Outreach clinics are provided on a weekly or fortnightly basis.

Referrals are through self, family, friends, and other health professionals. When required the Women's Health nurse can refer to local GPs but cannot refer directly to a specialist.



The main issue identified through consultation was that there is a significant amount of travel involved in providing this service which impacts on the time able to be spent with clients.

Recommendations

- Develop an appropriately trained pool of staff to maintain Women's Health services into the future.

Genetics

A Genetic Counsellor is based at Tamworth Community Health Centre and provides clinics through Armidale Community Health for local clients every 4-6 weeks dependent on demand. Referrals are accepted from local GPs, paediatricians, oncologists and other health professionals.

Multicultural Health

The Multicultural Health Unit is an Area-wide service which assists HNE Health to ensure that people from diverse cultural and linguistic backgrounds receive:

- Equity of access to public health services
- Culturally and linguistically appropriate health care
- Information about their health, to assist them in making informed decisions

The Armidale area has an active refugee resettlement program run by the Armidale and Inverell Sanctuary Humanitarian Settlement Inc.

The Mehi, McIntyre, Tablelands and Peel Clusters have access to a Refugee Nurse (0.6 FTE) based in Uralla, who liaises with newly arrived refugees to access appropriate health care as required.

Recommendations

- Assess the cultural and linguistic needs of the migrant and refugee populations of the primary and referral catchments and develop action plans to address service gaps and issues

Oral Health Services

Public Dental Services are provided from the Armidale Community Health Centre. The Armidale Dental Clinic is currently operating as a Level 3 service with four chairs.

General dental work is carried out by staff from the Armidale clinic at Armidale, Tamworth, Gunnedah, Tenterfield, Inverell and Glen Innes Hospitals. The Principal Dental Officer undertakes Oral Surgery at Armidale, Tamworth and Gunnedah Hospitals. A Paediatric Dental Specialist provides a monthly service.



Oral Health Services also provide targeted services for Aboriginal people – a day a week for adults and for children. Aboriginal people can also access the services at any time. The Senior Dental Officer and the Dental Therapist have four days in Armidale each week. Outreach is provided by each position for one day/week at Glen Innes but on different days.

Oral surgery is performed at Armidale Hospital on a half day list per month. Four patients are seen per session and there is a three to four month waiting list. Patients may be transferred to John Hunter Hospital for high level treatment.

Table 61 shows that for 2007/08 occasions of dental service totalled 2,440 for adults and 2,276 for children. Adult Vouchers and Adult Screening activity have been decreasing over the four year period. Overall there has been an increase in adult appointments with Child Dental Activity variable.

Table 61: Armidale Dental Service Activity and NAPOOS, 2004/05-2007/08

Activity	2004/05		2005/06		2006/07		2007/08	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Vouchers-PDS	135		124		60		58	
Vouchers-OHFFS	7		1		1		1	
Screenings	1,227	801	1,018	325	1,229	648	986	931
Appointments	2,135	1,275	2,592	560	2,628	1,062	1,395	1,345
Total NAPOOS	3,504	2,076	3,735	885	3,918	1,710	2,440	2,276

Source: Non Admitted Patient Occasions of Service Provided by Armidale Oral Health staff.

It should be noted that the UNE has proposed a Masters of Oral Health program. Increased liaison with UNE may enhance access to Oral Health services locally.

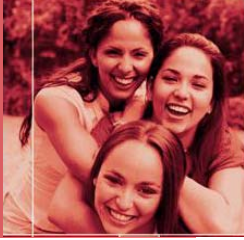
Consultation with oral health service staff highlighted concerns with maintaining sustainable workforce and services as demand for dental services is high and increasing and there is limited access to emergency dental services.

Recommendations

- Liaise with HNE Oral Health services to address workforce sustainability issues
- Liaise with UNE and Tamworth Rural Referral Hospital to enhance workforce and training opportunities in dentistry
- Liaise with Tamworth Rural Referral Hospital to enhance opportunities for increasing public access to oral health services.

Uralla Community Health Centre

Uralla is located approximately 23km to the south of Armidale. The Uralla Community Health Centre is supported by Armidale Community Health services. Early childhood and immunisation services are based at Uralla and provide services Monday to Thursday. A range of community health services outreach to Uralla and include: blood collection, continence clinics, drug and alcohol services and women's health services.



Hotel and Other Support Services

NSW Health Support Services are responsible for providing food and hotel services to health facilities statewide.

Stores Management

Stores Management for HNE Health is based in Newcastle. Individual wards and departments at Armidale order requirements via a centralised system (Oracle) based on imprest demand levels. Filled orders are dispatched to Armidale Hospital's Stores Department and delivered to each ward and department.

Catering Services

Armidale Hospital catering services use 'cook chill' food. Pre-prepared food is received from Newcastle and plated on site. Perishable portions such as salads and sandwiches are prepared locally. Meals are provided for all patient services.

Laundry Service

The New England Linen Service is based on the Tamworth Hospital site. Locally, linen is ordered as required by each ward or department via 'Linen Web'. Linen deliveries arrive in bulk and are then repacked for individual ward and department delivery.

Cleaning Services

Cleaning services are provided in house.

Security Services

The provision of a safe and secure environment for patients, staff and visitors is a high priority for HNE Health. The Security Office is based within the ED and provides a 24 hour service.

Health Service Assistants

Health Service Assistants transport patients and goods around the campus. Armidale Hospital has Health Service Assistants available 24 hours a day, seven days a week.

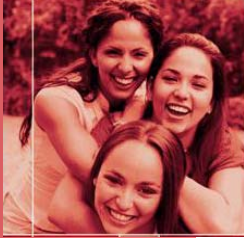
Waste Management Service

Waste Management is conducted in accordance with NSW Health policy and HNE Health waste management strategies. Cardboard, plastic and tin are recycled at ward level. Recycling is picked up by the Council Waste Management service. The potential for glass recycling is currently being reviewed.

Public Amenities

The range of public amenities available at Armidale Hospital includes a public kiosk and garden resting areas.

Waiting areas in the hospital are limited. In particular there is no waiting area for carers and family of patients in the ICU or for patients attending the Fracture Clinic.



Section Eight: Other Service Providers

Armidale Private Hospital

Armidale Private Hospital is operated by Ramsey Health Care. It has a 30 bed medical/surgical ward, two operating theatres, and a Respiratory Failure and Sleep Disorders Unit.

The hospital is co-located on the Armidale Hospital campus and affiliated with the UNE Rural Medical School. Services provided include:

- Anaesthetics
- Cardiology
- Ear, Nose and Throat
- Gastroenterology
- General Medicine
- General Surgery
- Geriatric Medicine
- Gynaecology
- Hypertension
- Ophthalmology
- Oral Surgery
- Orthopaedics
- Pain Management
- Palliative Care
- Pathology
- Respiratory Medicine
- Sleep Studies
- Urology

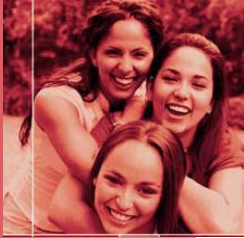
The Private Hospital employs physiotherapists and occupation therapists with other allied health services provided under contract by Armidale Hospital.

All maintenance and kitchen services are also provided under contract by Armidale Hospital.

The Private Hospital provides clinical placements for medical and nursing students. Medical Specialists work at both the Private and Armidale Hospitals, which can impact on their availability in an emergency at either hospital.

Recommendations

- Continue to communicate and network with Armidale Private Hospital to improve coordination of services



Pat Dixon Medical Centre

Commonwealth funding has recently been withdrawn from the Pat Dixon Medical Centre, however the Centre continues to offer a limited range of services including:

- General practice
- Oral health
- Diabetes
- Eye care
- Audiometry
- Medical transport
- Nursing

Consultation with staff at the Pat Dixon Medical Centre identified concerns regarding the 'mainstreaming' of health services which appear to be making health services less accessible to Aboriginal people rather than more accessible. Centre staff do not feel that HNE Health is acting in the spirit of the Aboriginal Health Partnership as they feel services are not provided to the Aboriginal community as required. Concern was also raised regarding the difficulty some people have in self managing their illness as they cannot afford to purchase their medications.

Residential Aged Care Services

The Australian Government is responsible for the provision of residential aged care services. The Commonwealth formula for allocation of residential aged care is based on the population aged 70 years and over and comprises:

- 25 community places per 1,000 people aged over 70 years and older
- 44 low care places per 1,000 people aged 70 years and older
- 44 high care places over 1,000 people aged 70 years and older.

Table 62 shows that in Armidale, there are approximately 320 residential aged care places, comprising 154 high care and 166 low care residential places, and around 102 Community Aged Care Packages (CACP). There are also some private facilities in Armidale such as Ningana Hostel. Two residential facilities - Ken Thompson and Autumn Lodge - offer respite care and dementia services.

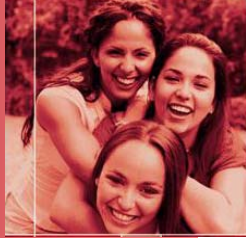


Table 62: Residential Aged Care Providers within the Armidale Health Services Primary Catchment Area.

Service Name	High Care	Low Care	Community Packages	Approved provider
Autumn Lodge Armidale	0	103	0	Autumn Lodge Village Inc (two sites)
Strathlea Nursing Home Armidale	44	0	0	Royal Freemasons Benevolent Institution of NSW Nominees Ltd
Amity at Armidale	64	12	0	Bupa Care Services
Ken Thompson Armidale	46	16	0	Royal Freemasons Benevolent Institution of NSW Nominees Ltd
McMaugh Gardens Hostel Uralla	0	35	0	Council of the Shire of Uralla
Tablelands Community Options Uralla	0	0	25	Council of the Shire of Uralla
Tablelands Community Options (Mainstream) Uralla	0	0	57	Council of the Shire of Uralla
Southern New England Aboriginal CACP Uralla	0	0	20	Council of the Shire of Uralla
Total	154	166	102	

Source: Department of Health and Ageing: Ageing and Aged Care Statistics; Aged Care Service Providers.

Table 63 presents current and future need for aged care places in the Armidale primary catchment area calculated using the Commonwealth formula against the projected population for those aged 70 years and older.

Table 63: Armidale Primary Catchment Actual and Projected Aged Care Places, 20062021

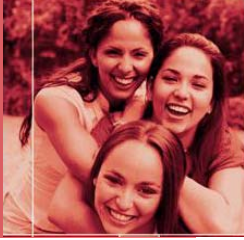
Population / Services	2006	2011	2016	2021
Population aged 70 years and over	2,650	2,946	3,461	4,929
High Care Places	154	130	152	217
Low Care Places	166	130	152	217
Community Aged Care Places	102	59	69	99

Source: Department of Health and Ageing: Ageing and Aged Care Statistics; Aged Care Service Providers. NSW Health Population Projection Series 1.2009

As shown in Table 63, the Armidale area is well catered for in terms of residential aged care places and packages to 2016.

New England Division of General Practice (NEDGP)

The NEDGP covers an area of 33,442 square kilometres from Tenterfield in the north to Uralla in the south and west to Inverell and Bundarra. It includes the towns of Armidale, Inverell, Glen Innes, Tenterfield, Emmaville, Ashford, Uralla, Tingha and Guyra. The area has a population of approximately 68,000 people.



The NEDGP provides a number of programs and services that promote healthy lifestyles and help GPs manage their patients' chronic conditions. These programs include:

- Immunisation Program
- Cardiac Rehabilitation Program (in collaboration with HNE Health)
- Diabetes Program (in collaboration with HNE Health)
- More Allied Health Services programs (MAHS) providing podiatrists, dieticians, physiotherapists and nurses delivering diabetes education and cardiac rehabilitation. The MAHS also use shared premises in outlying areas such as Glen Innes.
- Memory Assessment Program and Support Services providing a coordinated approach to care for people with early to moderate stages of dementia and their carers / support person
- Home Medicines Review Program, a collaborative program provided by GPs and pharmacists and involving a home visit by a pharmacist.

Table 64 shows that in 2007/08 there were an estimated 64 GPs in 29 medical practices across the NEDGP area. The Fulltime Working Equivalent (FWE) equivalent of the 64 GPs is 51.4. For the towns in the NEDGP area the ratio of GP to population (based on population at 2006 census) is:

Armidale	1:1043
Guyra	1:4416
Uralla	1:3003
Glen Innes	1:1090
Inverell	1:626
Tenterfield	1:544

The NSW FWE GP ratio is one GP per 1,035 population.

There is currently one GP in the NEDGP area employed under the Area of Need Policy.

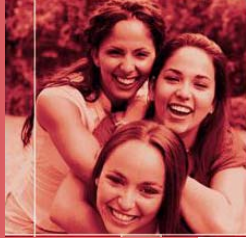


Table 64: New England Division of General Practice Characteristics, 2002/03 and 2007/08

New England Division of General Practice	2002/03	2007/08
MAHS eligible	Yes	Yes
Population 2007	65,849	65,663
Estimated number of Indigenous persons	3,653	3549
Population aged over 65 years	8,752	10,301
Population aged over 75 years	3,952	-
Total number of practices	25	29
Solo practices	8	13
Estimated number of practising GPs	58	64
Number of female GPs	19	24
FWE GPs as at 30/06/07	45	49
Estimated number of GPs: population 2007 ratio	1,135	1,026
FWE GP: population 2007 ratio	1,463	1,340

Source: Key Division of General Practice characteristics 2007-2008, Primary Health Care Research and Information Service, referenced from website 1st September 2009, <http://www.phcris.org.au/>

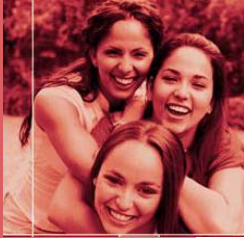
The NEDGP meets with the Armidale Health Services Management Team on a monthly basis. Armidale and Community Health Services and the NEDGP work in partnership on many programs. A combined Senior Executive Group meets to discuss issues arising between the services of three Divisions of GP (New England, Barwon and North West Slopes) and HNE Health Primary and Community Services.

General Practitioners who are members of NEDGP were surveyed during the development of the Health Services Plan. The NEDGP distributed the survey and six replies were received. The main points raised by respondents were:

- Changes to medical staff appointments, with an increase in staff specialists and a decrease in VMO appointments, has decreased access to patients in the hospital. There remains however, an expectation that GPs will maintain their skills
- Accessing Mental Health Services via the 1800 number causes concern as GPs cannot speak directly to a psychiatrist or the mental health team
- Allied Health Services appear to offer disjointed, inconsistent services and GPs are reluctant to refer to them as they are often unsure if the service is still available
- Discharge from both hospital and community health services do not always occur in a timely manner
- Sustainability of smaller hospitals in the referral catchment is an issue as demand will flow to Armidale when on-call GPs are unavailable in the smaller towns

Recommendations

- Maintain and strengthen the relationship between New England Division of General Practitioners, Visiting Medical Officers and Armidale Health Services



NSW Ambulance Service

The Armidale Ambulance Service is part of the Western Division and operates under Tamworth Sector Administration Office. The Western Division services a population of 450,000 people and extends to the Queensland Border, the South Australian Border, Lithgow in the east and Oberon to the south.

The Armidale Ambulance Service has 14 FTE staff and provides approximately 380 episodes of care and transport each month. The busiest time is generally Friday and Saturday evenings, most often due to alcohol related incidents.

The ambulance station is located on the grounds of the Armidale Hospital. There is an Air Ambulance helicopter based at Tamworth and this is the primary response for emergency transport. Uralla does not have a separate ambulance service and the Fire Brigade provides the primary response there.

Consultation with Ambulance staff revealed expectations of greater demand for ambulance services from an ageing population. Transport for mental health patients was identified as a significant issue as transporting a patient requires two ambulance officers and two police officers for a single transport.

NSW Police

The NSW Police Service in Armidale generally interacts with Armidale Hospital via the Emergency Department. This includes dealing with people under the influence of drugs and/or alcohol, people suffering from a mental illness and in cases of sexual assault. Police have concerns that hospital and community health services do not appear to have adequate resources (facility and staff) available for detoxification management and drug and alcohol rehabilitation. The Police would welcome education on referral processes to community drug and alcohol services and how the service functions.

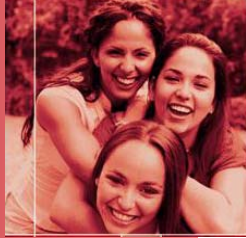
Concern was also raised that there may not be enough qualified people accredited at Armidale Hospital to undertake a sexual assault investigation especially on weekends.

Other Private Health Service Providers

There are private pharmacies and dental services available within Armidale and the surrounding area.

There are also private health practitioners providing chiropractic, optometry and psychology services.

A variety of complementary therapies such as massage therapy, naturopaths, and herbalists are also available.



Section Nine: Enablers for Future Service DeLivery

Workforce Profile

The HNE Health Workforce Planning Unit works with facilities and services to identify workforce issues and risks that will need to be considered in any future service developments.

Reports on Armidale Health Services workforce were generated from Business Objects and analysed by the Workforce Planning Unit. Workforce issues for consideration in this Services Plan were derived from these reports and from stakeholder consultations conducted as apt of this planning process.

Armidale Health Services comprise all staff working at Armidale Hospital and Community Health Services. Headcounts and contracted FTEs by employment group are shown in Table 65.

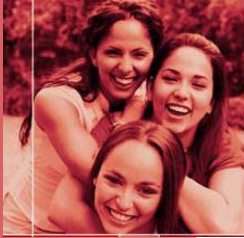
Table 65: Armidale Health Services Staff by Employment Group (as at September 2009)

Employment Group	Head Count	Contracted FTE
Allied Health Professionals	46	37.1
Corporate Services	75	67.6
Hotel Services	42	35.9
Maintenance and Trades	4	4
Medical	33	27.9
Nursing	274	165.6
Oral Health and Support Workers	9	7.4
Other	5	2.1
Other Professional, Para Professional and Clinical Support staff	17	14.9
Scientific and Tech Clinical Support Staff	32	25.4
Total	537	388.0

Source: Workforce Development Profile for the Armidale Health Services October 2009. Note: Figures do not include VMO as they are not paid from the HNE Health payroll system Supero.

Armidale Health Services workforce characteristics:

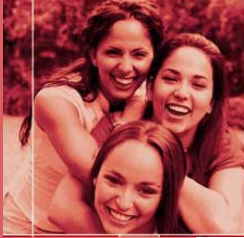
- Nurses make up the single largest employee group with 51% of the headcount or 42.3% of the contracted FTEs
- 18% of Armidale Health Services staff are casual employees, 47% work full time, 36% part time, 72 % are permanent, 11 % temporary
- Proportions of contract and employment types for Armidale Health Services are similar to those of HNE Health, as are age distributions. The main difference lies in the number of staff aged between 45 and 54 years - 38% for Armidale Health Services staff and 31% for HNE Health staff
- Average ages of Armidale Health Services and HNE Health staff are similar at 44.8 years for Armidale Health Services staff and 44.1 years for HNE Health staff
- Aboriginal staff comprise 4% of the Armidale Health Services workforce, are younger and stay in the service for shorter periods of time compared with other Armidale Health Services and HNE Health staff



- Of 122 staff who left the Armidale Health Services in the three years to June 30 2009, 47% left for reasons given as “own accord”
- The average retirement age for Armidale Health Services staff in the three years to June 30 2009 was 63.4 years compared with 61.8 for HNE Health staff
- Approximately 25 % of Armidale Health Services staff will have reached the average retirement age within the next 10 years
- The staff turnover rate has dropped in the last four years to 9.4% in 2008/9 compared with 10.3% for HNE Health
- Armidale Health Services employ 11 staff specialists, 13 VMOs, 8 Career medical officers (CMO), 19 GP VMOs, 3 other VMOs, three registrars and eight junior medical officers (JMO)
- 29% of medical staff are female
- The average age of medical staff is 45.9 years
- 92% of the 274 nursing staff employed by Armidale Health Services are female
- The average age of nursing staff is 45.7 years
- 37% of nurses will reach retirement age within the next 10 years
- There are 46 Allied Health staff working for Armidale Health Services which represent 8.6% of the workforce by headcount (9.6% of the FTEs)
- 76% of the Armidale Health Services allied health workforce are female
- The average age of allied health workers in Armidale Health Services is 42.3 years
- The average tenure of allied health staff in Armidale Health Services is significantly shorter at 6.7 years than that of the other occupational groups in Armidale Health Services and HNE Health, which is approximately nine years

Though representing only about 3.2% of the HNE Health workforce, the profile of the Armidale Health Services is in many ways similar to that of the HNE Health workforce. Analysis of workforce data and issues raised during consultations with Armidale Health Services staff has raised the following issues for consideration:

- Within 10 years, 25% of the Armidale Health Services workforce will have reached the average retirement age for HNE Health. For nurses who represent approximately 50% of the Armidale Health Services workforce by headcount, that number is higher at 37%. Consideration should be given to succession planning activities in order to prepare for the departure of so many staff within that time period
- Analysis of workforce profile data has highlighted the issue of the short tenure for Allied Health and Oral Health and Support Workers, which should be further investigated
- Armidale Health Service’s below benchmark performance in successful recruitment rates and staff vacancies, especially for Medical, Nursing and Allied Health staff needs to be examined
- Increasing demand for services requiring staff to work longer hours must be addressed
- Consideration must be given to the impact of increasing demand for student placements and vocational training
- New approaches to training and competency assessments using Simulated Learning environments must be considered, along with appropriate resourcing to support those approaches
- Inability to cover leave and time for staff to be released for education, training and student supervision.



Implementation of Caring Together recommendation 40 has resulted in Clinical Support Officer positions being appointed at Armidale Hospital.

Recommendations

- Ensure all health professionals are aware of flexible employment arrangements and protocols
- Optimise recruitment into a health training pathway e.g. through participation in workplace training and work experience programs. Optimise retaining people within the pathway through structured programs and mentoring
- Develop an action plan to provide support for International Medical Graduates
- Develop local recruitment strategies in line with the recommended outcomes from the GP/VMO Recruitment Taskforce
- Design and develop orientation and training programs to fast track competence and capability
- Develop, design and implement a mentoring program for new staff
- Investigate opportunities for transport and accommodation assistance for nursing staff undertaking professional development through HNE Health Nursing and Midwifery Services

Teaching, Education and Research

Education is critical to ensuring a skilled workforce for the future. Research provides an understanding of factors that contribute to health and well being, and can be an important incentive for recruitment and retention of staff across the disciplines.

Armidale acute and community health services currently have teaching arrangements with several Universities covering medical, nursing and allied health disciplines and this will continue into the future.

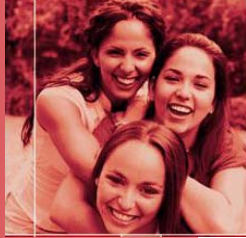
The focus of teaching to date has been on the provision of clinical placements for students. A range of services offer clinical placements for example, the Imaging Services provide practical experience for 1st or 2nd year radiography students from Sydney, Newcastle and Charles Sturt Universities.

In 2009 Armidale Hospital employed four nursing graduates. In 2010 Armidale Hospital will employ ten new nursing graduates.

Armidale Hospital offers GP Proceduralist Training and this will continue as long as there is adequate supervision for this training.

The development of the area clinical services networks and streams across HNE Health has consolidated ongoing training and professional development for staff.

Previously there has been no clinical education support and new graduates were working with few staff able to encourage and support their clinical education. During consultation the Planning Team were advised that an ICU/HDU clinical educator position has been approved.



Joint Medical Program (JMP)

Armidale Health Services have a close relationship with the University of New England (UNE) which offers both undergraduate and postgraduate courses in Medicine, Nursing and Health Sciences. The recent introduction of the School of Rural Health Joint Medical Program (JMP) has enhanced this relationship.

JMP Clinical Schools are based in Armidale (Tablelands), Newcastle (Hunter), Tamworth (Peel), Taree (Manning) and Gosford / Wyong (Central Coast). The Bachelor of Medicine Program has a problem based integrated curriculum with early clinical exposure.

The JMP commenced in 2008 and is now at the beginning of its third year. Each year of the five year program will see 60 new students at UNE. When fully implemented there will be 300 students across the five years of the program.

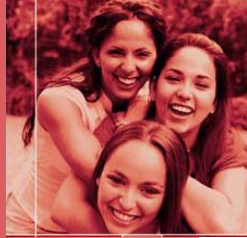
The JMP curriculum introduces early exposure to clinical skills in the first and second years of the course.

In Year Three most clinical education/supervision is community based in general practice. The clinical education for Years Four and Five involve hospital based clinical placements which require significant clinician involvement. Each year there will be approximately 20 Year Four and Five students who will require 16 week clinical placements at Armidale Hospital.

The JMP is enhancing service delivery for the residents of Armidale and surrounding communities through the creation of conjoint positions between UNE and HNE Health. There is already a conjoint appointment in place for surgery and there will be one for Obstetrics and Gynaecology early in 2010. Negotiations are well underway for a conjoint appointment of a psychiatrist to fill the current vacant psychiatry position.

Consultation with staff and UNE on teaching, education and research identified the following issues:

- A lack of clinical education space within Armidale Hospital
- Increasing expectations of senior medical staff to provide clinical education to increasing numbers of students on placement in the hospital
- Difficulties in accessing professional development education for some clinicians e.g. there is no budget allowance for ongoing professional development, back fill or education resources.



Recommendations

- Work in partnership with the UNE School of Rural Medicine/Tablelands Clinical School to pursue Commonwealth funding for an education centre and student accommodation
- Enhance partnerships with UNE and other partners to pursue and undertake research
- Explore options for additional clinical teaching spaces such as tutorial rooms and meeting/study spaces
- Identify options for a student/staff common room accommodating all disciplines on clinical placement
- With UNE, review options for simulation facilities to support the skills maintenance and training required for the staff and all student disciplines
- In partnership with UNE, University of Newcastle and Tamworth Rural Referral Hospital, work towards the development of a centre of excellence in rural medicine and health
- Assess the impact of undergraduate and postgraduate clinical teaching loads on senior medical, nursing and allied health staff and if necessary develop strategies to manage the impact
- Develop in partnership with relevant stakeholders, models to facilitate and enhance future capability in the areas of training, education and research
- Explore options to provide clinical support to the newly introduced Bachelor of Pharmacy program at UNE
- Develop a more formalized process for communication and management of information technology opportunities and issues between Armidale Health Services and UNE

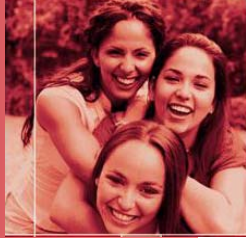
Information and Communication Technology

Information and communication technology is essential for the delivery of high quality, efficient, effective and sustainable health services.

Integrated Information Technology (IT) systems are required to support referrals between/to services and care across settings. At the moment there are multiple IT programs that do not interact easily with each other. This impedes seamless service provision and efficient discharge planning.

The introduction of the Radiology Information System and Picture Archiving and Communication Systems (PACS) has enabled access to images and reports from any location in the Area. This has enhanced relationships between service providers as they can easily access imaging reports for use in the ongoing management of patients.

Planning is underway to implement digital medical records. Armidale Hospital will be part of that implementation. Armidale will be implementing electronic ED discharge summaries to GPs to provide a more timely and seamless service for those people who attend the ED. It is anticipated that the introduction of digital medical records will address the difficulties currently experienced of interaction between the medical records systems in Community Health and the ED or inpatient services.



Recommendations

- Develop systems to support improved discharge planning processes
- Improve student access to computers as per HNE Health policy.

Armidale Hospital Transport Services

Armidale Hospital Patient Transport Service covers the Armidale primary catchment area. The service has two vans with five staff (four part time and one full time). A third van and additional staff are proposed to expand transport services.

Consultation with staff identified that access to appropriate and affordable transport options is a significant issue for some people e.g. renal dialysis patients, Aboriginal and refugees and can impede access to health services.

Recommendations

- Ensure that hospital vehicles are appropriately utilised especially for back transfer of patients admitted over the Orthopaedic Trauma Weekends

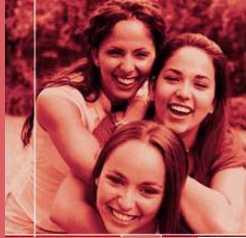
Accommodation

Armidale Health Services currently provide a range of accommodation options for staff, patients and families in Armidale. Current facilities include:

- Rusden House (17 rooms)
- Freda Mott House (4 rooms for relatives / carers)
- One house and three flats for locums and to provide short term accommodation for medical staff.

Accommodation is prioritised for medical students, nursing staff, carers of patients, and boarder mothers, and there is frequently a waiting list. The proposed increase in student numbers at the Armidale site will have a significant impact on accommodation availability. There is also limited emergency accommodation available.

Due to the rural nature of Armidale and surrounds many patients face difficulties in accessing services due to age, mobility, long travel distances, lack of family or carer support and the impact of their disease or illness. Access to appropriate affordable accommodation is required for the patient, carer and family, especially in emergencies. Accommodation options need to cater for patients who can self manage and for those who have family or carers with them.



Recommendations

- Develop strategies to enhance the availability of appropriate accommodation for patients, their family/carers, staff and students (including JMOs and Advanced Trainees)

Infrastructure

No major infrastructure developments have been funded or committed to in this planning process. However it is proposed that a Site Master Plan be undertaken to evaluate the adequacy of existing facilities in terms of functionality and capacity to meet current and future demand for services. A Site Master Plan will make recommendations on the configuration of health services and facility requirements in line with service projections included in this Health Services Plan.

There are significant issues emerging at the Hospital because of the constraints of the site and the lack of appropriate space available for a number of services. These issues include: inadequate clinic space; limited numbers of tutorial and meeting rooms; the inadequate waiting rooms for ICU and allied health services; limited accommodation spaces; inadequate primary and secondary medical records storage and office space for community health services. During the planning process UNE proposed the development of an education facility as part of the Tablelands Clinical School on site. The timeframe for the development of this facility was not able to be met within this planning process however consideration for this type of facility would be included in the master planning process.

A minor works proposal to expand the chemotherapy suite has been included in the submission for an Integrated Cancer Care Centre at Tamworth. The Caring Together Recommendation 13, regarding mental health assessment rooms in acute facilities, is being actioned by the HNE Health Critical Care and Emergency Services Clinical Working Party. Funding has been provided to refurbish the mental health safe assessment room within the Armidale Hospital ED.

Consultation with staff identified the need to strengthen infrastructure to support safe and quality service delivery and to improve education facilities e.g. there are limited office spaces and meeting rooms on wards to have meetings, tutorials or patient related discussions.

Recommendations

- Identify options for expanding the capacity of the outpatient clinic area to meet the increasing demand for ambulatory services
- Explore options for increasing numbers of tutorial and meeting rooms to support training and education requirements
- Review office space accommodation to ensure appropriate utilisation of space and identifying shortfalls
- Undertake a Site Master Plan to determine current and future service capacity of the site

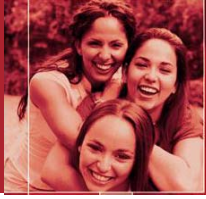


Section Ten: Benefits of the Armidale Health Services Plan

The implementation of the recommendations in this plan will yield a range of benefits for the communities of Armidale and surrounding areas. The plan will ensure sustainability and consolidation of current service provision for Armidale Health Services. This sustainable service delivery will be realised through the enhancement of networking with internal and external partners and service providers. Integral to this is the new partnership with UNE through the establishment and implementation of the JMP. The following table has aligned the benefits of the plan to the future directions as outlined in Section 6.

Table 66: Benefits of the Armidale Health Services Plan

Future Direction	Benefits
Patient centred care	<ul style="list-style-type: none"> An evaluation of service need for the catchment populations has been undertaken as part of this planning process. The Services Plan meets these needs by identifying the services required or a clinical pathway for patients to access the services they require at networked facilities (Refer Section 3). Determining reasonable medical staff on call rosters will ensure sufficient cover for hospital services, outpatient clinics and teaching requirements and sustainability of service delivery and certainty of access to services. Recommendations to support the sustainability of medical, surgical, anaesthetic, obstetric, and paediatric services are discussed in Section 8. The Health Services Plan highlights specific facility requirements to ensure an appropriate environment for assessment and treatment. Examples include the proposal for enhancement of the chemotherapy unit and the need for a safe assessment room within the ED.
Safe and quality service delivery consistent with the role delineation	<ul style="list-style-type: none"> The Clinical Governance structure is designed to ensure the provision of safe and quality services through a focus on prevention of adverse events and appropriate management and follow up of events when they occur. Services will be delivered in accordance with the agreed role delineation levels.
Better service coordination	<ul style="list-style-type: none"> The Plan emphasises integrated care planning with multidisciplinary teams, coordinated discharge planning and enhancing communication between service providers. The plan recommends exploring alternate models for managing ED presentations and the need for transfer protocols. The plan considers the impact of rurality and the difficulties in accessing/providing health services in rural areas. The measuring proposed to ensure sustainability of medical services will increase capacity to provide outreach clinics to the surrounding communities.
Improved access to services	<ul style="list-style-type: none"> A sustainable workforce will enhance access to services locally. Armidale will provide a full range of generalist services locally and use a hub and spoke model for access to more specialised services. Introducing new outreach clinics, for example for infectious diseases and respiratory, will provide access to services close to where people live. The plan documents a number of reviews of service delivery which aim to improve access to services, for example the Mental Health 24 / 7 call centre, links between acute and community Child and Adolescent Mental Health services, ACAT requirements, research into extended hours models of palliative care service delivery and demand for antenatal classes. Enhancing service delivery is recommended for several services, such as establishing additional community based social work and psychology support, enhancing diabetes education and increasing outpatient clinics.



Future Direction	Benefits
Enhanced partnerships and networking.	<ul style="list-style-type: none"> The JMP has identified a number of specialist medical positions as conjoint positions with Armidale Health Services. Recruitment to these positions enables the teaching for the medical students as well as providing additional medical support for the hospital. These positions will also provide increased outreach services. Armidale Rural Referral Hospital is networked with Tamworth Rural Referral Hospital and the plan recognises there are many services working well together such as renal and mental health. There are however, services that would benefit from a closer relationship with Tamworth e.g. ICU/ HDU, oncology and rehabilitation services.
Strengthen and maintain a sustainable workforce	<ul style="list-style-type: none"> Reviewing the sustainability of the medical work force and on call rostering will strengthen the workforce and ensure provision of services into the future. Other service areas will be strengthened with reviews of activity and workforce requirements recommended in the Plan, for example, Allied Health, ED Triage Nursing and community based services.
Strengthen education and research	<ul style="list-style-type: none"> The partnership with UNE and particularly the JMP will consolidate medical education capacity and provide research opportunities for Armidale across disciplines. The introduction of a clinical educator to the hospital will provide ongoing education support for medical, nursing and allied health staff and assist in maintaining the capability and competence of clinical staff. The Plan identifies the need for additional tutorial and meeting rooms to support training and education requirements and recognises the benefits of pursuing Commonwealth funding for an education centre and student accommodation in partnership with UNE.
Focus on primary health and continuing care in the community	<ul style="list-style-type: none"> Armidale Community Health Services are currently establishing a Transitional Care Program and is advocating for funding for a multidisciplinary health care team to provide acute and subacute care for clients in their home. The Plan suggests options to be explored to address the increasing ED presentations particularly Triage 4 and 5 by providing more appropriate services and settings for these presentations. This includes consideration of a GP after hours model and the introduction of Physician Assistants. Maternity Services have indicated that they would like to enhance the Early Discharge Program to ensure continuation of care delivery focusing on the relationship of service delivery between Maternity and Community Health services.
Strengthen ambulatory care	<ul style="list-style-type: none"> Strengthening ambulatory care will enhance access to services in the community. Community Health Services are seeking funding to implement models of service delivery such as CAPACS. The Plan identifies the need for more clinic spaces to support the shift to ambulatory care models.
Cost effective delivery of care	<ul style="list-style-type: none"> The New Direction for Hunter New England - Health Services Strategic Plan Towards 2010 indicates that resources will be prioritised, allocated and managed to achieve maximum health benefit. The Armidale Health Services Plan in developing recommendations has considered the cost effectiveness of services and how services may become more cost effective into the future. The introduction of enhanced clinical pharmacy hours will ensure that medications reviews are being undertaken in a timely manner so that patients can be confident in the medications they are prescribed. Consideration of the critical care service delivery model will enhance services in both the ICU/HDU and the ED.



Section Eleven: The Way Forward

Armidale Hospital and Community Health Services will continue to provide high quality, comprehensive, integrated health services for the people of Armidale and surrounding areas. Health services will be supported by effective care delivery systems, appropriate education and training programs and, opportunities for research and evaluation.

Future models of service delivery will have a strong emphasis on out-of-hospital care where possible, with effective seamless pathways in and out of acute care to ensure continuity across the patient journey. These models will be based on multidisciplinary partnerships with both internal and external service providers.

The major challenge for the future is to continue to meet the health needs of the catchment populations (which is projected to decline) and maintain the current mix and level of services required. Critical to this is sustaining a quality workforce.

During the consultations undertaken as part of the planning process many issues and challenges were identified. The Armidale Health Services Plan has attempted to address these issues and challenges through the proposed recommendations.

The recommendations have not been given an order of priority in the Plan. However, services already constrained due to workforce issues e.g. attracting additional anaesthetists and psychiatrists, will be addressed early in the Plan's implementation.

The JMP provides a unique collaborative relationship that assists the Armidale Health Service and other facilities in HNE Health to respond to the workforce pressures and clinical and community requirements whilst participating in the training of the future health workforce. The basis of the JMP is early and ongoing exposure to patients within various health settings. As such the degree of participation and involvement in this type of medical education needs to be delivered within the context of sustainable and achievable service provision.

A number of recommendations in the Plan refer to reviews or other projects that are underway. The Clinical Networks and Streams are undertaking some of these reviews and the Armidale Health Services Plan will need to align to those times frames.

The implementation of the Armidale Health Services Plan carries a number of assumptions which, if not considered and addressed appropriately, may result in proposed services not being delivered. These include:

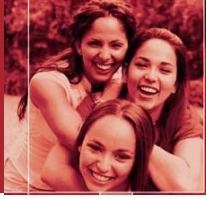
- Demand for services from the projected catchment populations being greater or less, resulting in a mismatch in service delivery and facility requirements
- Adequate recurrent funding is available to sustain service delivery and enable the enhancement of service provision where appropriate to meet needs
- The necessary workforce to provide the services required to meet community needs is able to be recruited and retained
- Other facilities within the referral catchment continue to operate at current levels
- Where possible HNE Health builds capacity to support undergraduate and post graduate education through appropriate and sustainable teaching and learning.



Section Twelve: Aboriginal Health Impact Statement

In the development of the Armidale Health Services Plan, the health needs and interests of Aboriginal people have been considered, and where relevant, incorporated and appropriately addressed.

See Appendix 14.6 for the completed Aboriginal Health Impact Statement and checklist.



Section Thirteen: Implementation Plan

The following pages present recommendations for Armidale Health Services and the Implementation Plan for the next five years.

Armidale Health Services Plan Recommendations:

1. Overarching Recommendations	2. Clinical governance
3. Medical Services	4. Cardiology Services
5. Renal Services	6. Cancer Services
7. Surgical Services	8. Emergency Services
9. Intensive Care / High Dependency / Coronary Care	10. Maternity Services
11. Paediatric Services	12. Speech Pathology
13. Child and Family Services	14. Clinical Support Services
15. Pathology	16. Pharmacy
17. Medical Imaging	18. Medical Records
19. Mental Health	20. Drug and Alcohol Services
21. Aged Care Services	22. Community Nursing
23. Diabetes Education	24. Dietetics
25. Palliative Care	26. Psycho Geriatric Care
27. Women's Health	28. Chronic Care Services
29. Rehabilitation Services	30. Allied Health Services
31. Aboriginal Health Services	32. Multicultural Health
33. Oral Health Services	34. Armidale Private Hospital
35. New England Division of General Practice	36. Workforce
37. Training, education and research	38. Information and Communication technology
39. Hospital Transport Services	40. Accommodation
41. Infrastructure	

NB: Person listed first in Responsibility column has lead responsibility for implementing the recommendation

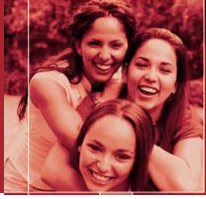
◆ **Funding Key:** 1. Recommendation to be implemented without funding 2. Recommendation to be implemented with funding from existing resources 3. Enhancement funding required
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1. Overarching Recommendations				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Develop a range of strategies targeting clinicians, key stakeholders and the community to raise awareness of the acute, mental health and community based health services that are available locally in Armidale and across the McIntyre and Tablelands Clusters	<ul style="list-style-type: none"> • Develop a service directory for each service and review annually • Develop and implement communication strategy for each major service 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • GM Tablelands and Armidale Community Health • Tablelands Mental Health Services Manager • Communication Officer • (Involve LHAC) 	February 2012	1
Continually focus on proactively managing staff establishment to maintain sustainable workforce, including pursuing recruitment to vacancies as they occur	<ul style="list-style-type: none"> • Identify gaps in the current workforce • Develop strategies to improve recruitment, retention and succession planning • Recruit to vacant positions as required 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • GM Tablelands and Armidale Community Health • Tablelands Mental Health Services Manager • Workforce Planner 	June 2011 and ongoing	2
As a priority, determine an ideal future workforce profile and develop strategies to achieve this profile. In developing the profile the following issues must be considered: <ul style="list-style-type: none"> • what constitutes reasonable medical on call rosters • the demands associated with clinical supervision and 	<ul style="list-style-type: none"> • Undertake a benchmarking exercise to compare existing medical workforce profiles amongst like hospitals in NSW to assist in determining a reasonable medical roster. • Determine an ideal future 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • GM Tablelands and Armidale Community Health • Tablelands Mental Health Services Manager • Workforce Planner 	Dec 2010 and ongoing	2

NB: Person listed first in Responsibility column has lead responsibility for implementing the recommendation

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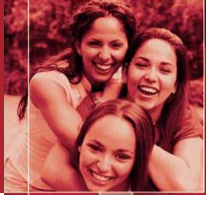


1. Overarching Recommendations

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
<p>participation in the Joint Medical Program (JMP)</p> <ul style="list-style-type: none"> evolving models of care networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and John Hunter Hospital for tertiary level support. 	<p>workforce profile</p> <ul style="list-style-type: none"> Develop strategies to achieve this profile as required, including business cases to establish additional positions 			
<p>Provide increased opportunities for new and existing staff to access appropriate education and professional development to ensure a skilled and competent workforce</p>	<ul style="list-style-type: none"> Expand role of existing Armidale Education Committee to cover all service areas Develop a department/service education plan based on service direction and staff skill requirements Develop an education calendar to ensure all staff are aware of educational opportunities 	<ul style="list-style-type: none"> Service Manager Armidale Hospital OC&L consultant Armidale Hospital Educator 	June 2012	2
<p>As part of annual operational processes, develop strategies to manage the transition to the recommended service profile and bed numbers required to meet community needs in 2021</p>	<ul style="list-style-type: none"> Develop annual operational plan for relevant services Include strategies to transition to the recommended service profile and bed numbers 	<ul style="list-style-type: none"> Service Manager Armidale Hospital GM Tablelands and Armidale Community Health Tablelands Mental Health Services Manager 		3M
<p>Continue to develop strategies to support collaborative opportunities with UNE,</p>	<ul style="list-style-type: none"> Form a Continuing Education Group in 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Dec 2012 and annually	2

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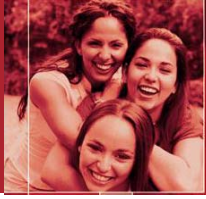
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1.Overarching Recommendations				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
particularly in relation to undergraduate and postgraduate continuing education for all health disciplines	<ul style="list-style-type: none"> partnership with NEDGP and UNE Develop an action plan to identify and drive collaborative strategies Explore the opportunity of establishing a partnership with UNE Psychology to develop a range of psychology services for Armidale Health Services 	<ul style="list-style-type: none"> DoN Armidale Hospital UNE NEDGP Service Manager Armidale Hospital School of Rural medicine, UNE Area Profession Director Psychology 		
Develop guidelines for clinicians and managers to follow when introducing a new service that considers and costs the impact on allied health therapies, nursing hours, support services and other infrastructure required to support the new service	<ul style="list-style-type: none"> Produce guidelines to inform the development of new clinical services 	<ul style="list-style-type: none"> Senior Planner Planning and Performance Unit 	June 2011	1
Implement as appropriate actions identified by Caring Together Projects	<ul style="list-style-type: none"> Implement actions as directed by HNE Health Caring Together Project teams 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Ongoing	2
Communicate with relevant Networks and Streams regarding development of implementation plans to ensure consistency with Network/stream operational plans	<ul style="list-style-type: none"> Develop communication/consultation strategy with relevant Networks/streams to ensure consistency of Implementation Plan with Network/stream operational plans 	<ul style="list-style-type: none"> Service Manager Armidale Hospital GM Tablelands and Armidale Community Health Tablelands Mental Health Services Manager Area Coordinator Clinical Networks 	Ongoing	2

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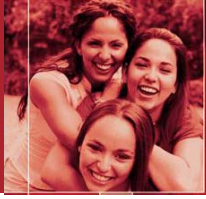
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2.Clinical Governance				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Following the Area review of the Clinical Governance Framework, ensure support and guidance is available for facility managers to address local clinical governance issues and processes	<ul style="list-style-type: none"> • Provide support and guidance to managers to address local clinical governance issues and processes 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • GM Tablelands and Armidale Community Health • Tablelands Mental Health Services Manager 	Ongoing	1
Enhance the current model of medical clinical peer review at Armidale and across Tablelands and McIntyre Clusters	<ul style="list-style-type: none"> • Promote attendance by Medical Officers at Clinical Review meetings • Strengthen morbidity and mortality and peer review activities • Ensure outcomes are documented and communicated to Clinical Review Committee 	<ul style="list-style-type: none"> • Cluster General Managers – Tablelands and McIntyre 	Ongoing	1
Strengthen multidisciplinary review of patient care and models of service to enhance safe delivery of evidence based practice	<ul style="list-style-type: none"> • Review current multidisciplinary review committees to ensure evidence based practice is promoted and practiced • Monitor effectiveness of multidisciplinary review committees 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • GM Tablelands and Armidale Community Health • Tablelands Mental Health Services Manager 	Ongoing	2

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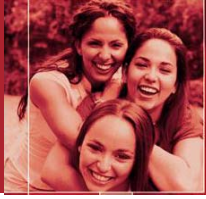
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3. Medical Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
In partnership with the Respiratory Services Stream, investigate local access to respiratory diagnostic and treatment services to support the model of care described in the HNE Health Respiratory Services Plan 2009-2013	<ul style="list-style-type: none"> Form a Working Group Identify local issues Develop strategies to address those issues 	<ul style="list-style-type: none"> Service Manager Armidale Hospital HNE Health Respiratory Services Stream Coordinator 		3M
Establish a Public Health outreach service for communicable and infectious diseases clinics. (Consider networking with Tamworth Hospital)	<ul style="list-style-type: none"> Assess demand for a communicable and infectious diseases clinic If required, prepare a business case to establish the clinic, including staffing and infrastructure requirements 	<ul style="list-style-type: none"> Service Managers Armidale and Tamworth Hospitals HNE Population Health Unit 		3L
In partnership with the HNE Health Stroke Services Stream, implement an enhanced model of stroke care including thrombolytic services	<ul style="list-style-type: none"> In partnership with the Stroke Services Stream, implement the thrombolytic model of stroke care 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Stroke Services Stream Coordinator 		3M
Develop strategies to strengthen and maintain a sustainable medical workforce, including determining reasonable 'on call' rosters. The strategies will consider the demands associated with clinical supervision and participation in the Joint Medical Program (JMP), evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support	<ul style="list-style-type: none"> Form Workforce Development Group Working Party Develop models of service delivery Determine workforce needs to implement models and consider: clinical supervision demands participation in JMP for 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Workforce Planner 		3H

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3. Medical Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	medical staff <ul style="list-style-type: none"> • Compare current staffing with other like hospitals • Determine strategies to ensure sustainable service delivery 			

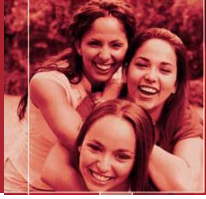
4. Cardiology Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Strengthen primary health and ambulatory services to meet increasing demand for services e.g. heart failure services	<ul style="list-style-type: none"> • Identify issues in meeting demand • Develop and implement strategies to strengthen services 	<ul style="list-style-type: none"> • GM Tablelands and Armidale Community Health • NUM Community Nursing 		3M

5. Renal Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
In partnership with the HNE Health Renal Services Stream review models of service delivery to improve access to services	<ul style="list-style-type: none"> • Form a Working Group • Identify local issues • Develop strategies to address those issues 	<ul style="list-style-type: none"> • Nurse Manager Community and Satellite Dialysis Services • HNE Health Renal Services Stream 	June 2012	3M

6. Cancer Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Investigate options for enhancing the physical space for the chemotherapy treatment suite	<ul style="list-style-type: none"> • Identify preferred option • Develop a Business case for funding to enhance 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • NUM Armidale 	June 2011	3H

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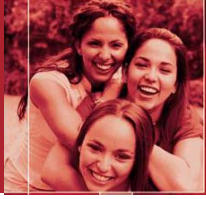


6.Cancer Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	chemotherapy treatment suite	Chemotherapy Unit Manager, Capital Works		
Review the future development of Armidale Cancer Services in conjunction with the proposed development of the NE/NW Regional Cancer Centre at Tamworth	<ul style="list-style-type: none"> Establish a working group to review the future development of Armidale Cancer Services in liaison with Tamworth Cancer services 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Cancer Services Network Manager CNC Cancer Care 	June 2011	3M
Review current models of care and arrangements of the delivery of chemotherapy services for the Armidale catchment population, in conjunction with the Medical Oncology clinical stream and the development of the NE/NW Regional Cancer Centre at Tamworth	<ul style="list-style-type: none"> Review current models of care and delivery of chemotherapy services Liaise with the Medical Oncology clinical stream on the development of the NE/NW Regional Cancer Centre at Tamworth 	<ul style="list-style-type: none"> CNC Cancer Care Cancer Services Network Manager 	June 2011	3M

7.Surgical Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Undertake a joint review of the Orthopaedic Trauma Weekend roster with Tamworth Rural Referral Hospital to determine its efficiency and effectiveness to provide good patient outcomes	In partnership with Tamworth RRH: <ul style="list-style-type: none"> review the efficiency and effectiveness of the Orthopaedic Trauma Weekend roster make recommendations regarding the future of the Orthopaedic Trauma 	<ul style="list-style-type: none"> Service Managers Armidale and Tamworth Hospitals Tamworth Critical Care Physicians Tamworth Orthopaedic Surgeons Armidale ED CMOs 	June 2011	1

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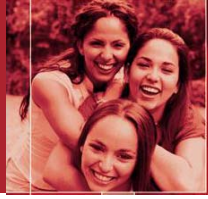


7.Surgical Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	weekend roster	<ul style="list-style-type: none"> • Armidale VMO Orthopaedic Surgeon 		
Review and monitor systems to manage demand for elective and emergency surgery	<ul style="list-style-type: none"> • Identify emergency and elective surgery demand • Develop and implement systems to effectively manage emergency and elective service demand 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • Staff Specialist Surgeon • VMO Surgeons 	Dec 2010	1
Develop strategies to strengthen and maintain a sustainable surgical workforce, including determining reasonable 'on call' rosters. The strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support	<ul style="list-style-type: none"> • Form Workforce Development Group • Develop models of service delivery • Determine workforce needs to implement models and consider: <ul style="list-style-type: none"> • clinical supervision demands • participation in JMP for medical staff • Compare current staffing with other like hospitals • Determine strategies to ensure sustainable service delivery 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • Workforce Planner 		3M

8.Emergency Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Explore the potential of combining the ICU and ED clinical services under a critical	<ul style="list-style-type: none"> • Establish a working group • Develop and implement a 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital 	July 2013	1

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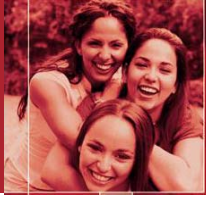
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8. Emergency Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
care model of service delivery to ensure adequate medical coverage for ICU and ED and assist in staff skills maintenance	critical care model of service delivery	<ul style="list-style-type: none"> ED and ICU Directors Critical Care Services Stream Coordinator 		
Implement as appropriate actions identified by the Caring Together Critical Care and Emergency Services Project	<ul style="list-style-type: none"> Implement actions as directed by HNE Health Caring Together Project teams 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Ongoing	1
Investigate the implementation of Physician Assistant positions to enhance staffing for the ED	<ul style="list-style-type: none"> Investigate the effectiveness of existing Physician Assistant positions in HNE Health Prepare a Business case to pilot a Physician Assistant position in ED 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Manager Workforce Design 		3M
Improve care for children presenting to emergency services through training, skills development and the introduction of clinical practice guidelines	<ul style="list-style-type: none"> Review current care of children in ED Develop and implement paediatric specific clinical practice guidelines for the ED 	<ul style="list-style-type: none"> Armidale CNC Paediatrics CYP&F Network Manager 	March 2012	2
Develop strategies to strengthen and maintain a sustainable Emergency Department workforce, including determining reasonable 'on call' rosters. The strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support	<ul style="list-style-type: none"> Form Workforce Development Group Develop models of service delivery Determine workforce needs to implement models and consider: <ul style="list-style-type: none"> clinical supervision demands participation in JMP for medical staff 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Workforce Planner 		3H

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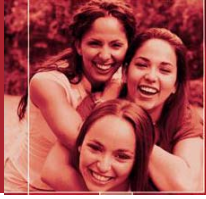


8. Emergency Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	<ul style="list-style-type: none"> Compare current staffing with other like hospitals Determine strategies to ensure sustainable service delivery 			
Implement relevant strategies from the Area wide review of Emergency Services being undertaken by the Emergency Services Stream	<ul style="list-style-type: none"> Develop and implement ED action plan to address recommendations from Area Emergency Services review 	<ul style="list-style-type: none"> ED Director and NUM 		3M
Explore alternative models of service delivery to deal with Triage categories 4/5 e.g. GP after hours model, Yr 4/5 medical students training model	<ul style="list-style-type: none"> Identify alternative models of service delivery to treat Triage categories 4/5 Develop and implement models of service delivery 	<ul style="list-style-type: none"> Director and NUM ED Manager Workforce Design 		3H

9. Intensive Care / High Dependency / Coronary Care				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Consider a program where ICU staff could follow up patients after transfer from ICU to the medical/surgical ward	<ul style="list-style-type: none"> Establish multidisciplinary grand rounds to review patients transferred from ICU to ward areas 	<ul style="list-style-type: none"> Medical Director and NUM ICU 	June 2010	1
Review space allocation to provide an appropriate private area for relatives and carers of ICU/HDU patients	<ul style="list-style-type: none"> Establish working group Identify and recommend potential waiting room areas for relatives and carers of ICU/HDU patients 	<ul style="list-style-type: none"> NUM ICU DoN Armidale Service Manager 	June 2010	1
Implement the ED/Critical Care Network	<ul style="list-style-type: none"> Organise workshop with 	<ul style="list-style-type: none"> Armidale ICU Medical 	Dec 2010	1

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9. Intensive Care / High Dependency / Coronary Care

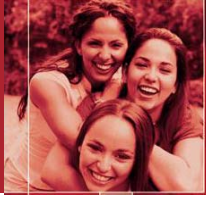
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Patient Flow protocols/pathways to ensure ventilated patients are transferred to a higher level facility within 24 hours	TRRH and JHH to implement protocols and pathways for transfer of ventilated patients	Director and NUM <ul style="list-style-type: none"> Tamworth Hospital ICU Director Critical Care Services Stream Coordinator 		
Further develop networking with the Tamworth Rural Referral Hospital ICU and clearly define Tamworth ICU's responsibilities in supporting Armidale ICU	<ul style="list-style-type: none"> Organise workshop with Tamworth Hospital and JHH to develop standard ICU operations and referral protocols Monitor the ICU operations and referral protocols 	<ul style="list-style-type: none"> Armidale ICU Medical Director and NUM Tamworth Hospital ICU Director Critical Care Services Stream Coordinator 	Dec 2010 and annually	2
Review and address ICU needs/service gaps (including nursing and medical workforce deficits at the senior and junior level) in relation to achieving and maintaining role delineation level recommended by the HNE Health Rural Referral Hospitals Framework	<ul style="list-style-type: none"> Review ICU against NSW Health Role Delineation guidelines Develop and implement action plan to achieve and maintain ICU role delineation level as recommended by the HNE Health Rural Referral Hospitals Framework 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Director ICU Critical Care Services Stream Coordinator 		3H

10. Maternity Services

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Review demand for midwives clinics	<ul style="list-style-type: none"> Review demand for midwives clinics If required, prepare a 	<ul style="list-style-type: none"> DoN Armidale Hospital NUM Midwifery 		3M

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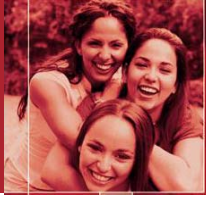
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10. Maternity Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	business case to enhance the clinics, including staffing and infrastructure requirements	Services		
Consider the appointment of a Lactation consultant and/or establish a Lactation Consultancy Service	<ul style="list-style-type: none"> Review demand for a Lactation Consultancy Service If required, prepare a business case to establish a Lactation Consultancy Service, including staffing and infrastructure requirements 	<ul style="list-style-type: none"> DoN Armidale Hospital NUM Midwifery Services Armidale Early Childhood Service 		3M
Explore options to ensure the sustainability of obstetric and gynaecology services at Armidale and across the referral catchment. Options to be considered include: Alternative models for gynaecology outreach services Advanced trainee position Additional GP proceduralists	<ul style="list-style-type: none"> Review current obstetric and gynaecology staff sustainability Develop succession planning guidelines Investigate models for gynaecology outreach services, advanced trainee positions and additional GP proceduralists Implement selected models 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Workforce Planner 		3H 3M
In conjunction with Community Health Services, review the effectiveness of the Early Discharge Program	<ul style="list-style-type: none"> Review the effectiveness of the Early Discharge Program 	<ul style="list-style-type: none"> NUM Maternity Services DoN Armidale 	June 2011	1

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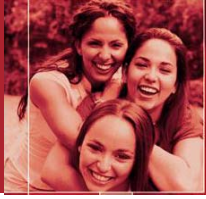


10. Maternity Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	<ul style="list-style-type: none"> If required, develop strategies to improve the Early Discharge Program 	Hospital <ul style="list-style-type: none"> GM Tablelands and Armidale Community Health 		

11. Paediatric Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Enhance paediatric physiotherapy services for the Armidale area and Tablelands and McIntyre Clusters	<ul style="list-style-type: none"> Assess demand for Paediatric Physiotherapy services If required, prepare a Business case for this service 	<ul style="list-style-type: none"> Armidale Allied Health Head of Discipline Area Manager Allied Health 	Dec 2010	3M
Enhance paediatric services through the provision of an additional paediatric medical position and explore outreach options to ensure expanded services can be sustained (a paediatric academic position is currently being advertised by UNE and HNE Health)	<ul style="list-style-type: none"> Recruit additional paediatric medical position Investigate feasibility of outreach clinics Implement outreach clinics 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	January 2012 and annually	2
Enhance access to Child and Adolescent Mental Health Services	<ul style="list-style-type: none"> Liaise with Child and Adolescent Mental Health Services to identify service access issues Develop and implement strategies to enhance access 	<ul style="list-style-type: none"> NUM Paediatrics Child and Adolescent Mental Health Services 	Dec 2011	1

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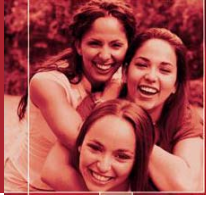
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12.Speech Pathology				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Review models of Speech Pathology outreach service delivery for children	<ul style="list-style-type: none"> Review current speech pathology outreach services for children If required, develop and implement alternative models of service delivery to improve outreach services for children 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health Speech Pathology Area Advisor Armidale Speech Pathology HSM Child and Family Health 		3M
Develop a collaborative program with Aboriginal Health, Speech Pathology and NEDGP to improve access by the Aboriginal community	<ul style="list-style-type: none"> In partnership with Aboriginal Health, develop and implement a range of initiatives to improve access to Speech Therapy for Aboriginal People 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing Speech Pathology Area Advisor Aboriginal Health Coordinator Tablelands and McIntyre Clusters 	June 2013	1
Develop a coordinated approach to managing the complex needs of children in conjunction with the Department of Education, Paediatric Services, and Ageing, Disability and Home Care (ADHC)	<ul style="list-style-type: none"> Organise workshop with Department of Education, Paediatric Services, and Ageing, Disability and Home Care (ADHC) to develop a coordinated approach to address the complex needs of children 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health 	June 2013	1

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13. Child and Family Services

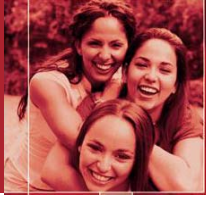
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Investigate the need for a Paediatric Chronic and Complex Care CNC position	<ul style="list-style-type: none"> Identify need for Paediatric Chronic and Complex Care CNC position Develop Business case 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing DoN Armidale Hospital CYP&F Network 	June 2012	3L
Explore options to enhance funding for Child and Family Health nurses to expand and sustain home visiting for the 0-5 years age group	<ul style="list-style-type: none"> Explore options to expand and sustain home visiting for the 0-5 years age group Develop Business case 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing 	June 2013	3M
Establish community based social work and psychology support for children and families	<ul style="list-style-type: none"> Identify requirements for community based social work and psychology support for children and families Develop Business case 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health 	June 2013	3M

14. Clinical Support Services

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Enhance co-ordination of discharge planning processes ensuring culturally appropriate multidisciplinary service links are in place for the individual patient (e.g. GP discharge letter from CHIME, to and from Community nursing services)	<ul style="list-style-type: none"> Establish working group and develop processes to enhance co-ordination of discharge planning Implement new processes 	<ul style="list-style-type: none"> DoN Armidale Hospital NUM Community Nursing 	June 2011	1
Develop strategies to strengthen and	<ul style="list-style-type: none"> Form Workforce Development 	<ul style="list-style-type: none"> Service Manager 	June 2011	2

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14. Clinical Support Services

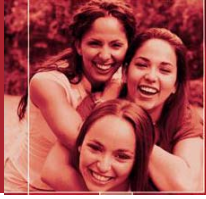
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
maintain a sustainable anaesthetic workforce, including determining reasonable 'on call' rosters. The strategies will consider the demands associated with clinical supervision and participation in the JMP, evolving models of care and networking opportunities with Tamworth Rural Referral Hospital for professional and clinical support and JHH for tertiary level support	<p>Group</p> <ul style="list-style-type: none"> Develop models of service delivery Determine workforce needs to implement models and consider: <ul style="list-style-type: none"> clinical supervision demands participation in JMP for medical staff Compare current staffing with other like hospitals Determine strategies to ensure sustainable service delivery 	<p>Armidale Hospital</p> <ul style="list-style-type: none"> Workforce Planner 		
Ensure collaborative medical workforce rostering continues with Armidale Private Hospital	<ul style="list-style-type: none"> Ensure medical workforce rostering is communicated with Armidale Private Hospital 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Ongoing	1
Develop an equipment maintenance and replacement schedule with strategies to source ongoing funding to improve provision of surgical equipment through CSSD	<ul style="list-style-type: none"> Review the current equipment maintenance and replacement schedule Develop a Business case to source ongoing funding to improve provision of surgical equipment through CSSD 	<ul style="list-style-type: none"> NUM CSSD Service Manager Armidale Hospital 	Ongoing	1

15. Pathology

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Implement the Point of Care testing strategy (in approved departments) with appropriate governance, and consistent	<ul style="list-style-type: none"> Review current Point of Care pathology testing Identify potential for 	<ul style="list-style-type: none"> Manager Pathology Services 		3M

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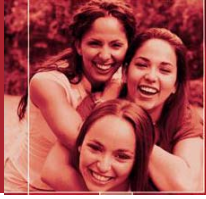
15.Pathology				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
with Pathology North/AHS direction	<ul style="list-style-type: none"> expanding Point of Care Testing Develop and cost implementation plan If approved, implement 			
Develop succession planning strategies for the Pathology Service to recruit people with the broad range of pathology skills/experience required for rural areas	<ul style="list-style-type: none"> Develop succession plan for Pathology positions, taking into account requirements for skills/experience required for rural areas 	<ul style="list-style-type: none"> Manager Pathology Services Service Manager Armidale Hospital 	June 2011	1

16.Pharmacy				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Increase clinical pharmacy services	<ul style="list-style-type: none"> Develop and submit Business case to increase Pharmacy services 	<ul style="list-style-type: none"> Manager Pharmacy Director HNE Pharmacy Services 		3M
Facilitate pharmacy involvement in medication reconciliation on admission, reviews and the discharge planning process	<ul style="list-style-type: none"> Develop and implement protocols for Pharmacy involvement in medication reviews and discharge planning 	<ul style="list-style-type: none"> Manager Pharmacy Director HNE Pharmacy Services 	Dec 2011 and ongoing	2

17.Medical Imaging				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Investigate the need for an additional general X-ray room	<ul style="list-style-type: none"> Review current radiology demand In required, develop Business case 	<ul style="list-style-type: none"> Manager Imaging Services Director HNE Health Imaging 		3M

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Identify additional resources to support the increasing demand in the imaging department i.e. clerical, nursing and radiographer/ sonographer support	<ul style="list-style-type: none"> Review model of service delivery Identify strategies to fill service support positions Develop Business case 	<ul style="list-style-type: none"> Manager Imaging Services 		3M
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18. Medical Records				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Implement Electronic Medical Records in line with the Area protocols for Armidale Hospital	<ul style="list-style-type: none"> In partnership with Area IT services, implement the EMR 	<ul style="list-style-type: none"> Manager Medical Records Director IT Clinical Support and Development 	To be determined	2
Develop options for long term storage of Medical Records	<ul style="list-style-type: none"> Relocate Compactus from Medical Imaging (JHH) to relieve short term storage issues Develop Business case for purpose built Medical Records storage 	<ul style="list-style-type: none"> Armidale SM Manager Medical Records 	June 2010	3H

19. Mental Health				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
In partnership with HNE Mental Health services, explore options to increase bed numbers, particularly for gazetted beds, to meet projected needs across the catchment	<ul style="list-style-type: none"> Review current demand for gazetted beds Develop Business case 	<ul style="list-style-type: none"> Tablelands Mental Health Service Manager Mental Health Services Network Manager 		3H
Improve communication of available Mental Health services to stakeholders	<ul style="list-style-type: none"> Develop service directory for mental health services and 	<ul style="list-style-type: none"> Tablelands Mental Health Service 	July 2011	1

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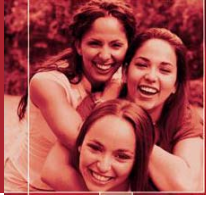
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19.Mental Health				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	<ul style="list-style-type: none"> review annually Develop and implement communication strategy to raise awareness 	<ul style="list-style-type: none"> Manager Communications Officer 		
Continue to improve access to Mental Health services for Aboriginal people via a range of initiatives (e.g. Aboriginal Mental Health traineeship) in partnership with Aboriginal Community Controlled Health Services (ACCHSs), the Aboriginal community, NEDGP and other stakeholders	<ul style="list-style-type: none"> Develop and implement a range of initiatives to improve access to mental Health Services for Aboriginal People 	<ul style="list-style-type: none"> Tablelands Mental Health Services Manager Mental Health Services Network Manager Aboriginal Health Coordinator Tablelands and McIntyre Clusters 	Ongoing	1
Facilitate improved access to psychiatric consultation, particularly out of hours access, via the establishment of the proposed video link to the Psychiatric Emergency Care Centre in Newcastle	<ul style="list-style-type: none"> Establish a video link to the Psychiatric Emergency Care Centre in Newcastle 	<ul style="list-style-type: none"> Tablelands Mental Health Services Manager Mental Health Services Network Manager 		3M
Enhance links between Mental Health Services and other acute and community based services	<ul style="list-style-type: none"> Develop Mental Health service directory and review annually Develop and implement communication strategy 	<ul style="list-style-type: none"> Tablelands Mental Health Services Manager Communications Officer 	June 2012	1
Work collaboratively with other services i.e. Ambulance, Police and HNE Health internal transport services, to address transfer issues and develop an agreed protocol	<ul style="list-style-type: none"> Organise workshop with Ambulance, Police and HNE Health internal transport services to address transfer issues and develop protocols 	<ul style="list-style-type: none"> Tablelands Mental Health Service Manager NSW Ambulance NSW Police 	Ongoing	1

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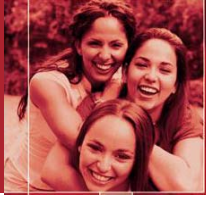


19.Mental Health				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Pursue recruitment of vacant psychiatrist positions, and consider options of joint appointments with UNE to enhance education/teaching role	<ul style="list-style-type: none"> Recruit vacant psychiatrist positions Develop conjoint positions with UNE 	<ul style="list-style-type: none"> Tablelands Mental Health Services Manager Mental Health Services Network Manager UNE 	June 2012	1
Identify and implement systems to support GP VMOs for providing weekend and after hours cover for mental health emergency presentations i.e. clarifying callback processes, enhancing education and skill development opportunities	<ul style="list-style-type: none"> Develop and implement strategies to clarify call-back processes, and, enhance education and skill development opportunities for GP VMOs 	<ul style="list-style-type: none"> Tablelands Mental Health Services Manager Mental Health Services Network Manager 	Dec 2011	3M

20.Drug and Alcohol Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Continue to work with Mental Health Services to develop care pathways for the management of patients with D&A and mental health comorbidities	<ul style="list-style-type: none"> Implement NSW Health Comorbidity guidelines under the direction of the Mental Health/D&A Services Network Investigate processes to improve collaborative care for patients presenting with comorbidity issues 	<ul style="list-style-type: none"> Northern D&A Managers Tablelands Mental Health Services Manager Mental Health/D&A Network 	June 2011	1
Improve links between acute inpatient services, community services and Drug and Alcohol services. e.g. through inpatient consultation liaison	<ul style="list-style-type: none"> Assess effectiveness Identify areas of improvement Develop and implement strategies to improve 	<ul style="list-style-type: none"> Northern D&A Managers Service Manager Armidale Hospital 	Ongoing	1

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20. Drug and Alcohol Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	communication	Tablelands Mental Health Services Manager <ul style="list-style-type: none"> • GM Tablelands and Armidale Community Health 		
Expand the use of alternative dosing modalities e.g. Buprenorphine-naloxone, unsupervised dosing	<ul style="list-style-type: none"> • Implement evidence based pharmacotherapies to increase access to services 	<ul style="list-style-type: none"> • HNE Health Drug and Alcohol Service 	June 2012	1
Continue to improve access to Drug and Alcohol services for Aboriginal people via a range of initiatives in partnership with ACCHSs, the Aboriginal community, NEDGP and other stakeholders	<ul style="list-style-type: none"> • In partnership with Aboriginal Health, ACCHSs, the Aboriginal community, NEDGP and other stakeholders develop and implement a range of initiatives to improve access to Drug and Alcohol services for Aboriginal People 	<ul style="list-style-type: none"> • Manager D&A Aboriginal Services • Northern D&A Managers • Aboriginal Health Coordinator Tablelands and McIntyre Clusters 	June 2012 and ongoing	1
Work with the Mental Health/D&A Services Network to explore opportunities for staff development including possible rotations within funding allocations	<ul style="list-style-type: none"> • Investigate strategies to provide opportunities for staff development • Liaise with Mental Health/D&A Services Network regarding opportunities for staff rotation 	<ul style="list-style-type: none"> • Northern D&A Managers • Tablelands Mental Health Services Manager • Mental Health/D&A Services Network Manager 	Dec 2011	1

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21. Aged Care Services

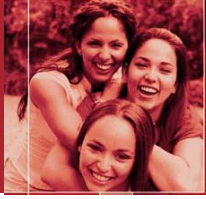
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Monitor and explore opportunities for enhancement of the Transitional Aged Care Program	<ul style="list-style-type: none"> Monitor community needs for TACP Explore opportunities to expand TACP If required, develop Business case 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing Director Community Health Strategy 		3M
Raise awareness of the availability of Aged Care and ACAT services in the Tablelands and McIntyre Clusters	<ul style="list-style-type: none"> Design ACAT newsletter Distribute newsletter to Tablelands and McIntyre Clusters 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health Communications Officer 	June 2011	1
In partnership with NEDGP, explore models to improve the management of older people with complex needs e.g. Hospital in the Home, and increased support to Aged Care facilities	<ul style="list-style-type: none"> Organise workshop with NEDGP and other key stakeholders to develop a coordinated approach to the complex needs of older people 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing CEO NEDGP 	Dec 2011	2
Review the ACAT workforce in the Tableland and McIntyre Clusters and develop strategies to address identified gaps	<ul style="list-style-type: none"> Map the ACAT workforce Identify gaps Develop and implement strategies to address identified gaps 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing 	Dec 2011	2

22. Community Nursing

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Develop new models of service delivery to complement acute and community services e.g. Hospital in the Home	<ul style="list-style-type: none"> Identify areas of need Develop Business cases 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health 		3M

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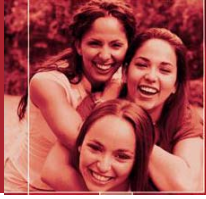


22. Community Nursing				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Review staffing levels for community nursing services and benchmark against other like services within HNE Health	<ul style="list-style-type: none"> Community workforce mapped to determine adequacy of current staffing Develop Business case for recruitment to identified vacant positions 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing 	Dec 2011	2
Collaborate with practice nurses, GPs and NEDGP to further develop education programs/protocols e.g. in wound care management	<ul style="list-style-type: none"> Liaise with GPs, GP practice nurses and NEDGP to develop education programs/protocols to support competence and capability Implement education programs/protocols 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing 	June 2012	1

23. Diabetes Education				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Review resource requirements to meet the demand for diabetes education and management for inpatients and the general community (particularly the Aboriginal community), including prevention and early intervention	<ul style="list-style-type: none"> Identify Diabetes service issues Develop and implement education programs and management protocols 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing 		3H
In partnership with the NEDGP, explore options for increased provision of podiatry services	<ul style="list-style-type: none"> Review demand for podiatry services If required, assist in the development of a Business case, including staffing and infrastructure requirements 	<ul style="list-style-type: none"> CEO NEDGP GM Tablelands and Armidale Community Health 	June 2011	1
Continue to explore shared care/	<ul style="list-style-type: none"> Develop and implement 	<ul style="list-style-type: none"> GM Tablelands and 	June 2011	1

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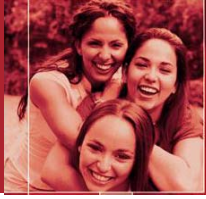
23. Diabetes Education				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
educational models with partners such as NEDGP, UNE and ACCHSs	Diabetes shared care/education models with NEDGP, UNE and ACCHSs	<ul style="list-style-type: none"> Armidale Community Health NUM Community Nursing 		

24. Dietetics				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Review resource requirements to meet the demand for dietetic education and management for inpatients and the general community (particularly the Aboriginal community), including prevention and early intervention	<ul style="list-style-type: none"> Identify Dietetic service issues Develop and implement education programs and management protocols 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing 		3M

25. Palliative Care				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Develop clinical pathway/protocols for the hospital Nurse Unit Managers (NUMs) and Discharge Planner to ensure that all people who would benefit from palliative care services are referred to the service	<ul style="list-style-type: none"> Establish working group Develop and implement clinical pathways/protocols for people requiring palliative care services 	<ul style="list-style-type: none"> DoN Armidale Hospital NUM Community Nursing 	Dec 2011	1
Investigate the need for palliative care extended hours services	<ul style="list-style-type: none"> Review demand for palliative care services If required, develop a Business case, including staffing and infrastructure requirements 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community Health NUM Community Nursing 		3M
Work with Aged Care facilities to support end of life care management	<ul style="list-style-type: none"> Organise workshop with Aged Care providers, Chronic 	<ul style="list-style-type: none"> GM Tablelands and Armidale Community 	Dec 2012	2

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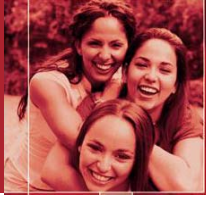


25.Palliative Care				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	Disease Strategy and Palliative Care Clinical Stream to discuss development of end of life care management protocols	<ul style="list-style-type: none"> Health NUM Community Nursing Palliative Care Services Stream Coordinator Armidale Aged Care facilities 		
Develop advanced care planning models with all relevant partners	<ul style="list-style-type: none"> Organise workshop with Aged Care providers, Chronic Disease Strategy and ACARS to discuss development of advanced care models 	<ul style="list-style-type: none"> Social Work Department Manager Chronic Disease Strategy Armidale Aged Care facilities 	Dec 2012	1

26.Psycho Geriatric Care				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Work with the NEDGP to determine future directions and opportunities for the Memory Assessment Program	<ul style="list-style-type: none"> Support the NEDGP in determining the future direction for the Memory Assessment Program 	<ul style="list-style-type: none"> General Manager, Armidale Community Health Manager NEDGP 	June 2012	1
Consider options for accessing advanced neuropsychology assessments	<ul style="list-style-type: none"> Develop submission to Medical Specialist Outreach Assistance Program (MSOAP) to fund neuropsychologist service 	<ul style="list-style-type: none"> Service Manager Armidale Hospital CEO NEDGP GM Tablelands and Armidale Community Health NUM Community Nursing 	June 2011	2

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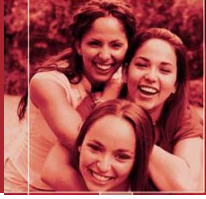
27. Women's Health				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Develop an appropriately trained pool of staff to maintain Women's Health services into the future	<ul style="list-style-type: none"> • Implement education programs in Women's Health • Develop a succession plan for Women's Health 	<ul style="list-style-type: none"> • GM Tablelands and Armidale Community Health 		3M

28. Chronic Care Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Review chronic disease service delivery and develop multidisciplinary models of care to improve disease management	<ul style="list-style-type: none"> • Review chronic disease service • Develop and implement multidisciplinary models of care 	<ul style="list-style-type: none"> • Practice Development Officer Chronic Disease • Director Community Health Strategy • GM Tablelands and Armidale Community Health • Program Coordinator – Integrated Chronic Care for Aboriginal People 	June 2012	2

29. Rehabilitation Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Consider options for providing and maintaining rehabilitation outreach clinics, including the option of networking with the rehabilitation service in Tamworth	<ul style="list-style-type: none"> • Investigate options for rehabilitation outreach clinics, including staffing and infrastructure requirements • Implement rehabilitation outreach clinics 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital ACARS Network Manager 	Dec 2010	2
In conjunction with the Transitional Aged	<ul style="list-style-type: none"> • Develop and implement 	<ul style="list-style-type: none"> • GM Tablelands and 		3M

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29.Rehabilitation Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Care Program, introduce a community based rehabilitation program to expand care options	community based rehabilitation program	Armidale Community Health <ul style="list-style-type: none"> ACARS Network Manager 		
In conjunction with the Aged Care and Rehabilitation Network review and confirm the hospital based rehabilitation service model for Armidale	<ul style="list-style-type: none"> Review current rehabilitation service model Develop and implement hospital based rehabilitation service action plan 	<ul style="list-style-type: none"> Rehabilitation Geriatrician Multidisciplinary Rehab Team 	Dec 2011 and ongoing	2
Undertake succession planning for the Geriatrician / Rehabilitation physician position	<ul style="list-style-type: none"> Develop succession plan for Geriatrician/Rehabilitation physician position 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Dec 2010	2

30.Allied Health Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Benchmark Armidale Allied Health staffing levels against peer services to identify gaps and develop strategies to address those gaps	<ul style="list-style-type: none"> Form Allied Health Group Benchmark Armidale Allied Health staffing levels against peer services Identify staffing gaps Develop business cases to fill staffing gaps including strategies to attract Allied Health professionals 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Allied Health Manager Area Director Allied Health 	Jan 2012	1
Develop mechanisms for consistency in collection of service delivery data	<ul style="list-style-type: none"> Develop and implement strategies to improve data collection of Allied Health activity 	<ul style="list-style-type: none"> Allied Health Manager Director IT Clinical Support and Development Area Director Allied 	Jan 2014	2

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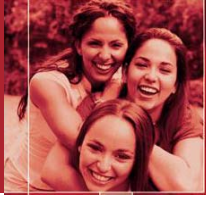


30.Allied Health Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
		Health		
In conjunction with UNE, identify Allied Health capacity to provide education and teaching at Armidale Hospital and at the University	<ul style="list-style-type: none"> Liaise with UNE to identify opportunities for Allied Health staff to provide education and teaching to undergraduates Develop and implement education strategy 	<ul style="list-style-type: none"> Allied Health Manager UNE 	June 2013	2

31.Aboriginal Health Services				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Ensure all health services staff participate in cultural respect training	<ul style="list-style-type: none"> Identify Armidale Health Service staff requiring cultural respect training Prepare roster to complete staff cultural respect training Ensure all new staff are provided with cultural respect training 	<ul style="list-style-type: none"> Armidale Hospital Educator 	Dec 2010	2
Develop strategies to increase the cultural appropriateness and accessibility of services	<ul style="list-style-type: none"> In partnership with Aboriginal Health, develop and implement strategies to ensure the provision of culturally appropriate and safe health services Evaluate the effectiveness of these strategies through consultation with the Aboriginal community 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Aboriginal Health Coordinator Tablelands and McIntyre Clusters Area Director Aboriginal Health 	Dec 2011	2
Strengthen partnerships with non-government and other providers to facilitate	<ul style="list-style-type: none"> Liaise with non-government organisations and other 	<ul style="list-style-type: none"> Aboriginal Health Coordinator 	June 2013	1

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31. Aboriginal Health Services

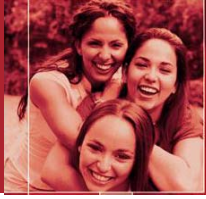
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
and expand provision of culturally appropriate and safe health care for Aboriginal people	providers involved in Aboriginal health care to facilitate and expand provision of culturally appropriate and safe health care	Tablelands and McIntyre Clusters <ul style="list-style-type: none"> Area Director Aboriginal Health 		
Ensure the HNE Health Aboriginal Employment Strategy is implemented	<ul style="list-style-type: none"> Provide a range of recruitment, retention and career development opportunities for Aboriginal people that satisfy the needs of Armidale Health Services and contribute to equitable service delivery Impart a working knowledge and appreciation of cultural safety into the everyday business of all Armidale Health Services employees Provide a culturally sound and safe work environment for Aboriginal employees 	<ul style="list-style-type: none"> Service Manager Armidale Hospital GM Tablelands and Armidale Community Health Tablelands Mental Health ServiceManager Aboriginal Health Coordinator Tablelands and McIntyre Clusters Area Director Aboriginal Health Manager Aboriginal Employment Strategy and Equity 	Ongoing	2

32. Multicultural Health

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Assess the multicultural needs of the population and develop action plans to address service delivery issues	<ul style="list-style-type: none"> Assess health needs of local NESB and refugee population Develop action plans to address identified health 	<ul style="list-style-type: none"> General Manager, Armidale Community Health Multicultural Access 	June 2011	1

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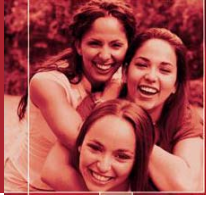


32.Multicultural Health				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
	<ul style="list-style-type: none"> service gaps Establish ongoing consultation mechanisms 	Committee		

33.Oral Health				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Liaise with Tamworth Rural Referral Hospital to enhance opportunities for increasing public access to oral health services	<ul style="list-style-type: none"> Establish a working group to liaise with Tamworth Oral Health services to investigate opportunities for increasing public access to oral health services 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Armidale and Tamworth Oral Health Managers HNE Health Oral Health Network 	Dec 2010	1
Liaise with the HNE Oral Health services to address service sustainability issues	<ul style="list-style-type: none"> Identify service sustainability issues Develop and implement strategies 	<ul style="list-style-type: none"> Principle Dental Officer General Manager HNE Health Oral Health 	Dec 2012	2
Liaise with UNE and Tamworth Rural Referral Hospital to enhance workforce and training opportunities in dentistry	<ul style="list-style-type: none"> Liaise with UNE to identify opportunities for workforce enhancement and education Develop and implement education strategy 	<ul style="list-style-type: none"> Principle Dental Officer General Manager HNE Health Oral Health UNE 	July 2012	1

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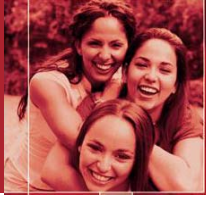
34. Armidale Private Hospital				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Continue to communicate and network with Armidale Private Hospital to improve coordination of services	<ul style="list-style-type: none"> Continue bimonthly meetings with Private Hospital 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Ongoing	1

35. New England Division of General Practice				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Maintain and strengthen the relationship between NEDGP, VMOs and Armidale Health Services	Participate in local HNE and NEDGP meetings. Re-establish ARRH and NEDGP meetings	Service Manager Armidale Hospital CEO NEDGP	Ongoing	1

36. Workforce				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Ensure all health professionals are aware of flexible employment arrangements and protocols	<ul style="list-style-type: none"> Communicate HNE Health employment strategies and protocols to all Armidale Health Service staff 	<ul style="list-style-type: none"> Service Manager Armidale Hospital GM Tablelands and Armidale Community Health Tablelands Mental Health Services Manager 	Dec 2010	1
Optimise recruitment into a health training pathway e.g. through participation in workplace training and work experience programs. Optimise retaining people within the pathway through structured programs and mentoring	<ul style="list-style-type: none"> Review current workplace training and work experience programs Develop and implement structured programs and mentoring programs 	<ul style="list-style-type: none"> Hospital Educator Service Manager Armidale Hospital GM Tablelands and Armidale Community Health Tablelands Mental Health Services Manager 	Dec 2011	2

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36.Workforce				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Develop an action plan to provide support for International Medical Graduates	<ul style="list-style-type: none"> • Develop local action plan for International Medical Graduates on an individual needs basis • Monitor effectiveness of action plan 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • HNE Medical Workforce 		3M
Develop local recruitment strategies in line with the recommended outcomes from GP/VMO Recruitment Taskforce	<ul style="list-style-type: none"> • Review recommended outcomes from GP/VMO Recruitment Taskforce • Develop local recruitment strategies • Monitor effectiveness of local recruitment strategies 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • Strategic Recruitment Unit 		3H
Design and develop orientation and training programs to fast track competence and capability	<ul style="list-style-type: none"> • Further develop orientation and training programs 	<ul style="list-style-type: none"> • Hospital Educator • Service Manager Armidale Hospital • OC&L 		3M
Investigate opportunities for transport and accommodation assistance for nursing staff undertaking professional development through HNE Health Nursing and Midwifery Services	<ul style="list-style-type: none"> • Develop strategies to provide transport and accommodation assistance to encourage participation in professional development opportunities • Monitor effectiveness of strategies 	<ul style="list-style-type: none"> • Armidale DoN • Nurse education group with HNEH NaMO 		3M

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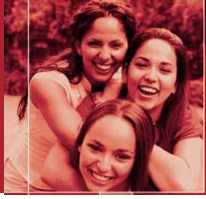


37. Training, Education and Research

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Work in partnership with the UNE School of Rural Medicine/ Tablelands Clinical School to pursue Commonwealth funding for an education centre and expanded student accommodation facilities	<ul style="list-style-type: none"> Assist in developing submission for Commonwealth funding for an education centre and expanded student accommodation facilities Participate in Working Group to establish the education centre 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Submission completed and funding secured	3H
Enhance partnerships with UNE and other partners to pursue and undertake research	<ul style="list-style-type: none"> Pursue opportunities to undertake research projects and programs 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Jan 2011	2
In partnership with UNE, University of Newcastle and Tamworth Rural Referral Hospital, work towards the development of Centers of Excellence in rural medicine and health	<ul style="list-style-type: none"> Liaise with UNE, NEDGP, and HNE Armidale Services to identify strategies for the creation of a Centre of Excellence in rural medicine and health Implement strategies 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	Jan 2013	3M
Assess the impact of clinical teaching loads for the Joint Medical Program on senior medical staff and if necessary develop strategies to manage the impact	<ul style="list-style-type: none"> Assess the impact of clinical teaching loads for the Joint Medical Program on senior medical staff If necessary, develop strategies to manage the impact 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Dean, Tablelands Clinical School 	June 2010	3H

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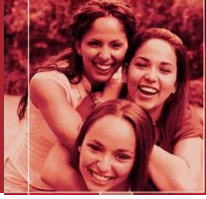
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37. Training, Education and Research				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Identify the impact of all clinical teaching on nursing, Allied Health and other health support professionals and if necessary develop strategies to manage the impact	<ul style="list-style-type: none"> Assess the impact of clinical teaching loads on nursing, Allied Health and other health support professionals If necessary, develop strategies to manage the impact 	<ul style="list-style-type: none"> Service Manager Armidale Hospital DoN Armidale Hospital Manager Allied Health 	June 2011	3M
Develop in partnership with the relevant stakeholders, models to facilitate and enhance future capability in the areas of training, education and research	<ul style="list-style-type: none"> Develop and implement models to facilitate and enhance future capability in the areas of training, education and research 	<ul style="list-style-type: none"> Service Manager Armidale Hospital DoN Armidale Hospital Manager Allied Health Armidale Hospital Educator UNE 	Jan 2013	3L
Explore options to provide clinical support to the newly introduced Bachelor of Pharmacy program at UNE	<ul style="list-style-type: none"> Develop and implement clinical support program for Bachelor of Pharmacy 	<ul style="list-style-type: none"> Manager Pharmacy UNE Area Director Pharmacy Services 		3H
Explore options within the hospital for additional clinical teaching spaces such as tutorial rooms and meeting / study spaces	<ul style="list-style-type: none"> Map available clinical teaching space and utilisation Identify shortfalls Develop a plan for maximising use of available space 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Dean, Tablelands Clinical School 	June 2011	3M
Identify options for a student/staff common room to accommodate all disciplines on clinical placement	<ul style="list-style-type: none"> Map suitable available space and utilisation If possible, develop a plan for use of available space 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	June 2011	3M

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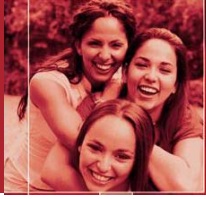


37. Training, Education and Research				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
With UNE, review options for developing simulation facilities to support the skills maintenance and training required for the staff and all student disciplines	<ul style="list-style-type: none"> Review requirements for simulation facility If required, develop Business case 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Dean, Tablelands Clinical School 	June 2011	3M

38. Information and Communication Technology				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Develop systems to support improved discharge planning processes	<ul style="list-style-type: none"> In partnership with Area IT services, assess IT requirements to improve discharge planning Implement recommendations 	<ul style="list-style-type: none"> Armidale Hospital Discharge Planner CIO Information Technology and telecommunications 	June 2011	2
Improve student access to computers as per HNE Health policy	<ul style="list-style-type: none"> Identify any issues with student access to computers If necessary, implement procedures to rectify access problems 	<ul style="list-style-type: none"> Service Manager Armidale Hospital 	June 2011	3L
Develop a more formalised process for communication and management of information technology opportunities and issues between Armidale Health Services and UNE	<ul style="list-style-type: none"> Develop and implement an information technology process with UNE 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Director IT Clinical Support and Development 	June 2011	3L

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39. Hospital Transport Services

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Ensure that hospital vehicles are appropriately utilised especially for back transfer of patients admitted over the Orthopaedic Trauma Weekends	<ul style="list-style-type: none"> Monitor the utilisation of all hospital vehicles Develop strategies to maximise their use 	<ul style="list-style-type: none"> DoN Armidale Hospital Transport Unit 	Dec 2010	2

40. Accommodation

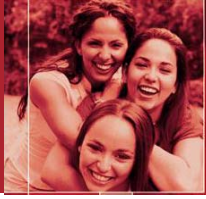
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Develop strategies to enhance the availability of appropriate accommodation for patients, their family/carers, staff and students (including JMOs and Advanced Trainees)	<ul style="list-style-type: none"> Investigate current available accommodation for family/carers, staff and students Identify shortfalls Develop strategies to increase the availability of accommodation Continue to monitor demand 	<ul style="list-style-type: none"> Service Manager Armidale Hospital Manager Capital Works 	June 2012	3M

41. Infrastructure

Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
Review office space accommodation to ensure appropriate utilisation of space and identify shortfalls	<ul style="list-style-type: none"> Map available office space and utilisation Identify shortfalls Develop a plan for maximising use of available space 	<ul style="list-style-type: none"> Service Manager Armidale Hospital DoN Armidale Hospital GM Tablelands and Armidale Community Health Tablelands Mental Health Services Manager 		3H

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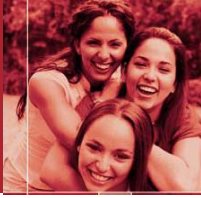
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41.Infrastructure				
Recommendations	Milestones	Responsibility	To be completed by	Funding Priority
		<ul style="list-style-type: none"> • Manager, Capital Works 		
Explore options for increasing numbers of tutorial and meeting rooms to support training and education requirements	<ul style="list-style-type: none"> • Map available tutorial and meeting rooms space and utilisation • Identify Shortfalls and opportunities • Develop a Business case for additional Consulting rooms 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • Manager Capital Works 	As soon as possible within constraints of funding etc.	3M
Identify options for expanding the capacity of the outpatient clinic area to meet the increasing demand for ambulatory services	<ul style="list-style-type: none"> • Map available consulting room space and utilisation • Identify shortfalls • Develop a Business case for additional consulting rooms 	<ul style="list-style-type: none"> • Service Manager Armidale Hospital • Manager Capital Works 		3H
Undertake a Site Master Plan to determine current and future service capacity of the site	<ul style="list-style-type: none"> • Develop a Site Master Plan • Develop Business Cases • Continue to seek capital funding to redevelop site 	<ul style="list-style-type: none"> • Manager Capital Works • Service Manager Armidale Hospital 	Dec 2010	1

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Attachment One:

Steering Committee Membership

Name	Title
Kim Browne	Executive Sponsor/Director Population Health Planning and Performance
Michael DiRienzo	Director, Operations – Acute Networks
Jenny Sheehan	Manager Rural Health Services and Capital Planning Unit NSW Health (Corresponding member)
Dona Withnell	Service Manager, Armidale Rural Referral Hospital
Fergus Fitzsimons	General Manager, Tamworth/Armidale Hospitals
Dr Sue Carter	Director, Planning and Performance
Deborah Lawson	Senior Health Services Planner, Planning and Performance
Anne MacKenzie	Planning Officer, Planning and Performance
Ann Ryan	Consultant, Aurora Projects Pty Ltd
Karen O'Connor	Consultant, Aurora Projects Pty Ltd (Corresponding Member)
Krystina Micke	Tablelands Mental Health Service Manager
Wendy Mulligan	General Manager, Tablelands Cluster and Armidale Community Health
Sally Bristow	Director of Nursing, Armidale Hospital
Leona Quinnell	Aboriginal Health Co-ordinator Tablelands and McIntyre Clusters
Dr Gary Baker	VMO Physician and Chair Armidale Medical Council
Dr Sanjaya Karunaratne	Staff Specialist Surgeon Armidale Hospital
Dr Sergio Diez-Alvarez	Staff Specialist Physician Armidale Hospital
Julianne Oxley	Dietitian, Armidale Community Health
Dr John Fraser	Professor and Head, School of Rural Medicine, UNE
Dr Maree Puxty	Dean, Tablelands Clinical School, UNE
Joanne McRae	Executive Officer, School of Rural Medicine, UNE
Sally Armitage	CEO, New England Division of General Practitioners
David Graham	Chair, Armidale Local Health Advisory Committee
Fay Griffiths	Member, Armidale Local Health Advisory Committee
Margaret Walford	Member, Armidale Local Health Advisory Committee
Dale Erwin	Director Workforce Planning and Development (Invitee October 2009)
Felicity McLean	Workforce Planning and Development Officer (from October 2009)



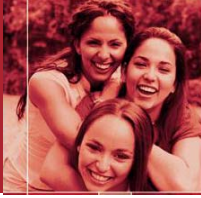
Stakeholders List

Internal Stakeholders

- HNE Health Clinical Networks and Streams
- Aged Care and Rehabilitation
- Cancer Care Services
- Cardiology
- Vascular
- Mental Health and Drug and Alcohol
- Renal
- Stroke
- Chronic Disease
- Children, Young People and Families
- Critical Care
- Respiratory
- Women's Health and Maternity
- Oral Health
- Palliative care
- Diabetes
- Anaesthesia and Pain
- Information Technology
- Patient Flow Unit
- Aboriginal Health Education Officer
- Multicultural Health Service
- Home and Community care
- Diagnostic Imaging
- Pharmacy
- McIntyre Cluster General Manager
- HNE Health Acute Network General Managers
- HNE Health Primary and Community Network General Managers
- Allied Health Forum
- Nursing Forum
- Aboriginal partnership Group
- Men's Health Forum
- Population Health Unit

External Stakeholders

- NSW Ambulance
- Divisions of General Practice
- University of New England
- University Of Newcastle
- Armidale Private Hospital
- Pat Dixon Medical Centre
- NSW Police
- Armidale Medical Council
- GP Synergy
- Joint Medical Program Clinical Deans
- University of New England Medical Students Association



Attachment Two

Consultation Issues and Challenges Review Summary

Issues and Challenges Paper

In August 2009, initial meetings were held at Armidale Rural Referral Hospital with three groups representing Armidale Health Services Nursing staff, Medical staff, Allied Health and Health Service Support staff. The purpose of those meetings was to provide an introduction to the planning process and commence the consultation process.

Twenty key stakeholder groups were interviewed over August and September 2009. In total, 76 people attended consultation group meetings. Meetings with Armidale Hospital clinical groups and six external stakeholder meetings were held, in line with the Consultation Strategy as tabled and endorsed at the August meeting of the Armidale Health Services Plan Steering Committee.

The issues raised cover many aspects of service delivery within the hospital and community settings. Some issues raised are of an operational nature and these have been passed on to hospital management.

This report outlines the main points raised in the consultation interviews.

Referral Status

While HNE Health recognises Armidale Hospital as a rural referral hospital, NSW Health includes it in the Peer Grouping - District Group 1. The Hospital Peer Groupings are used as the basis for activity and cost comparisons. The Hospital Peer Groupings are based on a number of principles including relative casemix and resource homogeneity. For example, the District Group 1 has total acute case weighted separations of greater than or equal to 5,000 separations per annum.

The purpose of the Armidale Health Services Plan is to assist in determining future direction for Armidale Hospital and Community Health Services for the next five to ten year timeframe.

Workforce

The consultation process has revealed ongoing concerns around the Armidale and Community Health services workforce. The main issues include:

Staffing Levels

There is concern around the difficulties experienced with workforce sustainability, recruitment and retention in all aspects of the medical, nursing and allied health workforce and other support services.

There is difficulty in finding back fill for people on sick leave, annual leave or covering patient transfers. Consultations indicated that staff are often doing double shifts and overtime to ensure the services are covered.

It was stated that there is an increasing need for dedicated medical staff e.g. registrars and residents to support some services such as ICU. Currently there is only one doctor on duty overnight to cover the whole hospital supported by on call arrangements for a variety of specialties.



It was noted that to recruit and retain medical staff, a stimulating work environment with job satisfaction and good infrastructure was required. It was suggested that this may be the reason that some medical staff have resigned and that Exit Interviews could be reviewed to determine reasons for resignation.

It was perceived that the Armidale Hospital is under resourced for allied health services e.g. social work and for aspects of discharge planning.

Sustainability

Senior medical position shortages are leading to patients being referred elsewhere for services or patients are experiencing increased waiting times e.g. for anaesthesia, gynaecology, urology, ophthalmology, Mental Health services.

Anecdotally many senior medical staff are working extended hours with major on call commitments which other staff indicated as being unsustainable. Some clinicians are sole / single practitioners in their field and it is difficult for them to have a break without compromising service continuity.

Concern was raised that many staff were ageing and that succession planning was required. It was queried if the services at Armidale Hospital were at a viable level now. Current skills fluctuate with individual skills of the workforce and a critical mass is required for service provision e.g. for surgeons and a desire was expressed that Armidale Hospital needed to increase its surgical capacity.

It was raised by several staff that there were issues between some medical and nursing staff in following good governance procedures i.e. reporting of clinical incidents.

Capacity

There is no clinical educator for the hospital. Consultations indicated that this type of position would be beneficial to support all staff with ongoing skills maintenance, skills development teaching for the new graduates and students that have clinical placements at the hospital.

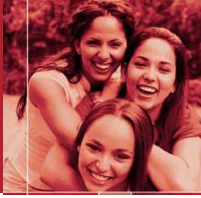
Anecdotally many staff are spending increasingly more time on administrative and clerical type duties that are taking them away from the clinical time and this is leading to increased waiting lists.

There is an increasing expectation of the senior medical staff to provide clinical teaching to the increasing number of students coming through the hospital. This has implications for working overtime and on a voluntary basis to support the teaching requirements. A suggestion was made that extra staffing is required to back fill and support service provision so that the teaching commitments can be met.

Medical Management Model

Armidale Hospital is in a transition phase to a medical management structure that has staff specialists / VMO GPs supported by junior staff (registrar and resident) with post graduate training as part of the workforce establishment. It is anticipated that this model will be able to provide the medical support for the hospital. The Armidale Hospital has been previously supported by VMO GPs with a variety of special interests. There is currently one surgical registrar on rotation and one GP proceduralist. These positions are supported by one surgical and one medical resident.

Consultations have revealed that the appointment of staff specialists has led to a decrease in VMO GPs for the hospital. This becomes a challenge when the staff specialists or



registrar leaves the position and the VMO GPs are expected to provide the service to ensure ongoing service delivery. The challenge is the expectation of the hospital for the VMO GPs to provide the service and for the VMO GPs to actually maintain their skills while the staff specialists / registrar is providing the service.

The Director of Clinical Services position has been vacant for a number of months.

Service Demand

Anecdotally the increase in surgical staff specialists has increased the workload of the hospital, in particular for the outpatient clinics, theatre and surgical lists with an increase in complex surgical procedures.

It was suggested in the consultations that the level of activity might be exceeding the role delineation of the hospital in particular for ICU and some surgical services.

As new services commence often there are no additional resources for allied therapies with an expectation that current resources are stretched further providing a less than optimal service. For example, a new ICU bed or another orthopaedic specialist with no additional resources allocated for the allied health hours.

Areas of increasing demand with a service deficit included: paediatric physiotherapy, clinical pharmacy, adolescent mental health services, disability services, a dedicated triage nurse required for each shift, allied health services, lactation services, obstetrics and gynaecology, early discharge program.

There is an increase in demand for Drug and Alcohol services and it is often difficult to access detox services. The Armidale medical ward has a notional one bed allocated to detox however it is difficult to utilise this bed as it is often occupied. Patients may require transfer to Newcastle for detox services. It was noted that there appears to be a lack of coordination for dual diagnosis.

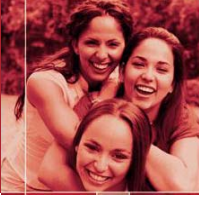
Various community based services emphasised the need to focus on disease prevention and health promotion.

Service Capacity

Anecdotally many GPs are referring patients away from Armidale acute and community health services as the services are either not available or have long waiting lists.

There is a perception that due to the budgetary constraints services are being curtailed at the hospital. This is leading to an increasing level of clinician frustration, as the clinicians believe the services should consistently be available at Armidale.

The Armidale Hospital ICU/HDU has a role delineation of Level 4 with capacity to provide one ICU bed with ventilation capacity for less than 24 hours. It is a medical model with an ICU Director shared with Tamworth Hospital. There is not a coordinated approach to the management of patients as the physicians have different approaches. The increase in surgical work has a flow on effect to ICU and increasingly ICU is full, which increases the need to transfer patients out. Obtaining access to an ICU bed elsewhere can be difficult and at times the long waiting period can lead to deterioration in the patient's condition. The timeliness of transfer has implications for staffing the ICU /HDU. It was suggested that there should be enhancement to ICU service delivery e.g. there is no renal support in ICU. Imaging capacity has recently increased with a CT scanner on site. This will reduce the number of transfers to the private facility. However concern was raised that the CT



scanner has displaced a general x-ray machine, thereby reducing the hospital's capacity for this modality.

Access to allied health services is limited with no after hour's cover, which can lead to disjointed service delivery.

The need for multidisciplinary teams was highlighted by various services e.g. mental health, however the limited staffing allocated and vacancies for various allied health services has decreased the capacity to provide this type of service.

Patient transport services are expanding, with the additional of another vehicle, to meet the increasing demand.

Mental Health

Mental Health Services provide inpatient services across the Tamworth and Armidale campuses. Acute Mental Health services are provided at Tamworth and subacute Mental Health services are provided at Armidale. The consultations indicated that the division of services appears to be working well.

Demand for Mental Health services appears to be increasing and presentations at the ED are causing concern among generalist health practitioners as the ED has difficulties in providing a safe and secure assessment area for the management of people experiencing a mental health episode. The current room nominated for secure assessment is not appropriate. This room is not located within the core ED area and has no direct observation capacity from the staff station.

Anecdotally the interface between Mental Health and generalist services can be strained when generalist services want to hand a patient over to Mental Health services. The generalist expectation of a prompt response cannot always be met. Mental Health Services does have a staff specialist psychiatrist based in the community who provides services for Armidale and surrounding areas. The Mental Health Service does not have a registrar however, it does have experienced mental health clinicians (a multidisciplinary model with nursing, psychology, occupational therapy and social work and a Trainee Aboriginal Mental Health Worker) who do assessment and consult with the staff specialist psychiatrist when required. This is a different model of care and can be a challenge for the medical staff in other services that have an expectation of dealing with another medical clinician. Education is required on the model of care.

Transfer of acute mental health patients was raised as a concern for Mental Health staff, ED medical and nursing staff and the ambulance service. There were a number of difficulties with the transfer of mental health patients identified and these include: the time it takes to organise a transfer, management of acute mental health clients which is staff resource intensive, the staff required for a transfer and backfill.

It was suggested that clarification is required on the admission and discharge protocols for the Clarke Unit.

Mental Health Services have increased service provision and a multidisciplinary assessment team is available in Armidale. The consultations reported that access to mental health support is an issue for clinicians who may wish to have a psychiatric consultation or discussion of treatment regime with a psychiatrist. Although there is a 1300 number to call an on call psychiatrist – offering a consult via telephone - the service provided appears to be variable. Access to these services is more difficult outside of business hours and on weekends. Mental Health medical cover after hours is provided by a GP VMO and it was noted that it is becoming increasingly difficult to provide cover



particularly for ED presentations. The future aim is to have a video link to the Psychiatric Emergency Care Centre (PECC) in Newcastle.

Trauma Weekend Roster

Networking with Tamworth services appears to be well established for some services such as the Trauma Weekend Roster. The Trauma Weekend Roster provides a rotation between the Tamworth and Armidale EDs to cover the trauma requirements for the Clusters of Peel, Mehi, Tablelands and McIntyre. The Armidale ED has the on-call roster two out of five weekends. This provides benefits to the orthopaedic on call roster by decreasing the call requirements at each centre for the alternate weekends.

However, the consultation process has revealed that the Trauma weekend is having a negative impact on some patients and their families as the bypassing of the closer hospital leads to patients being placed at a greater distance from their place of residence with limited family support and at times limited money, and can cause difficulties for patients returning home. Transport and transfer back to the hospital or town of origin has implications for community transport services and the Ambulance Service and can lead to frustration on behalf of the patients who were not expecting to be taken away from their closest hospital.

The Trauma weekend at times also has a negative impact on the Armidale Hospital as the available bed base to support inpatient admissions from the Trauma weekend is relatively small and on occasions when the surgical ward is full, the elective list for the following Monday has to be reviewed which then can lead to longer waiting times for local residents.

Teaching Capacity

Armidale Hospital currently has teaching arrangements with several Universities. In the consultations, discussion has been held around the impact of the teaching commitments on Armidale Hospital and Community Health services.

The teaching arrangements cover medical, nursing and allied health services. The focus of the teaching has been on the provision of clinical placements for various disciplines. Challenges discussed included:

- Concern about how HNE Health will maintain a specialist workforce in Armidale which is required to support the various teaching disciplines.
- Current medical practitioner involvement in clinical teaching may not be sustainable into the future.
- The current hospital budget appears to be unable to provide the teaching capacity required for the JMP, that is, the appropriate staffing levels required to support the teaching role. It was suggested that budget constraints had led to a reduction in surgical activity and therefore a reduction in student experience options.
- The hospital already caters for medical, nursing and allied health students and increasing numbers will place further strain on current services e.g. meeting spaces, senior staff time and their capacity to support, accommodation and car parking.
- The current level of services provided at Armidale Hospital is not providing the UNE, in particular JMP students, with adequate exposure in many disciplines to gain the necessary experience from clinical placements e.g. obstetric and gynaecology surgery. 4th Year students are not being exposed to the type or level of surgery required.
- The transfer of patients away from Armidale Hospital depletes the teaching 'material'.



- It was suggested that the Armidale Hospital does not have adequate support services and operating theatre back up such as anaesthetics and ICU. It was also noted that the Imaging Department is not adequate for the teaching role of the hospital.
- The integration of the medical training and current medical workforce, and the relationships with Armidale Health Services is essential for the JMP to grow, however Armidale Hospital will need additional resources to support this.
- Armidale Hospital requires an expanded role with increased bed numbers and associated infrastructure support to cater for the medical and nursing students. It was noted that the JMP Year 1 and Year 2 students are already not able to access the patient numbers they require to meet course requirements.
- The JMP signed a Memorandum of Understanding (MOU) with HNE Health at the commencement of the program. Clarification is required on the implications of the MOU for Armidale Hospital and HNE Health.
- Due to the low patient numbers simulation facilities either at the University or the hospital may be able to provide skills training required for junior medical staff and students.

Facility Requirements

During the discussions it was noted that new services will need to be housed within the current facility and space allocation appears to be already stretched.

Waiting/ consulting rooms

Access to waiting rooms is limited:

- no waiting area or relatives room for ICU/ HDU with people waiting in the corridor
- no waiting area for the fracture clinic with people waiting in the main corridor of the hospital - the fracture clinic is held two days per week.

The consultations revealed that access to consulting/clinic rooms has become increasingly difficult with increased clinic requirements to support staff specialists. This has resulted in an increase in outreach clinics however it was noted that more clinics could be held if more clinic rooms were available.

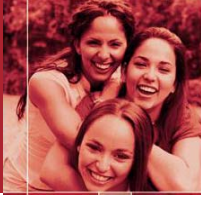
Consulting space on the wards and in the therapy areas is also limited and it would be beneficial to have a consult/meeting room on the paediatric ward so that private meetings could be held with parents.

Office / Meeting Space

Many groups indicated that access to additional office space is required e.g. ten staff specialists and seven offices. There has been an increase in various programs and positions to support the change in models of service delivery and this needs to be supported by access to office/workstations. Another aspect noted was the lack of workstation access for staff who provide services across the Tablelands Cluster and may require access to office space one or two days per week.

Meeting rooms and tutorial space are limited particularly on or near the ward area. It was noted that this is becoming more apparent with the increase in students on clinical placements.

Allied Health staff are not located together and work could become more coordinated (multidisciplinary) if service providers were collocated.



Accommodation

Current accommodation options are limited and are prioritised to medical staff and students, nursing staff, ICU family and friends. The occupancy is very high for this accommodation.

There is minimal emergency accommodation capability.

There is a lack of accommodation for students on clinical placements.

Medical Records

Medical records have reached capacity with the medical records department only able to maintain one and half years of primary record storage instead of the five years recommended. It is anticipated that this may be down to one year at the end of 2009. The increase in staff specialists, increase in clinics and changes to documentation has impacted on medical records and storage capacity.

Admissions and Discharge Process

The patient journey could be improved with a streamlining of the referrals process to community based services within HNE Health and to external service providers. The consultation process highlighted the need to target people earlier in the admission process, especially aged people who have frequent admissions to ensure that appropriate services are in place on discharge.

Various groups indicated that discharge planning is not consistent and needs additional resources to ensure that the service links are in place as required for the individual patient e.g. community based services have an increasing number of discharges that have inadequate information or inappropriate medications.

GPs would like to receive timely notification of patients' admission and discharge from both inpatient and community services.

Rehabilitation Services

An increase in medical separations is reflective of an ageing population and longer recovery times.

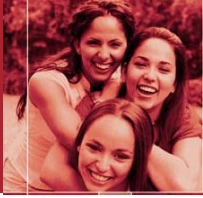
During the consultation process the planning team were informed that the rehabilitation service was redefining its service delivery model. Concerns were raised about the amount of time that people are in active rehabilitation. This service operates out of the acute ward and there is a perception that slow stream rehabilitation is being neglected. There are no ward facilities available for slow stream rehabilitation. The service has not had the resources to support community based rehabilitation. However it was noted that ten Transitional Aged Care packages are to commence in Armidale in October.

Some outreach clinics have ceased as the Staff Specialist has experienced health problems and is now unable to manage the demand for services. Succession planning for the Geriatrician/rehabilitation position is required and there is a need to increase rehabilitation services in the longer term.

Needs of Special Groups

Aboriginal Health

Aboriginal Health was nominated as a special needs group with difficulties identified including engagement of the Aboriginal community and access to culturally appropriate health services.



It was acknowledged that 'mainstreaming' health services appears to be making health services less accessible rather than more accessible. 'Closing the Gap' strategies do not appear to be reducing health inequalities or fully appreciating the social aspects that impact on the health of the Aboriginal community.

It was suggested that the Aboriginal Health Partnership needed to be clarified to ensure that the partnership was functioning as intended.

Diabetes

The incidence of Type 1 and Type 2 diabetes is rapidly increasing with increased risk of long term complications such as dialysis, heart disease, amputations, depression/mental illness etc. The Diabetes Education service is struggling to meet demand at the primary health care level and for ongoing treatment.

It was suggested that additional resources are required to provide appropriate services to support this special needs group.

Garling Report Recommendations

The NSW Health response to the Garling Report 'Caring Together' is the current government policy for the delivery of health services. HNE Health has established a number of project teams to implement the recommendations outlined by NSW Health. These recommendations will feed into the Armidale Health Services Plan.

Information technology

Information technology solutions may enhance networking between Tamworth and Armidale e.g. Virtual ICU videoconferencing.

Linking with other service providers will also enhance service delivery. The concept of an electronic medical record will assist with a smoother transition for patients between services. Some services are progressing more rapidly towards this with the maternity services already having some parts of their medical records in an electronic format.

Equipment

It was noted that the Operating Theatres require an equipment maintenance and replacement schedule with strategies to source funding to replace outdated equipment.

Education

The consultations acknowledged that on- line training is very beneficial however it is difficult to allocate time for training and there is no back fill for staff to undertake this training. There is a perception that staff are expected to undertake training in their own time.

A clinical educator is required for the Hospital to support graduates and staff with skills enhancement and skill maintenance.

Local Health Advisory Committee

Representatives of the Local Health Advisory Committee raised the following points during consultation:

- Community expectations may not be met by the outcome of the planning process i.e. no new hospital at Armidale while Tamworth went through a similar planning process and is now undergoing a large capital redevelopment.



- Concern that the JMP and the specialist workforce may be able to influence the Health Services' focus and budget to more acute type services rather than primary prevention/ community based services.
- That the JMP model of teaching is based on an urban model (Newcastle curriculum) that may not be suited to the rural setting. The emphasis should be on a generalist approach to service delivery at Armidale Hospital.
- Some doctors appear to be unaware of the current community based and ambulatory services available and this may mean that people are being transferred elsewhere for services or not accessing some services at all.

Conclusions

The key service planning issues that have been identified in the consultation process to date include:

- Workforce sustainability.
- Adherence to HNE Health Clinical Governance policies and procedures
- Managing the transition to the staff specialist model
- The impact of the specialist model on support services
- ICU activity not always appropriate for the current role delineation
- Managing the transfer of acute mentally ill patients
- The impact of the JMP
- The lack of facilities to support the service demand
- Engagement of the Aboriginal Community and access to services
- Limited networking strategies with Tamworth



Attachment Three

Abbreviations used in the Plan

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACHS	Australian Council on Healthcare Standards
ACSC	Ambulatory Care Sensitive Conditions
aIM	Acute Inpatient Modelling
ALOS	Average Length of Stay
ARIA	Accessibility Remoteness Index of Australia
ATSI	Aboriginal and Torres Strait Islanders
CACP	Community Aged Care Packages
CALD	Culturally and Linguistically Diverse
CNC	Clinical Nurse Consultant
CMO	Career Medical Officer
CSSD	Central Sterilising Services Department
DADHC	Department of Ageing, Disability and Home Care
DoCS	Department of Community Services
DoH	Department of Health
ED	Emergency Department
ENT	Ear, Nose and Throat
ESRG	Enhanced Service Related Group
FTE	Full Time Equivalent
FWE	Fulltime Working Equivalent
GP	General Practitioner
HACC	Home and Community Care
HDU	High Dependency Unit
HNE	Hunter New England
HSP	Health Services Plan
ICU	Intensive Care Unit
IIMS	Incident Information Management System
IRSD	Index of Relative Socio-Economic Disadvantage
JMO	Junior Medical Officer
JMP	Joint Medical Program
km	kilometres
LGA	Local Government Area
NAPOOS	Non Admitted Patient Occasions of Service
NEDGP	New England Division of General Practice
NETS	Neonatal Emergency Transfer Team
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PANOC	Physical Abuse and Neglect of Children
SEIFA	Socio – Economic Indexes for Areas
SiAM	Subacute Inpatient Activity Model
SLA	Statistical Local Area
SRG	Service Related Group
SSR	Standardised Separation Ratio
UNE	University of New England
VMO	Visiting Medical Officer

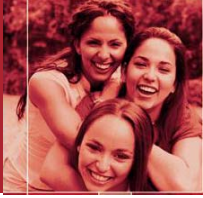


Attachment Four

Armidale Hospital and Community Health Services Role Delineation

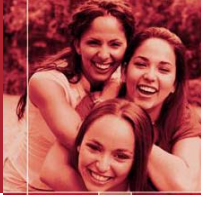
Services		Role Delineation
Clinical Support	Pathology	4
	Pharmacy	4
	Diagnostic Imaging	4
	Nuclear medicine	3
	Anaesthetics	4
	Intensive care	4 ³
	Coronary care	4 [†]
	Operating Suites	4
Core	Emergency medicine	4 [†]
Medicine	General medicine	4
	Cardiology	4
	Dermatology	3
	Endocrinology	4
	Gastroenterology	3
	Haematology	3
	HIV/AIDS	2
	Immunology	3
	Infectious Diseases	3
	Medical Oncology	4
	Neurology	4
	Radiation/Med. Oncology	4
	Renal Medicine	4
	Respiratory Medicine	4
	Rheumatology	3
Surgery	General Surgery	4
	Burns	2
	Thoracic/Cardiothoracic	No Service
	Day Surgery	4
	ENT	No Service
	Gynaecology	4
	Neurosurgery	No Service
	Ophthalmology	3
	Orthopaedics	4
	Plastic Surgery	No Service
	Urology	3
Vascular Surgery	No Service	
Maternal and Child	Obstetrics	3
	Neonatal	2

³ Armidale levels for ICU, CCU and Emergency Medicine are conditional on effective network arrangements with Tamworth, including arrangements for immediate transfer (to Tamworth/or other higher level facility) if patients will require ventilation for > a few hours (in line with DOH Guide to the Role Delineation of Health Services Third Edition 2002)



Services		Role Delineation
	Paediatric Medicine	4
	Paediatric Surgery	3
	Family & Child Health	3
Integrated Community and Hospital	Adolescent Health	3
	Adult Mental Health (inpatient acute & extended care)	4
	Adult Mental Health (community care-acute/non-acute)	4
	Child/Adolescent Mental Health (inpatient care)	3
	Child/Adolescent Mental Health (community care/acute/non-acute)	3
	Older Adult Mental Health (Inpatient Care)	1
	Older Adult Mental Health (Community Care)	2
	Child Protection Services	3
	Drug & Alcohol	3
	Geriatrics	4
	Health Promotion	2
	Palliative Care	3
	Sexual Assault	3
Rehabilitation	4	

Source: HNE Role Delineation Rural Referral Hospitals by peer group November 2009



Attachment Five

Aboriginal Health Impact Statement Declaration

Title: Armidale Health Services Plan 2010 - 2014

- ✓ The health* needs and interests of Aboriginal people have been considered and appropriately addressed in the development of this initiative
- ✓ Appropriate engagement and collaboration with Aboriginal people has occurred the development and implementation of this initiative
- ✓ Completed checklist attached

For Aboriginal people, health is defined as not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community.

Executive Sponsor: Kim Browne
Director, Population Health Planning and Performance
Hunter New England Health

Checklist for the Statement

Development of the Policy, Program or Strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy?
Yes
2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development?
Yes

There has been broad appropriate representation in the Armidale Health Services Plan development from the Aboriginal Health Co-ordinator, Tablelands and McIntyre Clusters and Aboriginal Health workers, to the Aboriginal Community Controlled Health Service (ACCHS) in the Armidale area. Both internal and external organisations providing health care to Aboriginal people have been consulted. Aboriginal stakeholder consultation has taken place face to face, by phone and by email.

An Aboriginal Health representative is an active member of the Core Planning Group.

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders:
Yes
4. Have these processes been effective?
Yes

Recommendations from the Aboriginal Community Controlled Health Service and Aboriginal Health staff have been incorporated into the Armidale Health Services Plan.



Specific strategies include:

- Strengthen partnerships with non-government and other providers to facilitate and expand provision of culturally appropriate and safe health care for Aboriginal people
 - Ensure all health services staff participate in cultural respect training
 - Develop strategies to increase the cultural appropriateness and accessibility of services
 - Implement and strengthen the HNE Health Aboriginal Employment Strategy
 - Develop a collaborative program with Aboriginal Health, Speech Pathology and New England Division of General Practitioners (NEDGP) to improve access by the Aboriginal community
 - Office for Aboriginal and Torres Strait Islander Health (OATSIH) New Directions service to work with NEDGP and Speech Pathologists to improve Aboriginal children's access to speech pathology services.
 - Continue to improve access to Mental Health services for Aboriginal people via a range of initiatives (e.g. Aboriginal Mental Health traineeship) in partnership with Aboriginal Controlled Community Health Services (ACCHS), the Aboriginal community, NEDGP and other stakeholders
 - Continue to improve access to Drug and Alcohol services for Aboriginal people via a range of initiatives in partnership with ACCHSs, the Aboriginal community, NEDGP and other stakeholders
 - Review resource requirements to meet the demand for diabetes education and management for inpatients and the general community (particularly the Aboriginal community), including prevention and early intervention
 - Review resource requirements to meet the demand for dietetic education and management for inpatients and the general community (particularly the Aboriginal community), including prevention and early intervention
5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies?

Yes

- HNE Aboriginal Health Plan 2007-2011
- HNE Health Aboriginal Employment Strategy 2008 -2011
- HNE Health Integrated Chronic Care for Aboriginal People Program
- HNE Health Aboriginal Mothers and Babies Program
- HNE Health Aboriginal Health Education Service
- HNE Health Aboriginal Sexual Health Service

Contents of the Policy, Program or Strategy

6. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services?

Yes

The Armidale Health Services Plan recognises the need for improvements to health services for Aboriginal people living in the primary and referral catchment areas of Armidale Health Services. There is also recognition of the need for consultation to enhance services for Aboriginal people and communities to be



developed in partnership with Aboriginal Community Controlled Medical Services and other Aboriginal groups and services.

Current issues identified in the plan include:

- Recognition of the health disadvantage within Aboriginal communities
- Chronic health needs especially for cardiac, renal and diabetes related conditions
- Access to health services, particularly in rural and remote areas
- Need to develop services for prevention, early detection and treatment in a culturally sensitive manner

7. Have these effects been adequately addressed in the policy, program or strategy?

Yes

There has been recognition that the development of health services for Aboriginal people needs to occur in consultation and partnership with the relevant Aboriginal Community Controlled Health Services and other relevant Aboriginal community organisations. In addition, it is acknowledged that health care services need to recognise the cultural needs of Aboriginal people and support the early involvement of families and carers, Aboriginal Health workers in hospitals and Aboriginal Health Education Officers in the Aboriginal communities.

8. Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy?

No

The Armidale Health Services Plan outlines the broad direction for health services in the primary and referral catchment areas of Armidale Health Services. As with the general population, Aboriginal people need to have improved access to health services to ensure that their needs are managed appropriately. The Plan recognises that there is a need for specific strategies to identify Aboriginal people and provide culturally appropriate health services to facilitate their access to care and treatment.

In addition, it is recognised that the health and wellbeing of Aboriginal people is dependent on historical, physical, cultural and social factors and that the health needs of Aboriginal people must be addressed as part of strategies to address local community health issues and in particular the chronic health issues facing Aboriginal communities. This has been identified in the HNE Armidale Health Services Plan, HNE Chronic Diseases Plan and HNE Aboriginal Health Plan.

Implementation and Evaluation of the Policy, Program or Strategy

9. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects?

To be advised



The Armidale Health Services Plan identifies the need for additional resources to implement some initiatives to meet the needs of the Aboriginal population of the primary and referral catchment areas of Armidale Health Services. Most of the initiatives will be implemented using existing resources and a business case will be developed for those requiring enhancement funding.

- 10.** Will the initiative build the capacity of Aboriginal people/organisations through participation?

Yes

The development of recommendations in the Armidale Health Services Plan is dependent on improving services within existing acute and community based health services and partnerships with Aboriginal stakeholders in the primary and referral catchment areas of Armidale Health Services. Partnerships will be further developed with front line health clinicians, particularly in the Aboriginal Community Controlled Health Services. Programs will be developed for up-skilling Aboriginal Healthcare workers in assessment and care delivery e.g. Mental Health.

- 11.** Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders?

Yes

The Armidale Health Services Management Group will implement the Armidale Health Services Plan. Regular communication will occur with internal and external Aboriginal health service providers to ensure implementation occurs in the most appropriate manner. Details will be fine tuned during the development of each annual operational plan.

- 12.** Does an evaluation plan exist for this policy, program or strategy?

Yes

An evaluation process exists for all facility and clinical service plans produced for HNE Health. The focus of evaluation is on the outcomes of implementing recommendations in the Implementation Plan. There are also measures in place to monitor the overall performance of Armidale Health Services.

- 13.** Has it been developed in conjunction with Aboriginal stakeholders?

Yes

The evaluation process is generic for all HNE Health service plans. The performance indicators include quantitative measures of equity of access to services as well as qualitative indicators on issues such as cultural security, capacity building, program continuity and, responsiveness of services to community needs.



Attachment Six

References

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 - ⁱⁱ ABS Census of Population and Housing 2006
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 - ^{iv} NSW Department of Health, Caring Together: The Health Action Plan for NSW, March 2009
 - ^v NSW Government, The State Health Plan: A New Direction for NSW Towards 2010
 - ^{vi} NSW Health Future Directions for Health in NSW – Towards 2025
 - ^{vii} NSW Health Rural Health Plan (2002)
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 - ^{ix} NSW Health Department, State-wide Services Development Branch, Guide to the Role Delineation of Health Services, Third Edition 2002
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 - ^{xi} NSW Health Department, State-wide Services Development Branch, Rural Companion Guide to the Role Delineation of Health services, First Edition 2004
 - ^{xii} HNE Health Stroke Services Plan 2008 – 2013
 - ^{xiii} HNE Health Cancer Services Plan 2006-2010
 - ^{xiv} HNE Health Tamworth Health Services Plan 2008 – 2012, August 2008
 - ^{xv} HNE Health Children, Young People and Families Services Plan 2007 – 2011, March 2007
 - ^{xvi} NSW Health, Planning Guideline for Operating Theatres, Statewide Service Development Branch Planning Series, June 2007
 - ^{xvii} HNE Health Mental Health Services Plan 2006 – 2010, August 2006
 - ^{xviii} HNE Health Draft Future Directions – HNE Inpatient Mental Health Services, December 2008