Health
Southern NSW
Local Health District

EUROBODALLA HEALTH SERVICE CLINICAL SERVICES PLAN

March 2020

Version 3

SNSWLHD and Eurobodalla Health Service acknowledge the traditional custodians of the land on which the health service operates. Eurobodalla is in Yuin Nation, on Walbunga Country. The service pays respects to Elders past, present and emerging and all Aboriginal and Torres Strait Islander people living or visiting locally, and welcomes all Aboriginal and Torres Strait Islander patients and their families to the service.

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Revision History

Revised by	Date	Revision Control	Revision Reason
Ingrid Evans/Kristi Payten	5/11/18	Version 1.2	Response to MoH comments v1.0 Projections to 2031, Data Methodology, Role delineation & Bed numbers – current & future
Emma Clynch	9/05/19	Version 1.3	Workforce requirements.
Kristi Payten	29/05/19	Version1.5	Document review against MoH comments, edited and updated models of care (tracked changes)
Kristi Payten	8/6/19	Version 1.6	Finalised MoC, clean document
Nina Holland	11/6/19	Version 1.7	Additional detail, clean document to Steering Committee.
Planning Unit	24/6/10	Version 1.8	Review of bed occupancy rates & projections
Planning Unit/Lisa Kennedy	24/06/19	Version 1.9	Confirmation MoC content, editing, final check against MoH comments.
Planning Unit	03/07/19	Version 2	Endorsed by SNSWLHD Executive and Final version submitted to Minster of Health incl response to comments and compendium
Planning Unit	23/3/20	Version 3	Adjustments to infrastructure tables following MoH SAIU input
Lisa Kennedy	23/3/20	Version 3	Eurobodalla CSP SC Chair Endorsed for submission
Planning unit	2/4/2020	Version 3	Endorsed by Margaret Bennett, Chief Executive Office, SNSWLHD and submitted to Ministry of Health

1. Executive Summary

Southern NSW Local Health District (SNSWLHD) mission states 'all people across our diverse communities are able to have timely access to the right health care in the right setting to maximise their health, wellbeing and independence'. The Eurobodalla Health Service Clinical Services Plan (CSP) provides the framework to deliver on the District's mission statement with a 10 to 15 year outlook for the development and delivery of health care to the residents of the Eurobodalla Shire.

The Eurobodalla Shire population is projected to increase from 37,968 people in 2016 to 40,517 by 2031 (a 0.4% increase per annum compared to the 1.3% increase expected for NSW). With a median age of 53.2 years, the Shire has one of the highest proportions of older residents in NSW, 29% aged 65 and over, compared to 20% across the LHD and 16% in NSW. The Eurobodalla population aged 70 years and over is projected to further increase by 72% between 2015 and 2031.

The Shire also has the largest Aboriginal population in SNSWLHD with an estimated 6.8% of the Shire's population identifying as Aboriginal or Torres Strait Islanders. This population is young, with 46% aged 0-19 years.

Development of the CSP for Eurobodalla presents an opportunity to plan services to meet the needs of the growing and ageing population with a strong emphasis on networking, the integration of services and partnering with patients and external service providers.

The CSP outlines the current and future health service needs of the Eurobodalla population and describes future strategies for the delivery of clinical services to best meet those needs. The CSP identifies the key challenges facing Eurobodalla Health Service in delivering safe, quality and efficient services, including the physical infrastructure deficits. Innovative and sustainable models of care and related workforce requirements have been explored. Results of consultation and engagement have been outlined.

The future Eurobodalla Health Service will consolidate existing services and reduce current duplication and inefficiencies. It will increase the provision of care in the region to provide care as close to home as possible, in a phased and coordinated way that is prioritised according to service need and aligned with local capability. The overarching principles of the new service will ensure that it:

- Is culturally appropriate and inclusive
- Is integrated across all disciplines
- Includes a range of emergency, inpatient and ambulatory models
- Reduces duplication
- Is underpinned by the unique population needs of the Eurobodalla.

This CSP clearly articulates what clinical services will be required in the future and provides an indicative recommendation of future infrastructure requirements to enable changes to service provision and provide for the population into the future. This plan outlines a way forward but the service evolution is expected to be an iterative process that continues and refines over time.

1.1. Current services and activity

The Eurobodalla Health Service is spread over three campuses, with hospitals in Moruya and Batemans Bay (20 minutes apart) and a community health centre in Narooma.

- **Eurobodalla Community Health** (including community mental health drug and alcohol services) operates from all three campuses, providing services across the Shire and as far south as Wapengo and Quaama. Two of the key community health services, cancer care and oral health are located only at the Moruya campus.
- ***Moruya Hospital*** is operating as a 66 bed hospital at predominantly level 3 role delineation. It offers emergency services, inpatient acute medical and general surgery, inpatient rehabilitation and palliative care, maternity, Hospital in The Home and renal care.

- ***Batemans Bay Hospital*** is operating as a 37 bed hospital at level 2 role delineation. It offers emergency services, inpatient acute medical, in-patient day-only surgery, Hospital in The Home, inpatient rehabilitation and palliative care.
- There is a duplication of most services (including x-ray and sterilising) across the two hospital sites which impacts on service functionality, service integration, and collaboration between staff. This hinders efficient service delivery and flexibility.

The Eurobodalla Shire with a population of about 38,000 is the main catchment for Eurobodalla Health Service, 90% of inpatient activity caters for Eurobodalla residents. In 2016/17, there were a total of 8,542 separations and 25,760 bed days provided from Eurobodalla hospitals and outpatient services provided 130,019 occasions of service.

- The demand for inpatient care for Eurobodalla residents has increased over the last four years by 1,248 (or a compound annual growth of 3%).
- Eurobodalla hospitals provided for 56.1% of inpatient demand (to both public and private facilities). Considering only public hospital demand, Eurobodalla hospitals provided 68.7%, with South East Regional Hospital (Bega Valley) another 6.2%. The ACT provided 15.2% of public hospital demand.
- The increase in demand has extended to the community health services where referral criteria have become increasingly tight in order to manage the workload without an increase in workforce.

1.2. Identified challenges

There are a number of challenges facing Eurobodalla Health Service in effectively providing for the health needs of the population, now and into the future:

- Fragmented services result in the duplication of some clinical and non-clinical support services and negatively impact on the effective utilisation of resources including staff and infrastructure.
- Providing a safe environment for staff and community in the current infrastructure.
- Ageing population placing extra demand on health services.
- The impact on the emergency department from the large tourism population.
- Providing the right services for the complex health needs of the Aboriginal population.
- Having no tertiary hospital within the SNSWLHD boundaries and the reliance on the ACT.
- Adapting to and incorporating ever increasing advances in technology.
- Realisation of District-wide ICT strategies to inform future opportunities to support more services remotely based on workforce constraints and a lack of critical mass for some specific services.
- Attracting and retaining a skilled clinical workforce.
- Establishing relationships and networks with education providers.
- The geography of Eurobodalla places it up to three hours from the nearest major centre and major hospital capable of providing definitive critical care.
- Operating services from infrastructure that is not fit for purpose, is non-compliant with building standards and which has dysfunctional and poorly connected spaces.

1.3. Projected activity levels

This Service CSP uses an 8-13 year planning horizon to project future requirements for the Eurobodalla Health Service. Using the Health Activity Projections Platform and Analytics (HealthAPP) tool developed for NSW Health, future requirements have been projected to 2021, 2026 and 2031.

A projection scenario was developed based on increased levels of public self-sufficiency for certain SRGs in Eurobodalla Health Service, along with the new models of care as described in Section 10 of this plan:

- Acute separations are expected to increase from 8,899 separations (26,786 bed days) in 2021 to 11,274 separations (32,709 bed days) by 2031.
- Subacute separations will also increase, from 755 separations (9,715 bed days) in 2021 to 1,225 separations (14,165 bed days) by 2031.
- Presentations to the emergency department are expected to grow from 30,677 in 2021 to 33,087 by 2031.

Non-admitted services are expected to grow in line with the population growth, which indicates very large growth within the ageing population. Research indicates that non-admitted services are fundamental to the future provision of health care. As an integrated model, these services have been factored into the care streams and will not be seen as 'separate' entities.

Projections using relevant planning tools are also showing growth in demand for renal dialysis, chemotherapy and oral health services based on population configurations and also the unique flow of tourists during the peak periods seeking respite.

1.4. A new way forward for Eurobodalla Health Service

- Eurobodalla Health Service will increase the complexity of services that can be provided locally and move from providing services at level 3 role delineation to providing most services at level 4. It is anticipated that this growth will be prioritised and staggered according to capacity with key initiatives implemented to support transitioning processes. This, along with providing an integrated service of inpatient and ambulatory care, will greatly improve local access to services.
- Future services for Eurobodalla will not be duplicated but rather provided across one main campus with networked outreach programs to support peripheral communities.
- At present there is a distinct separation between inpatient and outpatient services. The service of the future will bring together multidisciplinary teams (medical, nursing, allied) to provide services for the patient when and where they need it and optimise resources. This will include improved partnerships to integrate and coordinate care for our community in the Eurobodalla.
- Services are grouped into six main care streams. Each care stream has many links to the other streams and does not operate in isolation. High level models of care for each stream have been considered and will be further developed in line with evidence based models from the Agency for Clinical Innovation and other peer leaders.
- A patient will move seamlessly between services and streams as required. Each stream has been developed with the patient journey and patient experience in mind and aims to bring together the services a patient would most likely access for any particular health issue. In addition, because of the population age distribution, an older person's care service will be established to support older people within each stream.

Older Person's Care	To address the needs of the ageing population this service will be an integral part of Eurobodalla Health Service. A multidisciplinary team will ensure that the most appropriate care is delivered in the most appropriate environment to older people.
Critical Care	This stream incorporates the emergency service, intensive care service and access to higher level services.
Surgical Care	Services which assist in the preparation for surgery, the surgery itself, immediate care following surgical intervention, the oral health unit and the sterilising of equipment.
Medical Care	Will provide care for most medical conditions whether inpatient or outpatient. It will include medical inpatient (including Hospital in the Home), renal and cancer care and specialist outpatient clinics.
Child, Youth and Family Care	Teams will provide continuity of care across the continuum for children and their families/carers from prenatal care to youth aged to 24 years; including perinatal care, inpatient obstetric, inpatient paediatric and all services relating to children, including paediatric therapies, healthy children and healthy families.
Sub-acute Care	This stream will provide the right level of care at the right time to enhance and maintain a patient's functional independence. The service will provide a pre-surgery 'fit for surgery' program, in and outpatient rehabilitation, geriatric evaluation and management and palliative care with specially designed palliative care suites. Transitional Aged Care community places will be available to support restorative care.
Mental Health Drug and Alcohol Care	All services in the Eurobodalla Health Service will be equipped to respond to the needs of people with mental illness and drug and alcohol problems, using a trauma informed approach and recovery oriented practice.

1.5. Key infrastructure recommendations

Current, projected and proposed Eurobodalla Health Service infrastructure configuration

Beds/spaces	Current beds 2019		Projected 2031		Proposed		Comments
	ON	DO	ON	DO	ON	DO	
Medical/surgical							
Surgical	56	11	11	10	11	10	Surgical + Procedural
Medical + Surgical			87		9		Flexible beds
Medical					48		
HITH		8			12	8	20 total - 12 virtual + 8 chairs
ICU/COU	8				10		ICU/COU Combined unit
Renal		12*		18*		15*	
Oncology		8*		12*		10*	
Paediatric	In general ward		2		2	4	2 IP, 1 flex/MH safe, 3 ED stepdown/short stay
Obstetrics							
Maternity bed	7		4		4		
Neonatal care			2		2	2	2 + 2 retrieval/return SCN spaces
Birthing room	2*				2*		
Sub-Acute services							
Rehabilitation/ GEM	21		36		40	3	Combined rehab. & palliative care
Palliative Care			7				
TACP		15*			20*		
Totals	**92**	**19**	**149**	**10**	**138**	**27**	
Total O/N and Day Only Beds	**111**		**159**		**165**		
Emergency Department							
Emergency bay		8		14		13	Includes SAR, FastTrack, consult and isolation spaces Additional TECS base room.
Resuscitation bay		2		2		3	
Theatres							
Operating theatre + procedure room		4		3		3	2 full theatre/1 theatre sized procedure theatre
Ambulatory Care							
Oral chair		4		5		6	
Ambulatory Care	54			77		63 + 7	Plus access to gym, audio booth, ADL's kitchen, wound clinic, MHDAA consult spaces
Older persons							Ensure consult and procedure space
Clinical support							
Pathology		1		1		1	
Radiology		2 sites		1		1	Capacity for X ray, fixed fluoroscopy, OPG, US, CT,MRI, cardiology, 2 reporting rooms
Pharmacy		1		1		1	
Mortuary							Holding capacity for up to twelve bodies
Training Facilities						Req	
Accommodation						Req	Student, new graduate, staff, visiting specialist, carer, family
Office spaces						Req	Workspaces for local and District staff

*not counted in bed count.

2. Background

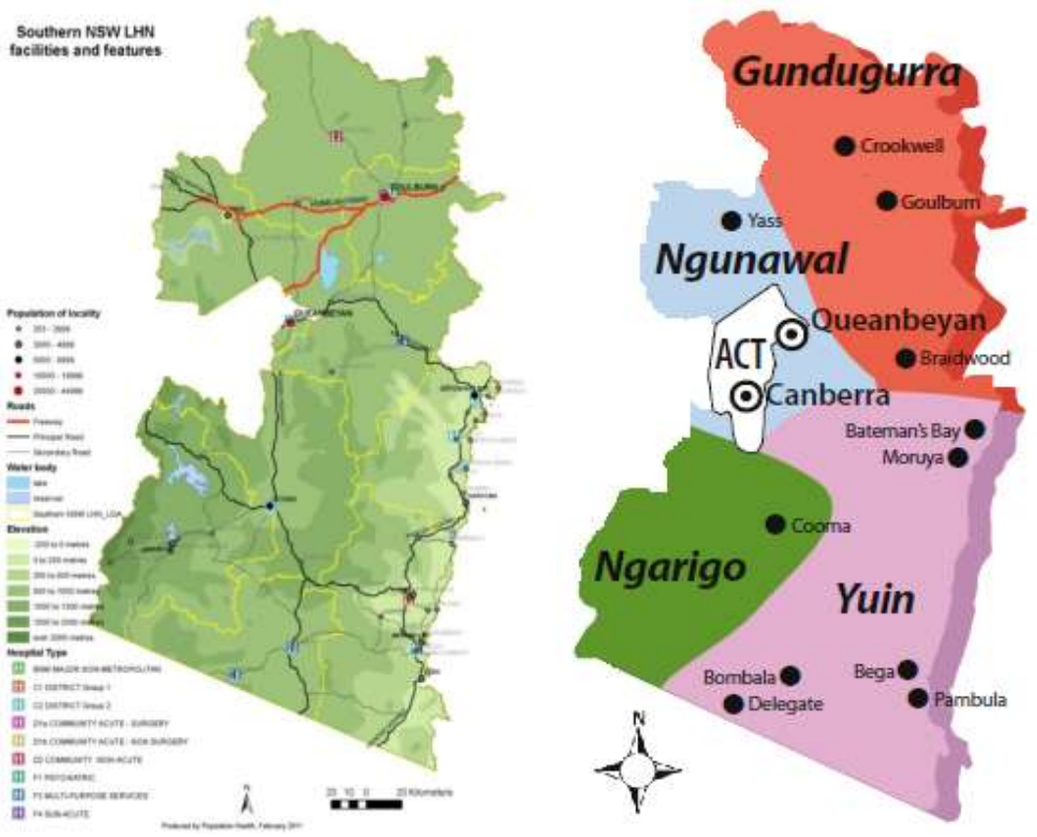
2.1. Southern NSW Local Health District

The Southern NSW Local Health District (SNSWLHD) occupies the south-eastern corner of NSW; in the 2016 Census there were 200,176 people in SNSWLHD. The LHD is made up of seven Local Government Areas (LGAs), covering an area of 44,534 square kilometres. The most populated LGA is Queanbeyan Palerang with about 56,000 people, with Upper Lachlan LGA having the least number of people (about 7,700). Eurobodalla Shire has a population of approximately 38,000 people.

Much of the local industry is related to agriculture, government administration, hospitality and tourism. SNSWLHD contributes to communities, employing around 2,000 full time equivalent staff.

Southern NSW LHD adjoins the Western NSW LHD to the north-west, Victoria to the south, South Western Sydney to the north, Illawarra/Shoalhaven LHDs to the north-east, the South Pacific Ocean to the east and Murrumbidgee LHD to the west. SNSWLHD almost completely surrounds the Australian Capital Territory (ACT). The proximity to the ACT has a major impact on the planning of health care services for LHD residents.

Figure 1: Southern NSW Local Health District



The Southern NSW LHD is covered by the traditional lands of four large Aboriginal Nations – the Gundungurra, Ngunawal, Ngarigo and Yuin Nations, as shown on the map (note that the map is not exact). These Nations extend beyond the LHD.

There are eleven public hospitals and three Multipurpose Services (MPS) in SNSWLHD. Community health services are provided across the District.

The District Hospitals, MPSs and community health services provide a range of services including emergency, intensive care, coronary care, maternity, acute medical and surgical services, sub-acute and primary and community services. Mental health services include acute, non-acute, child and

adolescent and specialist mental health services for older people. Multipurpose Services provide integrated acute and sub-acute inpatient services, and residential aged care, along with a range of community health services.

The general published role delineation levels[1] and services offered at each facility are outlined in the table below:

Table 1: SNSWLHD Hospital and Multipurpose Services- Peer Groups and Services Provided

Site	Level	Peer group	MH beds	Emergency Department	ICU	Surgery	Medical	Paediatrics	Maternity	Renal	Oncology
Delegate MPS	1	MPS		*							
Bombala MPS	2	MPS		*			*				
Braidwood MPS	2	MPS		*			*				
Crookwell	2	Community Non -Acute		*			*				
Yass	2	D1b Community Acute Non surgery		*			*				
Pambula	2	D1a Community Acute Non surgery					*				
Batemans Bay	2	District Group 2		*	COU	*D/O	*				
Cooma	3	District Group 2		*	COU	*	*	#	*	*	*
Moruya	3	District Group 2		*	COU	*	*	#	*	*	*
Queanbeyan	3	District Group 2		*	COU	*	*		*	*	
South East Regional	3*	District C1	*	*	ICS/COU	*	*	*	*	*	*
Goulburn	3*	District C1	*	*	ICS/COU	*	*	*	*	*	
Kenmore		Psychiatric									
Bourke Street Health Service		Ungrouped Non-Acute Rehab									*

 # = Short stay only

South East Regional & Goulburn will move to level 4 role delineation when ICUs are in place

2.2. Eurobodalla Local Government Area

Geographic region

The Eurobodalla Health Service provides services for the region covered by the Eurobodalla Local Government Area (LGA) and home visiting and outreach services as far south as Wapengo and Quaama. The Eurobodalla LGA covers an area of 3,422 square kilometres, and with a population of nearly 38,000 people in 2016, has a population density of 11 residents per square km. The LGA includes the major towns of Batemans Bay, Moruya and Narooma. The Eurobodalla adjoins Bega Valley LGA to the south, Shoalhaven LGA to the North, Queanbeyan-Palerang Regional LGA to the north-west, and Snowy Monaro Regional LGA to the west. The Eurobodalla region is covered by the traditional countries of the Yuin Nation. Yuin people have strong ties to the land, and active participation in traditional customs.

[1] Role Delineation is a process which prescribes the support services, staff profile, minimum safety standards and other requirements to ensure that clinical services are appropriately supported and provided safely. The role level of a service describes the complexity of the clinical activity undertaken by that service. Level 1 being less complex, Level 6 the most complex.

Figure 2: Map of the Eurobodalla Local Government Area

Source: Eurobodalla Shire Council, 2013.

The Eurobodalla LGA is a coastal area with the Pacific Ocean to the east and the Great Dividing Range to the west. The King's Highway is the only sealed link to inland areas. There is one airport at Moruya with flights to Merimbula and Sydney.

Table 2: Driving distances from Eurobodalla sites

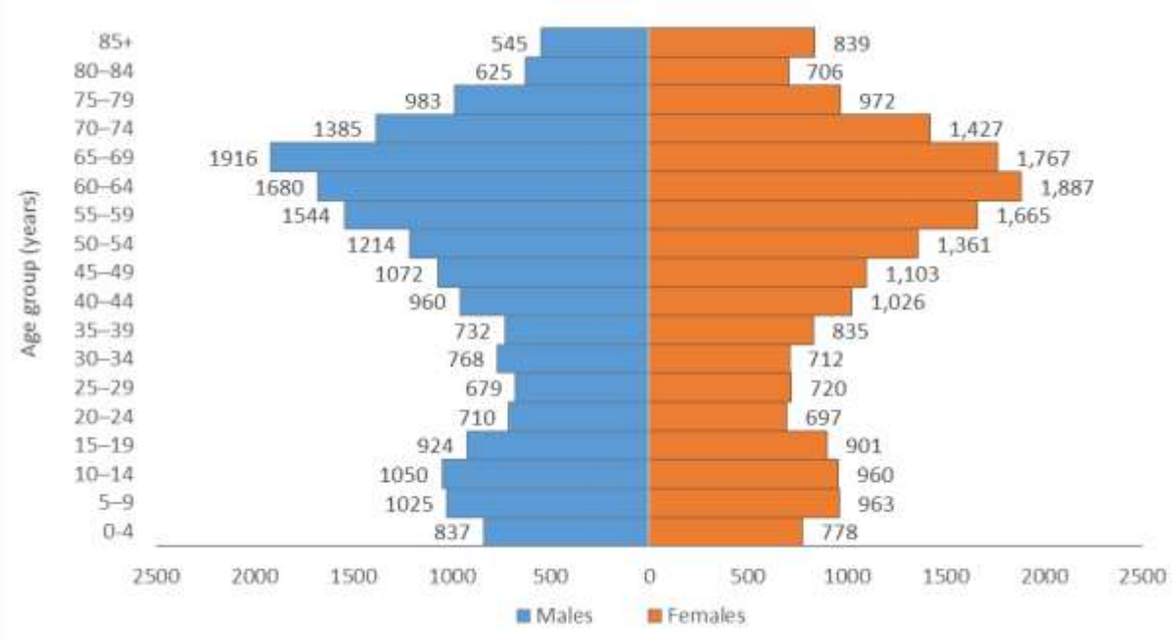
	Batemans Bay	Moruya	Narooma
Batemans Bay	-	27 km (21 min)	69 km (53 min)
Nowra	118 km (1 h 32 min)	144 km (1 h 52 min)	186 km (2 h 24 min)
Bega	149 km (1 h 51 min)	120 km (1 h 27 min)	77 km (55 min)
Goulburn	145 km (1 h 50 min)	172 km (2 h 13 min)	214 km (2 h 44 min)
Queanbeyan	134 km (1 h 40 min)	160 km (2 h)	202 km (2 h 30 min)
Canberra	149 km (2 h 1 min)	172 km (2 h 16 min)	215 km (2 h 48 min)
Sydney	279 km (3 h 42 min)	305 km (4 h)	347 km (4 h 32 min)
Source: Google Maps, 2013.			

Eurobodalla residents[2]

The estimated population of the Eurobodalla Shire in 2016 was 37,968 people, and it is projected to increase to 40,517 by 2031. This gives the LGA the second largest population in the SNSWLHD. Similar to other regional areas, the Eurobodalla Shire is characterised by an ageing population, with internal migration of retirees, and fewer young adults aged 20-34 years due to outward migration for education and employment.

The population pyramid below breaks down the population by age and sex, highlighting the large number of older people.

Figure 3: Population pyramid for Eurobodalla LGA, Estimated Resident Population 30 June, 2016



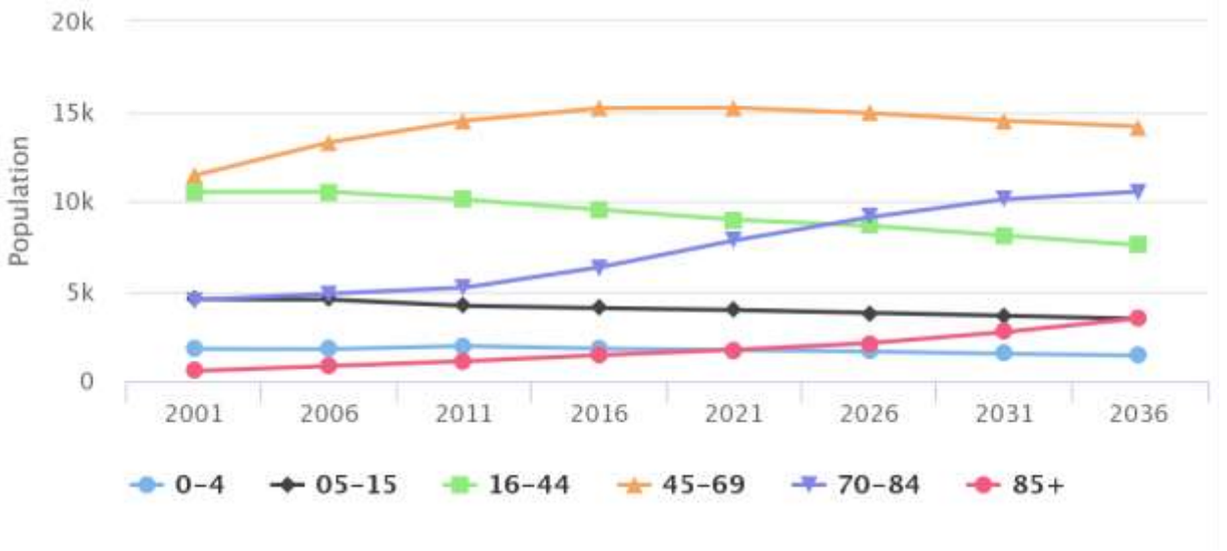
Source: ABS 3235.0 Population by Age and Sex, Regions of Australia, released August 2017

With a median age of 53.2 years, the Eurobodalla Shire has one of the highest proportions of older residents in NSW: 29% are aged 65 years and over, compared to 20% across the LHD and 16% in NSW.

The older age groups in the Eurobodalla Shire are expected to have the greatest population growth between 2015 and 2031: 3.2% per annum in the 70-84 years age group and 4.4% per annum in the 85 years and over group. Negligible or negative growth is expected in all younger age groups. The Eurobodalla population aged 70 years and over is projected to further increase by 72% between 2015 and 2031.

[2] Full analysis available in Eurobodalla Compendium

Figure 4: Population change (actual and projected) in the Eurobodalla Shire by age group, 2001-2036.



Source: Department of Planning & Environment, 2016 Population Projection Series. NSW Health, HealthAPP

- ***Population Growth:*** The population of the Eurobodalla Shire is projected to increase by 0.4% per annum between 2015 and 2031. NSW projected growth in the same period is 1.3% per annum. All the growth in Eurobodalla is expected in the older age groups (65 years and over), with a decline in other age groups.
- ***Aged population:*** Eurobodalla already has one of the highest falls related injury hospitalisations rates in SNSWLHD as well as a higher rate of hospitalisations with dementia than the NSW average.
- ***Working age population***: The proportion of working age adults 15-64 years in Eurobodalla Shire (56%) is relatively lower than in the LHD (62%) and NSW (66%). The ratio of working age to older adults is 1.9, compared to 3.2 in the LHD and 4.2 in NSW.
- ***Younger population:*** Despite having a relatively low proportion of infants and young people (4.3% aged 0 - 4 years, 15.3% aged 5-19 years), the Eurobodalla Shire has similar numbers to Goulburn-Mulwaree and Bega Valley LGAs (7,450 people aged 0-19 years in 2016).
- ***Women of childbearing age:*** The population of females aged 15-44 years is projected to decrease by 16% between 2016 and 2031. In 2016, 25% (4,891) of the female Eurobodalla population were women of childbearing age (15-44 years), compared to 40% in NSW. The proportion in Eurobodalla is projected to decline to 19% by 2031.
- ***Total fertility rate (TFR):*** The TFR in the Eurobodalla Shire has been falling, and in 2015 was 2.0 children per woman (1.85 in NSW).
- ***Aboriginal population:*** The Eurobodalla Shire has the largest Aboriginal population in the LHD: recorded as 2,081 people at the 2016 Census but estimated to be as many as 2,591 people (5.6% to 6.8% of the LGA population). In contrast with the general population, this population is young, with 46% aged 0-19 years.
- ***Socio-economic status:*** On average, the Eurobodalla Shire has relatively more social disadvantage than the national and LHD average.
- ***Overseas born:*** The region's population is largely born in Australia (85%) and in 2016, 96% of residents spoke English at home. The majority of other languages spoken in the home are of European origin.
- ***Potentially preventable hospitalisations:*** The rate of potentially preventable hospitalisations is significantly higher than the NSW average.

- ***Smoking rates:*** Eurobodalla residents have significantly higher rates of smoking (20%) than the national average, particularly in males. Rates of smoking in pregnancy are 2.5 times the NSW average.
- ***Obesity:*** 32% of males and 30% of females in Eurobodalla are obese, both significantly higher than the national average.
- ***Mental Health:*** Rates of psychological distress and hospitalisation for intentional self-harm in Eurobodalla are higher than state average. Key service drivers include the ageing and Aboriginal populations, both of which, have identified greater risk of mental health related problems.

2.3. Eurobodalla Health Service

The Eurobodalla Health Service is spread over three campuses, with two hospitals, one in Moruya and the other in Batemans Bay (20 minutes apart) and a community health centre in Narooma collocated with the library.

Eurobodalla Community Health including community mental health and drug and alcohol operates from the three campuses, providing services across the Shire with some service types providing outreach as far south as Wapengo and Quaama. The service is a Eurobodalla networked service with clients being seen across a number of settings, such as in clinics, as inpatients or their homes as required.

An oncology outpatient service with medical oversight from Canberra based oncologists and haematologists and an oral health/dental clinic are provided from the Moruya campus.

The Moruya Hospital is operating as a 66 bed hospital at predominantly level 3 role delineation offering the following services:

- Emergency
- Inpatient acute medical care provided by General Practitioners
- General surgery, minor orthopaedics and minor urology
- Sub-acute - inpatient rehabilitation and palliative care
- Maternity
- Hospital in The Home
- An outreach renal dialysis satellite service as a formal network from Canberra.

Batemans Bay Hospital is operating as a 37 bed hospital at predominantly level 2 role delineation. It offers the following services:

- Emergency
- Inpatient acute medical provided by General Practitioners
- Day only surgery – cataract surgery, and gastrointestinal endoscopy
- Subacute – palliative care and inpatients awaiting rehabilitation.

Overview of Current Infrastructure

Moruya Hospital

Health Infrastructure (HI) commissioned an asset audit of the Moruya Hospital to assess base-line data on the quality of the existing hospital and function of the existing spaces. The key project drivers were:

- Ensuring people of the Eurobodalla Shire have access to quality health care in fit for purpose, contemporary building space
- To support a masterplan for the Moruya site
- To assess existing building conditions.

The full report “Architectural condition audit, Moruya District Hospital, 2, River St, Moruya NSW, April 2018” is available from Health Infrastructure and is not repeated within this CSP. The summary strongly supports the redevelopment of the Eurobodalla Health Service infrastructure.

'The Moruya Hospital site is occupied by a number of buildings which have been constructed at different times resulting in buildings with different material types, construction methods and have aged independently of each other. The focus of this audit was on the buildings over 10 years old and excluded the recently constructed oncology, renal dialysis and sub-acute IPU building. The buildings all show signs of aging and are not-fit-for-purpose. Buildings are non-compliant when compared against contemporary hospitals and building standards. The building fabric is dilapidated and many spaces are dysfunctional, poorly connected and confusing for staff and patients. Key areas of concern include:

- Cracking to walls and floors;
- Inconsistent floor levels and finishes;
- Asbestos used throughout;
- Undersized rooms compared against the Australian Health Facility Guidelines (AHFG);
- Lack of privacy;
- Lack of space for equipment;
- Poor signage and way finding;
- Lack of natural light;
- Poor acoustic qualities;
- Accessibility issues; and
- Non-compliances with infection control standards.

Moruya hospital is a key regional facility that is in need of a major upgrade and or replacement. Therefore, a larger redevelopment project may be required and more extensive master planning should be undertaken. The demolition of aged building stock and relocation of clinical services on site or off site should be considered. This would allow for a more long-term solution for the Moruya Hospital, with the opportunity to implement newer models of care, new technologies, compliant and contemporary building fabric and other operational facilities.

Moruya hospital is currently a high priority for redevelopment for the SNSWLHD. This audit highlights the urgency of the redevelopment and necessitates prompt action to improve existing conditions. A range of options for refurbishment and redevelopment needs to be explored for the hospital which should also include the retention of clinical services and support while a new development is under construction. A clinical services plan is currently being completed and will support the redevelopment for the Eurobodalla Health Service.'[3]

Batemans Bay District Hospital

Batemans Bay Hospital was constructed in 1970 with two wings as the main acute building and community health centre. A number of upgrades have occurred over the years. A further building was added in 2010 housing the Australian National University Medical School. 2010 also saw the addition of demountable buildings to accommodate additional office space. The buildings all show signs of ageing and are non-compliant against contemporary hospitals and building standards. Asbestos has been used throughout the facility.

Similar to Moruya hospital, Batemans Bay hospital areas of concern include:

- Cracking to walls and floors
- Inconsistent floor levels and finishes
- Asbestos used throughout
- Undersized rooms compared against the Australian Health Facility Guidelines (AHFG);
- Lack of privacy
- Lack of space for equipment

[3] ARCHITECTURAL CONDITION AUDIT,MORUYA DISTRICT HOSPITAL 2, RIVER ST, MORUYA, NSW APRIL 2018

- Poor signage and way finding
- Lack of natural light
- Poor acoustic qualities
- Accessibility issues
- Non-compliances with infection control standards
- Water leaks during periods of poor weather

The original electrical, mechanical and hydraulic services infrastructure remains and requires upgrades to maintain reliability. Some equipment is no longer serviceable due to age and lack of available parts to maintain.

3. Policy and Planning Framework

The NSW Ministry of Health *Planning Guide for health services and infrastructure development and investment (2017*) provides the framework for the development of the Eurobodalla Health Service Clinical Services Plan 2018. The purpose of a clinical service plan (CSP) is to provide sufficient information and to describe a service or services, to support the scope of potential investment priorities identified in the Local Health District Asset Strategic Plan. The CSP is a key foundation document that clearly defines the scope of a potential capital and/or recurrent investment and sufficiently quantifies the volumes and required outcomes to meet future service needs. The guide identifies information to be included in a CSP that is being developed to inform an investment decision.

This plan has been developed with consideration to the many Ministry of Health specific service priorities and plans, the relevant NSW policies and guidelines and the Agency of Clinical Innovation's Models of Care along with the SNSWLHD priorities and directions. An overview of the most relevant plans and priorities are outlined within this section.

The Ministry of Health also provide a suite of planning tools which have been used in the development of the Eurobodalla Health Service CSP 2019.

The figure below outlines Australia's Health Landscape and has been taken from the Australian Government Department of Health Corporate Plan 2017-18. The Eurobodalla Health Service CSP does not address all elements within the diagram, in fact only a minor component of the diagram; however the diagram portrays how interrelated the landscape is and therefore why we need to look outside of our 'walls' and plan in line with the whole picture if we are to succeed in providing better health outcomes and reduce inequality for the populations we serve.

Figure 5: Australian Health Landscape

Source: The Australian Government, Department of Health Corporate Plan 2017-18.

3.1. The Australian Government priorities

Department of Health Strategic Intent 2017-21

The Australian Government Department of Health has an overarching Strategic Intent 2017-21 and a Corporate Plan 2017-18 which outlines the strategic priorities and outcome deliverables.

- Vision – Better health and wellbeing for all Australians, now and for future generations
- Purpose – Lead and shape Australia's health and aged care system and sport outcomes through evidence based policy, well targeted programs, and best practice regulation
- People – We achieve our outcomes by ensuring we attract and retain a contemporary, capable, flexible and high-performing workforce.

The purpose is supported by strategic priorities for health services.

- Better health and ageing outcomes and reduced inequality through:
  - An integrated approach that balances prevention, primary, secondary and tertiary care
  - Promoting greater engagement of individuals in their health and healthcare
  - Enabling access for people with cultural and diverse backgrounds including Aboriginal and Torres Strait Islander people, people in rural and remote areas and people experiencing socio-economic disadvantage.
- Affordable, accessible, efficient, and high quality health and aged care system through:
  - Partnering and collaborating with others to deliver health and aged care programs
  - Better, more cost-effective care through innovation and technology
  - Regulation that protects the health and safety of the community, while minimising unnecessary compliance burdens.

The purpose will be achieved through:

- Health system policy, design and innovation
  - Australia's health system is better equipped to meet current and future health needs by applying research, evaluation, innovation, and use of data to develop and implement

integrated, evidence-based health policies, and through support for sustainable funding for health infrastructure.

- Health Access and Support Services
  - Support for sustainable funding for public hospital services and improved access to high quality, comprehensive and coordinated preventive, primary and mental health care for all Australians, with a focus on those with complex health care needs and those living in regional, rural and remote areas, including through access to a skilled health workforce.
- Individual Health Benefits
  - Access to cost-effective medicines, medical, dental and hearing services, and improved choice in health services, including through the Pharmaceutical Benefits Scheme, Medicare, targeted assistance strategies and private health insurance.

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

The 'Closing the Gap' document is a Council of Australian Governments (COAG) agreement between all levels of government and with Aboriginal and Torres Strait Islander communities to close the gap on Indigenous disadvantage. Of the six targets set by COAG, two are relevant to health services:

- Closing the life expectancy gap between Indigenous and non-Indigenous Australians within a generation
- Halving the mortality gap for children under five within a decade.

Subsequent to this Agreement, the Prime Minister and other key Indigenous and non-Indigenous stakeholders jointly signed a Statement of Intent to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by the year 2030.

3.2. New South Wales

NSW 2021 A Plan to Make NSW Number One

NSW 2021 A Plan to Make NSW Number One outlined the way forward for NSW Health as indicated in the diagram below.

In September 2015 the former New South Wales (NSW) Premier, the Hon Mike Baird MP, announced a new strategic vision for the State. *NSW: Making it Happen* which outlined 30 key reforms for the State, with 12 priorities, three of which relate to services provided by NSW Health:

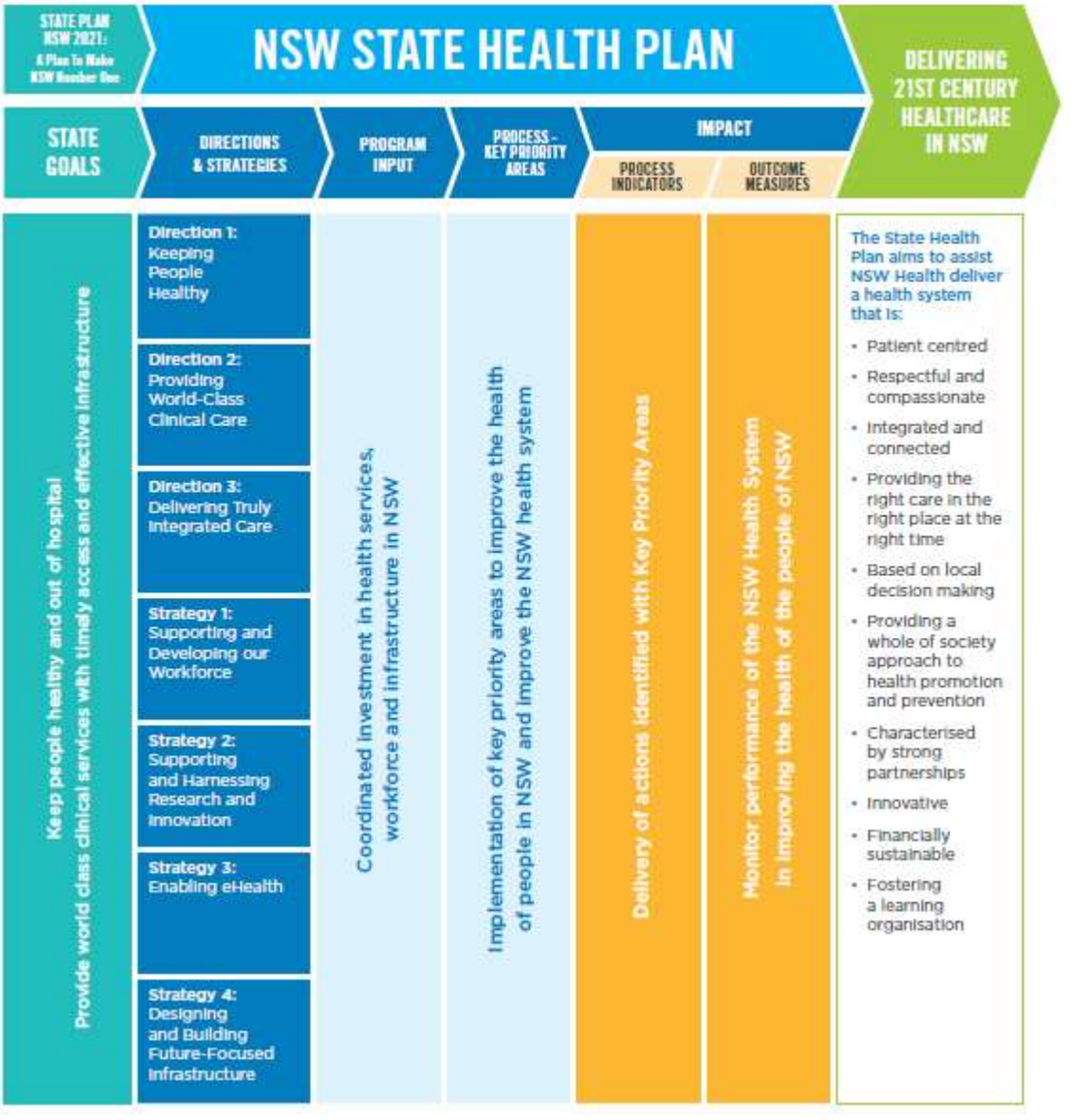
- Improving service levels in hospitals
  - 81 per cent of patients through emergency departments within four hours
- Tackling childhood obesity
  - A 5 per cent reduction in overweight and obesity rates of children over 10 years. This will result in at least 62,000 fewer children being overweight or obese
- Protecting our kids
  - Decreasing the percentage of children and young people re-reported at risk of significant harm by 15 per cent

Between 2015 and 2019, the NSW State Government will meet additional state-wide demand with:

- funding for 320,000 additional people to use emergency departments
- $60 million for integrated healthcare via local health districts
- $32 million in community-based palliative care services, which gives patients the option to continue home-based care

- $16 million for successful preventative health programs including the Get Healthy Service (external link), Get Healthy@Work (external link) and Go4Fun (external link), to reduce the risk of developing Type 2 Diabetes.[4]

Figure 6: NSW State Plan 2021



Source: Brochure released by the then Hon Jillian Skinner MP

NSW Rural Health Plan: Towards 2021

The NSW Rural Health Plan: Towards 2021 built on the State Plan; the Eurobodalla Health Service Director of Nursing and Midwifery sat on the working party that developed this plan. The plan focuses on the following directions and strategies:

Directions:

- Healthy rural communities
    - Strengthen health promotion, disease prevention and community health services to ensure people in rural communities are healthy

[4] https://www.nsw.gov.au/improving-nsw/premiers-priorities/improving-service-levels-hospitals/#how-are-we-tracking

- Access to high quality care for rural populations
    - Improve access to health services as close to home as possible and enable the provision of high quality care in local rural health services
- Integrated rural health services
    - Ensure services and networks work together, are patient-centred and planned in partnership with local communities and health service providers, and provide better continuity of care

Strategies:

- Enhance the rural health workforce
    - Continue to build the health workforce in rural areas through enhanced recruitment, training, career development and support
- Strengthen rural health infrastructure, research and innovation
    - Invest in facilities, models of care and research and innovation to ensure the provision of high quality health services in rural communities
- Improve rural eHealth
    - Implement eHealth solutions and strategies to transform connections between and access to health services in rural NSW

Guide to the Role Delineation of Clinical Services (2018)

Role delineation is a planning tool used in service and capital developments. It describes the minimum support services, workforce and other requirements for the safe delivery of clinical services. The aim of the NSW Health Guide to the Role Delineation of Clinical Services is to provide a consistent language for describing clinical services.

ACT Government Health Directorate and NSW Ministry of Health

Memorandum of Understanding (2015-2016)

- Cross Border agreement between ACT and NSW which operates in parallel to the IGAFFR, National Health care Agreement, NHRA and is consistent with the objectives of the MoU. It sets out the basis for determining and managing reimbursement of costs between the two jurisdictions, where residents of either jurisdiction receive public hospital patient services in the other jurisdiction.
- This agreement also established an agreed framework, principles and strategies for demand management and risk sharing which may be used for the purpose of future agreements.
- A renewed agreement is currently under negotiation.

3.3. Southern NSW Local Health District

SNSWLHD Strategic Plan 2016/21

SNSW Local Health District Strategic Plan 2016-21 articulates the strategic direction for the District.

Southern NSW Local Health District				
Vision	Working to help our communities lead healthy lives			
Mission	All people across our diverse communities are able to have timely access to the right health care in the right setting to maximise their health, wellbeing and independence			
Values	**Collaboration**	**Openness**	**Respect**	**Empowerment**
Strategies	1. Provide individualised care that is effective, appropriate and safe 2. Develop an enviable workplace that attracts the right people to join a permanent highly skilled, responsive workforce 3. Build financial sustainability 4. Engage with the people in our diverse communities			

SNSWLHD Service Level Agreement

The Service Level Agreement between the NSW Ministry of Health and SNSWLHD states 'The principal purpose of the Service Agreement is to clearly set out the service and performance expectations for the funding and other support provided to Southern NSW Local Health District (the Organisation), to ensure the provision of safe, high quality, patient centred healthcare services.

The Agreement articulates clear direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the organisation that will be monitored in line with the NSW Health Performance Framework.'

The Service Level Agreement is renewed each year and clearly articulates the District's local priorities, the agreed activity targets and the funding to 'purchase' the activity.

The introduction of Service Level Agreements has added a complexity to Clinical Service Planning where in addition to projecting growth in service provision and required changes to models of care to meet demand, the District must also consider the timing (the when) and how much (targets) to apply for to cover the growth in the services. This is particularly challenging for SNSWLHD as the targets are not a 'swap' between internal District facilities, but are targets that previously have flowed to the ACT funding budgets.

SNSWLHD Asset Plan 2018/19

Asset strategic planning provides an essential linkage between the future services required by the NSW health system and the physical infrastructure (buildings, equipment and Information and Communication Technology) that is needed to support those services.

Asset management is concerned with the provision and maintenance of assets and infrastructure to support overall business objectives. The Asset plan supports the management of the individual Health Service's physical assets and local investment priorities.

The 2018/19 SNSWLHD Asset Plan identified Eurobodalla Health infrastructure as a key priority for redevelopment in order to provide fit for purpose infrastructure for Eurobodalla Health Service.

ACT Health and Southern NSW Local Health, District Demand Management Plan 2015 – 2018

The purpose is that by 'establishing agreed principles and elements of a local demand management strategy, the two Health Services will be better able to plan and deliver safe, effective and patient-centred care within agreed funding parameters'.

The goal of the District Demand Management Strategy 'is to ensure that residents of SNSWLHD receive secondary level care as close to home as possible, while retaining appropriate access to the ACT for tertiary level care. The expected outcome will be reduced flow from SNSWLHD to the ACT'. A renewed agreement will need to be negotiated.

Leading Better Value Care (LBVC)

The LBVC initiative, a best practice health care model focusing on value, is supported by the ACI and CEC. LBVC uses a systematic approach to embedding good practice and measuring care, experiences and health outcomes. The Eurobodalla Health Service has already implemented a number of tranche 1 and 2 LBVC initiatives including; renal supportive care, diabetes mellitus, falls in hospital, and patient reported measures. Successful LBVC pilots been have been undertaken in other SNSWLHD sites and planning is underway for these initiatives to be rolled out across the whole District.

As documented in the May 2019 LBVC communication document, LBVC is already showing improved health outcomes in Eurobodalla. For example there has been a 24% reduction in falls in the Moruya

SARU with no fall sustaining a serious injury since 2/09/2017, and a 54% reduction in falls in the Moruya Surgical unit with no fall sustaining a serious injury (SAC2) since 27/07/2018.

3.4. Consultation framework and outcomes

Eurobodalla Health Service conducted a comprehensive consultation program during the development of this plan. A stakeholder register has been developed to ensure stakeholders have been provided adequate opportunities to contribute to the future of the Eurobodalla Health Service, remained engaged in the process, and are willing to provide continuous input throughout the planning cycle.

Community consultation

Extensive community consultation was undertaken throughout 2018 including;

- Media - Communication pieces via various media forums were used to advertise community consultation:
  - A press advertisement featured in both print and online in the Bay Post, Moruya Examiner, Narooma News, Beagle Weekly and Beagle Weekender
  - A radio Community Service Announcement featured on 2EARFM, PowerFM and 2EC
  - Social media coverage on the consultation sessions included SNSWLHD social channels, the Primary Health Network, Eurobodalla Community Representative Committee, PowerFM and 2EC Facebook pages.
  - A flyer was distributed to the community during weekend market stall events. The flyer was also distributed at consultation sessions.
- Consultation sessions:
  - Three days were allocated to 'community conversation' sessions. One session in each major town. These took place at Narooma on 9 March, Batemans Bay 15 March and Moruya on 16 March (57 responses).
  - An informal meet and greet session was held in the Batemans Bay shopping mall on 10 March 2018 (10 responses).
  - 'Market stalls' at popular Eurobodalla markets. The Moruya Market on 17 March and Narooma Market on 25 March (77 responses).
- Surveys
  - The community who could not attend the above sessions were given the opportunity to comment via survey boxes placed at convenient locations and an online survey (90 responses).

The key themes emerging from these community consultations were:

- The need for easy and free access to specialist services
- Long wait times for allied health appointments and access to community health services and the lack of social workers in particular
- Lack of communication and education of services available
- The need to provide more services locally to reduce travel
- That all services need to be inclusive of all
- The need for more/better transport options
- Lack of GP services
- Lack of orthopaedic and paediatric services

In April 2019, follow up community consultation sessions were held again in the 3 major towns of Narooma, Moruya and Batemans Bay.

- These sessions intended to provide an opportunity to update the community on planning progress made and to discuss models of care and services for the new facility to ensure that main concerns had been considered and addressed where possible. The findings from these sessions reflected much of what had been raised in previous consultation and essentially illustrated the need for communication, education, solutions to address transport issues, increased services and access to GP services within the region (captured below).

SNSWLHD and Eurobodalla Health Service Consultation

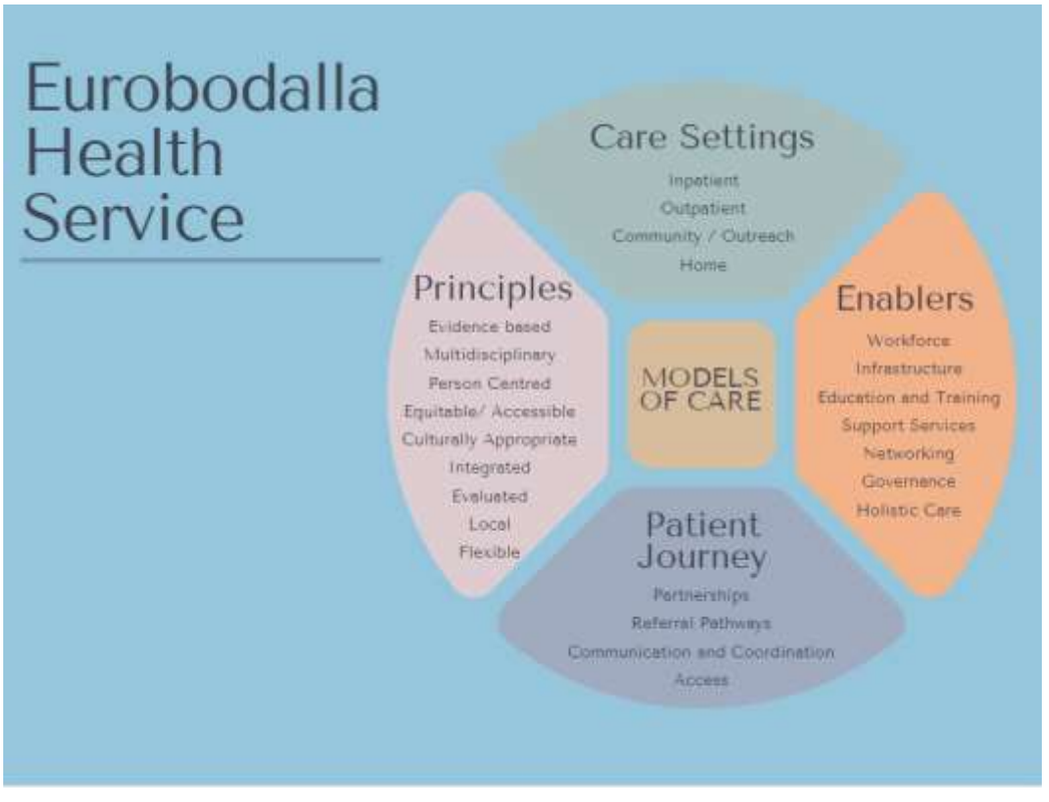
- In March 2018 groups of staff, medical officers and stakeholders were brought together to discuss future needs of the population and consider new models of care for Eurobodalla Health Service. In May 2018 follow up information sessions were held to provide feedback to staff and gather subsequent input.
    - These sessions resulted in the development of a planning framework for the new service and preliminary models of care to address need.
    - Following these, ongoing communication and updates were shared with staff to remain informed.
- In March 2019, SNSWLHD held a series of workshops across 8 days:
    - The objective of the workshops were to refine the preliminary models of care and consider workforce planning requirements for changes in service provision.
    - The intent was to ensure the proposed service was justified by community need, viable, sustainable, efficient, innovative and consistent within the policy context.
    - To ensure that the models were adequately reviewed and debated, invited guests included clinical and non-clinical Eurobodalla staff, NSW Ministry of Health and ACI subject matter experts, ACT Health, NETS, SNSWLHD Executive, District and technical experts in finance, performance, workforce, innovation, redesign in addition to external agencies such as the PHN, NSW Ambulance, NSW Health Pathology.
    - The results of these workshops include
        - High level models of care for each stream,
        - Clarification regarding future role delineation of services, transition processes and related timing of service provision
        - Preliminary workforce plans.
    - All of these will require further refinement throughout the redevelopment cycle however, provide a justified base for planning.

The key themes for the high level models of care are shown in the graphic on the following page.

Preliminary financial modelling against performance and activity was also conducted across targeted areas of high risk and relatively low volume, also to consider flow reversal and impact on peripheral services.

External Stakeholder consultation

- In 2018, initial consultation occurred with important external stakeholders to consider projected service demand. General practice and primary health networks were consulted to ensure alignment with federally funded programs and identify actual and potential gaps in service provision.
- Targeted groups of external stakeholders attended the series of models of care workshops held in April 2019 to ensure consistency in approaches, integration of care where possible and improved networked opportunities. These particularly focused on our dependent service providers – PHN, NSW Ambulance, NSW Health Pathology, ACT Health, NSW Children's Hospital network and NETS. Results from these workshops are listed in the above section.
- Local service providers also attended a number of community consultations and have remained updated as part of the community consultation process.
- In May 2019, a dedicated workshop with key partner organisations was held to provide an update and reflect on proposed service provision, models of care and opportunities to network and create holistic care for patients of Eurobodalla. The workshop provided discussion and debate on the range of proposed models. The discussion indicated general support for the proposed plan for the future Eurobodalla Health Service and related models of care. Gaps identified remained consistent with other consultation feedback and illustrated opportunities to collaborate further.



4. Partnerships and Networks

4.1 South Eastern Primary Health Network (COORDINARE PHN)

COORDINARE is the Primary Health Network (PHN) for South Eastern NSW, which includes the SNSWLHD and Illawarra-Shoalhaven LHD catchments. It is a not-for-profit public company, limited by guarantee, which was formed in July 2015. Key objectives of COORDINARE are increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

COORDINARE's vision is a coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities.

To realise this vision, COORDINARE as the local PHN is working closely with SNSWLHD on a number of initiatives to create a better integrated local health system. Examples of collaboration include:

- Development of the Southern NSW Integrated Care strategy which outlines collaborative efforts across four main areas of:
    - Aboriginal Health
    - Chronic Conditions
    - Mental Health
    - End of Life and Palliative Care
- Joint appointment of GP Liaison Officers for each of the LHD Clusters, to better link general practice with LHD hospitals and community health services.
- Development of the Regional Mental Health and Suicide Prevention Plan in collaboration with Illawarra Shoalhaven Local Health District, SNSWLHD and COORDINARE.
- Programs to support afterhours primary health care and prevent avoidable hospital presentations to the ED Programs aimed at increasing uptake of My Health Record, to ensure sharing of consumers' health information across treatment settings
- Joint partnership in the development of HealthPathways between SNSWLHD, ACT Health, Capital Health Network (ACT PHN) and COORDINARE (SENSW PHN). The benefits of using HealthPathways include:
    - more patients getting the right treatment or specialist care with reduced waiting time
    - clinician-agreed pathways both into and out of the public health system
    - support with information on appropriate referral and pre-referral work up
    - improved quality and appropriateness of referrals
    - local adaption of evidence-based health care and supporting resources
    - more appropriate use of inpatient, outpatient and community services
    - more relevant educational resources for patients available to clinicians
    - clinician engagement in identifying system problems and solutions
- An emerging collaboration to improve the care of at-risk patients during winter.

The collaboration between the two organisations is underpinned by a Strategic Alliance Group, where the Executive teams of both SNSWLHD and COORDINARE meet on a bi-monthly basis to focus on integration and system improvement.

COORDINARE's purpose is supporting primary care in the region to be:

- Comprehensive
- Person-centred
- Population oriented
- Coordinated across all parts of the health system
- Accessible
- Safe and high quality

In working towards this, COORDINARE provides high level support to local general practices, focusing on better use of practice data, quality improvement, and getting ready for changes to the primary care system such as the Patient Centred Medical Home approach. As well, COORDINARE commissions services for communities at risk of poor health outcomes, particularly in the areas of mental health, drug and alcohol, Aboriginal health, and better care for people with chronic conditions. As a PHN, COORDINARE does not deliver services directly. Instead, commissioned services are delivered by third party providers, who are engaged under contract through a tender or application process.

4.2 ACT Health Service providers – Public and Private

Eurobodalla residents access private hospitals in ACT however limited service and activity data can be obtained regarding this flow. These private facilities remain important partners to consider in strategic planning.

Public tertiary services located in the ACT are geographically closer to many residents of SNSWLHD than other tertiary services in NSW. The flow of residents to the ACT for these services is significant. SNSWLHD has historical formal arrangements with ACT Health that are being renegotiated including the NSW Health and ACT Health Cross Border Memorandum of Understanding and the SNSWLHD and ACT District Demand Plan.

In addition to this, SNSWLHD has networked arrangements to include speciality clinical areas such as:

Renal Services

- As there is no tertiary hospital in SNSWLHD, renal medical governance and acute renal services are provided by Canberra Hospital and Health Services (CH&HS). A formal agreement has been in place since 2012 between SNSWLHD and ACT Health and was renewed in August 2018 for a 5 year period.
- SNSWLHD Renal Services provide care and management to residents in Southern NSW in collaboration with the CH&HS Renal Services through the provision of:
    - Centre-based haemodialysis in nurse-led satellite units with off-site medical support from the CH&HS. Satellite units are located in Moruya**,** SERH, Cooma, Goulburn and Queanbeyan.
    - Monthly visiting renal physician bulk billing clinics (from TCH) with telehealth clinics to support the demand.
- Nurse-led multi-disciplinary renal outreach services inclusive of Chronic Kidney Disease (CKD) management, treatment options, education and support, and renal supportive care (RSC).
- Renal Outreach non-admitted patient (NAP) activity that is captured in eMR.

Cancer services

- In 2014, ACT Health and SNSWLHD collaborated to develop the ACT and Southern NSW Local Health District Cancer Services Plan 2015 – 2020. The plan outlines high-level strategic directions for the provision of cancer services in SNSWLHD.
- There is no formal service agreement or governance arrangement in place between SNSWLHD and the Canberra Regional Cancer Centre (CRCC) for the provision of cancer services to SNSWLHD. Such an agreement is planned for 2019 and would enhance operation and routine decision-making for cancer services in SNSWLHD by documenting the key roles and responsibilities for SNSWLHD and CRCC.
- Currently Visiting Medical Consultants provide the medical coverage via monthly visit and ongoing support to patients within SNSWLHD.
- Radiation treatment options are provided in Canberra, Liverpool or Illawarra for SNSWLHD residents. The population of the District remains less than required to support a linear accelerator.
- The Canberra Hospital provides level 5 cancer treatment services for the region and acts as the tertiary referral centre for all SNSWLHD cancer treatment services.

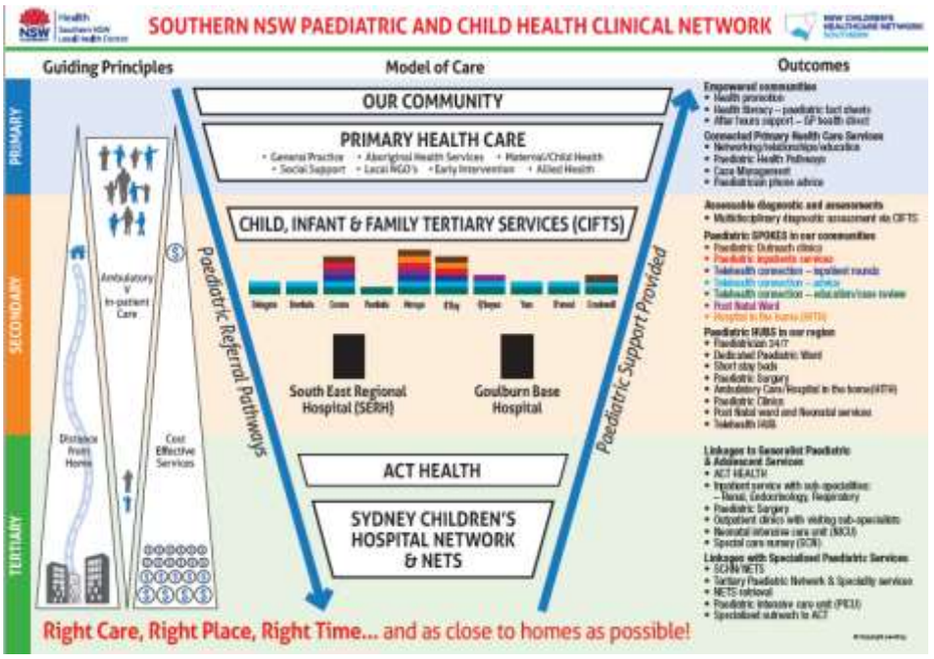
- SNSWLHD provides cancer services across four cancer centres in Eurobodalla, Bega Valley, Goulburn, Cooma which include:
  - Nurse led Oncology and Chemotherapy units
  - Visiting Medical Consultants include Haematology, Medical Oncology, Radiation Oncology
  - Supportive care: Social Work, Cancer Care Coordinator, Breast Care Nurse.
- Services for paediatric cancer patients are largely accessed via the Sydney Children's Network (Sydney Children's Hospital in Randwick).
- Services for complex and highly specialised cancer cases are accessed in either Canberra or Sydney. These include bone marrow transplants and surgical procedures for gynaecological, head and neck, and brain tumours. Bone marrow biopsies are accessed in Canberra.

It is anticipated that these networked arrangements will potentially expand to consider Mental Health, Palliative care, stroke and critical care services.

4.3 Paediatric Network Arrangements

- Eurobodalla Health Service connects and refers to SERH and Goulburn paediatric hubs as part of the networked model for paediatrics within SNSWLHD. Both sites provide support and advice through phone consultations and technology such as telehealth.
- Both SERH and Goulburn have dedicated paediatric wards and offer generalist paediatric services including general medical admission, mental health and limited paediatric surgery (ears nose throat, orthopaedics, general surgery). Neonatal care is provided in the maternity department until discharge, at which time neonates can be cared for in paediatrics. The SNSWLHD paediatric services in SERH and Goulburn are relatively small, however the increased provision of outpatient services and attraction of permanent Paediatricians has seen both services increase and commence outreach to support surrounding populations, including Eurobodalla.
- The SNSWLHD paediatric service is supported by the speciality services of Canberra Hospital and the Sydney Children's Hospital Network (Westmead and Randwick), referrals for the escalation of care are made via road Ambulance and the newborn and paediatric Emergency Transport Service (NETS).
- Eurobodalla Health Service also refers to the Child, Infant and Family Tertiary Service (CIFTS) who provide services from their base in Goulburn and visit Eurobodalla with their multidisciplinary team of professionals, providing comprehensive assessment services for children aged 0-17 years with behavioural issues.

Figure 7: SNSWLHD paediatric and child health clinical network



4.4 General Practitioners

- General Practitioner Visiting Medical Officers are of vital importance to the Eurobodalla Health Service. They provide a highly professional and valued service to the Eurobodalla community. This includes anaesthetics, obstetrics and gynaecology, neonatal resuscitation, emergency medicine, general medicine and rehabilitation. The Eurobodalla Health Service will continue to foster this relationship throughout the life of this plan, and beyond.
- General Practitioners in the area also provide important services from private practices in the community. A limited number of these practices operate outside standard business hours during the week and on weekends.

4.5 Ambulance Service NSW

- The Eurobodalla Health Service has a strong relationship with the Ambulance Service NSW and is actively working towards the integration of Ambulance protocols in the models of care to reduce avoidable presentations at the local emergency departments.
- The NSW Ministry of Health has a Memorandum of Understanding (MOU) with the Ambulance, NSW Police and Mental Health in relation to emergency departments and accessing acute mental health care.
- Ambulance Service NSW is a key service provider in the local region and an important partner for the Eurobodalla Health Service.

4.6 Visiting specialists

- The SNSWLHD receives funding from the Commonwealth via the Rural Doctors Network (RDN) to deliver a range of services within the LHD. Services provided under the Rural Health Outreach Fund include monthly visits from a geriatrician and rehabilitation specialist, with the support of clinical nurse specialists and provides a genetics physician and cancer genetics physician on a visiting basis.
- The RDN also funds the Healthy Ears Better Hearing Better Listening program to provide speech pathology and audiology services for Aboriginal children, and the Medical Outreach Indigenous

Chronic Disease Program to provide social work, diabetes education, Aboriginal Health and dietetics support to Aboriginal people with chronic disease.

4.7 GPH Grand Pacific Health (GPH)

- Grand Pacific Health Ltd is a not for profit agency contracted to deliver community based mental health, aboriginal health and wellbeing services across Southern NSW. This includes commissioned services for the PHN focusing on chronic disease management and reduction of potentially preventable hospital admissions. GPH is also the lead agency for the Bega Headspace service currently outreaching to Narooma.

4.8 Katungul Aboriginal Community Corporation and Medical Service (ACC&MS)

- The Katungul Aboriginal Community Corporation and Medical Service is an Aboriginal controlled community organisation, which provides clinics in Narooma, Batemans Bay and in other towns on the far south coast.
- The ACC&MS provides a range of culturally appropriate medical, dental and specialist services to the Aboriginal community. Services cover a wide variety of areas including eye health, oral health, chronic disease, women's health, maternity and drug and alcohol use. The services are provided through clinics in the region and also via outreach. The Eurobodalla Health Service works closely with Katungul.

4.9 Tresillian

- Tresillian Day Services provide a range of services for families experiencing early parenting challenges.
- Agreements to support families are currently in place in Queanbeyan and the Monaro region, with Tresillian utilising SNSWLHD clinic space and beds to provide services to community.
- There are plans to extend this agreement into Eurobodalla.

4.10 Universities

The Eurobodalla Health Service has good working relationships established with a number of tertiary institutions to help training and development of medical, nursing and allied health clinicians, and to foster positive attitudes to working in regional areas:

- SNSWLHD has a number of formalised agreements with ANU:
  - 'Student Placement for entry into a health occupation' signed in November 2016 and valid for 5 years. The Eurobodalla campus of the ANU Medical School - Rural Clinical School (an onsite building at Batemans Bay) offers teaching to medical students by GPs and visiting and local specialists. Patients in acute and non-acute settings may be seen by such medical students.
  - HHF 'Licence and operating agreement' relating to the educational facilities (which includes ANU and UC). Originally signed in 2003 and then 2016.
  - Rural Training Hub for Medical Training - The ANU won the tender to create the South-East NSW Rural Training Hub in 2017 under the auspices of the Commonwealth Government. The focus of this organisation is to establish a regional training pipeline for doctors in General Practice and specialties. The funding has also provided for the appointment of an education administrator to work in SNSWLHD, this enables the LHD to participate in a framework that is integrated with the ANU and the Canberra hospitals, providing support for senior clinicians to provide training to junior doctors and registrars.
- HETI - 'ClinConnect' is an initiative of the Health Education and Training Institute (HETI) which is a state wide, web based program which allows LHDs and universities to manage student placements for nursing, midwifery, oral health and allied health students. Universities and the SNSWLHD use this web application to manage student placements.

- The University of Wollongong-Batemans Bay - offers the Bachelor of Nursing and the students all undertake clinical placements every semester. Most of the nursing graduates apply for the 'Transition to Professional Practice' roles (graduate nursing and midwifery recruitment). NSW Health provides a centralised web-based annual recruitment scheme for graduate registered nurses and midwives to apply for employment in NSW public hospitals. The campus does not currently offer any Allied Health courses but UoW is looking into this for the future.

4.11 Eurobodalla Shire Council

- The Healthy Communities committee was a regular forum hosted by the Shire for state and commonwealth agencies and has transitioned to become a group that meets only as required. Sub committees from within the group are formed to deal with specific projects.
- The Shire also has an email group, tashe17 (Towards a Stronger Healthier Eurobodalla) which has over 30 members. This email group provides a place for members to share industry news and updates, encourage collaboration, networking, and general discussion.
- Eurobodalla Shire Council runs a number of community services and there is a close working relationship between community services and health service clinical staff.
- SNSWLHD purchases Non-Emergency Health Related Transport from Council's Community Transport service.

4.12 Shoalhaven District Memorial Hospital, Illawarra Local Health District

- Shoalhaven District Memorial Hospital is a Group 2 major hospital operating at a role delineation level 4 (ED), providing emergency, medical, surgical and orthopaedic services, as well as high dependency and coronary care beds. Services also include an obstetric unit, a children's ward and the Shoalhaven Cancer Care Centre. With plans for Shoalhaven District Memorial Hospital to be a major non-metropolitan hospital as part of a hub and spoke model, Shoalhaven will expand to be a teaching hospital within the Illawarra Shoalhaven LHD (ISLHD).
- Approximately 2 hours' drive from Moruya Hospital, Shoalhaven provides an average of 130 occasions of service for Eurobodalla Shire residents per year, providing radiation treatment, ENT and Head and Neck, Respiratory Medicine, Ophthalmology and other services.
- As one of the closest major hospitals to the Eurobodalla and part of the ISLHD, Shoalhaven Hospital provides Eurobodalla Health Service staff development opportunities through secondments and training, and meets some unmet demand for Eurobodalla residents within its services.

4.13 Non-government and not for profit organisations

- Non-government agencies and not for profit organisations are key players in health service delivery, especially in the provision of services to older people and people with a disability living in the community. There is considerable reform being driven by the Commonwealth and the NSW Ministry of Health in this field which heightens the need for the Eurobodalla Health Service to maintain good working relationships with current partner agencies, as well as strengthen ties with agencies where relationships are newly formed.

4.14 Aged Care Facilities

The Australian Government Department of Health is responsible for the provision of residential aged care services, the following table summarises the Australian Government funded residential aged care services available in Eurobodalla as at 30 June 2016.

Table 3: Eurobodalla Aged Care Places as at 30 June 2016

Service name	Physical Address Suburb	Residential Places	Home Care Low Places	Home Care High Places	Transition Care Places
Catholic Healthcare Maranatha Lodge	BATEHAVEN	95			
IRT Crown Gardens	BATEMANS BAY	40			
Banksia Village	BROULEE	80			
Banksia Villages Home Care	BROULEE		6	17	
The Glen Residential Care Service	CATALINA	92			
Opal Denhams Beach	DENHAMS BEACH	130			
ARV Eurobodalla CACP	MORUYA		21		
IRT - Eurobodalla Community Services – CACPs	MORUYA		87		
IRT Moruya	MORUYA	31			
Kuranya	MORUYA		47		
Kuranya	MORUYA			16	
UnitingCare Ageing Southern Highlands Community Care	NAROOMA		6	24	
Total		468	167	57	0

Source: https://agedcare.health.gov.au/news-and-resources/publications/research-and-statistics/links-to-the-30-june-2016-stocktake-of-australian-government-subsidised-aged-care-places

4.15 Private hospitals

There is a private day surgery service at Mogo, led by a local general surgeon. The service provides consultations with a range of specialists and minor surgical day procedures.

4.16 Family Case Management Interagency

Allied health and mental health participate in the Family Case Management Interagency meetings with Family and Community Services (FaCS), NSW Police, Department of Education, NGOs and department of housing to discuss system road blocks for vulnerable children and families most at risk.

4.17 Eurobodalla Family Network

The Eurobodalla Family Network (formerly Families NSW Local Area Network) is a group of local community and health services who meet every two months in Moruya. The focus is on local families with children 0-8 years with various disabilities, vulnerabilities and complexities. Solid partnerships carry out projects in the community, relying on a small amount of funding from FaCS each year.

5. Service Need

5.1. Demand for inpatient services by Eurobodalla residents[5].

Note Gaps in Data:

- *ACT public hospital data have not been provided to NSW since 2014/15. Subsequent years have duplicated data from 2014/15*
- *ACT private hospital data are not available to SNSWLHD for analysis. It should be noted that the demand being met by the ACT private sector is not included in the table below*
- *Subacute activity data from the ACT is also not available.*

Secondary level (non-tertiary) hospital services are provided locally for Eurobodalla Shire residents, in addition to the LHD's higher level hospitals (South East Regional (Bega) and Goulburn). Inpatient care requiring more complex treatment, including cancer care, interventional cardiology, cardiac surgery, neurosurgery, and higher acuity patients, are referred to tertiary public hospitals in the ACT or in Sydney.

[5] Data tables for analysis can be found in the Eurobodalla Health Service CSP 2018 compendium

Tertiary paediatric services and neonatal intensive care are provided through the Canberra Hospital. Quaternary services and paediatric intensive care are provided at Sydney Children's Hospital Network at Randwick or Westmead.

Table 4: Overview of Demand for Inpatient Services by Eurobodalla residents.

		Separations				
Hospitals Private	**Hospitals Public**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**% of total**
	Southern NSW LHD	8,210	8,533	8,538	9,365	63.2%
	Batemans Bay	***3,911***	***4,064***	***3,692***	***4,161***	***28.1%***
	Moruya	***3,550***	***3,574***	***3,898***	***4,147***	***28.0%***
	Bega	*453*	*569*	*626*	*745*	*5.0%*
	Goulburn	*185*	*229*	*220*	*192*	*1.3%*
	Kenmore	*42*	*23*	*25*	*35*	*0.2%*
	Other SNSWLHD	*69*	*74*	*77*	*85*	*0.6%*
NSW Private Total		2,784	2,807	2,826	2,730	18.4%
	A.C.T. Public	**1,728**	**1,840**	**1,840***	**1,840***	**12.4%**
	Illawarra Shoalhaven	220	225	205	239	1.6%
	Shoalhaven hospital	*136*	*132*	*134*	*128*	*0.9%*
	South Eastern Sydney	126	104	115	124	0.8%
	Sydney Children's Hospitals Network	91	123	86	88	0.6%
	Other Sydney LHDs Total	268	318	296	285	1.9%
	Other Rural NSW LHDs Total	62	55	65	56	0.4%
	Other Interstate Total	85	95	95	95	0.6%
	Separations Total	**13,574**	**14,100**	**14,066**	**14,822**	100%

Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates. Includes HITH.
*ACT data duplicated for 2015/16 and 2016/17, ACT Private Data not available

The demand for inpatient services for Eurobodalla residents increased over a four year period by 1,248 separations (or a compound annual growth rate, CAGR, of 3%). As ACT data is duplicated for 2015 to 2017, it is reasonable to assume that the real increase may be higher.

In 2016/17, Eurobodalla hospitals provided for 56.1% of this inpatient demand, with SNSWLHD hospitals providing another 7.1%.

- NSW private facilities provided another 18.4%, followed by flows to the ACT public hospitals of about 12.4%.
- Considering only public hospital demand, in 2016/17, SNSWLHD provided 77.4% of the public demand, the Eurobodalla Hospitals providing 68.7%, with South East Regional Hospital (SERH) providing another 6.2%. The ACT provided at least 15.2% of public hospital demand.

Table 5: Overview of Public Hospital Inpatient demand by Eurobodalla residents

	Separations				
Public Hospitals	**2013/2014**	**2014/2015**	**2015/2016**	**2016/17**	**% of total**
Southern NSW LHD Public	**8,210**	**8,533**	**8,538**	**9,365**	**77.4%**
Batemans Bay	***3,911***	***4,064***	***3,692***	***4,161***	***34.4%***
Moruya	***3,550***	***3,574***	***3,898***	***4,147***	***34.3%***
Bega	453	569	626	745	6.2%
Goulburn	185	229	220	192	1.6%
Kenmore	42	23	25	35	0.3%
Other SNSWLHD	69	74	77	85	0.7%
A.C.T. Public	**1,728**	**1,840**	**1,840***	**1,840***	**15.2%**
Illawarra Shoalhaven	220	225	205	239	2.0%
South Eastern Sydney	126	104	115	124	1.0%
Sydney Children's Hospitals Network	91	123	86	88	0.7%
Other Sydney LHDs Total	268	318	296	285	2.4%
Other Rural NSW LHDs Total	62	55	65	56	0.5%
Other States/territories Total	85	95	95	95	0.8%
Public Separations Total	**10,790**	**11,293**	**11,240**	**12,092**	**100.0%**

Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates.
*ACT data duplicated for 2015/16 and 2016/17.

5.2. Self-sufficiency of inpatient services for Eurobodalla residents

- Eurobodalla self-sufficiency, for public hospital services only, was 68.7% in 2016/17, that is, Eurobodalla provided 68.7% of public hospital services required by Eurobodalla residents.
- There were high self-sufficiency rates (over 80%) for palliative care, drug and alcohol, diagnostic GI endoscopy, gynaecology, cardiology, immunology and infections, obstetrics, breast surgery, haematology, dermatology, gastroenterology, endocrinology, non-subspecialty medicine, and non-subspecialty surgery.

Table 6: Eurobodalla Hospitals Self Sufficiency 2016/17

SR Gv50 Name	Eurobodalla Hospitals	SERH	SNSW other	Other NSW	NSW	ACT*	Total seps	Self-suff %	Total seps	Self-suff %
	Public	Public	Public	Public	Private	Public	Public & private	Public & private	Public	Public
Breast Surgery	56	6			17	5	91	61.5	74	75.7
Cardiology	611	8		30	9	57	718	85.1	709	86.2
Cardiothoracic Surgery				9		59	72	0	68	0
Colorectal Surgery	35			23	50	19	128	27.3	78	44.9
Dentistry			14	6	37	20	77	0	40	0
Dermatology	20						24	83.3	24	83.3
Diagnostic GI Endoscopy	653	19	16	17	489	29	1,223	53.4	734	89
Drug and Alcohol	161			8		6	180	89.4	178	90.4
Endocrinology	38			5			46	82.6	46	82.6
ENT & Head and Neck	31	9	5	50	49	69	213	14.6	164	18.9
Extensive Burns	7						9	77.8	9	77.8
Gastroenterology	1,024	14	11	47	489	137	1,722	59.5	1,233	83
Gynaecology	270			17	30	14	335	80.6	305	88.5
Haematology	368			35	21	34	461	79.8	440	83.6
Immunology and Infections	59					5	70	84.3	69	85.5
Interventional Cardiology				31	31	223	285	0	254	0
Maintenance					10		19	21.1	9	44.4
Neurology	341		7	38	5	59	452	75.4	447	76.3
Neurosurgery	99			22	27	54	203	48.8	176	56.3
Non Subspecialty Medicine	789	18	17	54	12	79	969	81.4	957	82.4
Non Subspecialty Surgery	693	20	6	51	202	96	1,068	64.9	866	80
Obstetrics	417	11		16		50	494	84.4	494	84.4
Ophthalmology	347	10		44	261	63	729	47.6	468	74.1
Orthopaedics	310	351	22	93	250	260	1,286	24.1	1,036	29.9
Pain Management	11						21	52.4	19	57.9
Palliative Care	193						198	97.5	198	97.5
Perinatology						15	15	0	15	0
Plastic and Reconstructive Surgery	77			39	157	22	302	25.5	145	53.1
Psychiatry – Acute	120	88	113	39	110		473	25.4	363	33.1
Psychiatry - Non Acute			15				17	0	17	0
Psychogeriatric Care			26				27	0	27	0
Qualified Neonate	13			6		22	45	28.9	45	28.9
Rehabilitation	410	108		21	156		696	58.9	540	75.9
Renal Medicine	64					35	106	60.4	106	60.4
Respiratory Medicine	642	24	31	61	10	66	834	77	824	77.9
Rheumatology	53	6			16	24	102	52	86	61.6
Tracheostomy				7		11	19	0	18	0
Transplantation								0		0
Unallocated					5		14	21.4	9	33.3
Upper GIT Surgery	158			17	22	36	235	67.2	213	74.2
Urology	180	32		60	236	140	649	27.7	413	43.6
Vascular Surgery	51			8	19	114	194	26.3	175	29.1
Grand Total	**8,308**	**745**	**312**	**887**	**2,730**	**1,840**	**14,822**	**56.1**	**12,092**	**68.7**

117 separations have been removed to protect individual privacy.
Source: Flowinfo v17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates.
*ACT data duplicated from 2014/15.

5.3. Inpatient outflows for Eurobodalla residents

The top Service Related Groups (SRGs) flowing out of Eurobodalla to both public and private facilities have remained consistent over the last few years. Gastroenterology, orthopaedics, diagnostic GI endoscopy, urology and ophthalmology accounted for 48% of the total number of outflow separations in 2016/17 (2,615 of 5,457).

Table 7: Top 15 SRG flows to public and private facilities out of LHD for Eurobodalla residents

	Separations			
Service Related Group	**2013/2014**	**2014/2015**	**2015/2016***	**2016/17***
Gastroenterology	549	606	676	673
Orthopaedics	687	653	616	603
Diagnostic GI Endoscopy	622	580	552	535
Urology	367	485	476	436
Ophthalmology	270	406	408	368
Non Subspecialty Surgery	361	358	343	349
Interventional Cardiology	292	290	288	285
Plastic and Reconstructive Surgery	398	322	230	218
Rehabilitation	157	114	151	177
ENT & Head and Neck	161	153	164	168
Psychiatry - Acute	119	126	145	152
Non Subspecialty Medicine	130	151	157	145
Vascular Surgery	125	145	135	141
Respiratory Medicine	156	137	140	137
Neurosurgery	102	112	110	103
Total separations	**5,364**	**5,567**	**5,528**	**5,457**

Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates.
*ACT data duplicated for 2015/16 and 2016/17.

Flows out of SNSWLHD - Flows to public hospitals accounted for 50% of flows in 2016/17 (2,727 of 5,457), with the top SRGs being orthopaedics, interventional cardiology, urology and gastroenterology. Two thirds (67%) of these flows were to the ACT.

SERH patient flows - Over the four years 2013/14 to 2016/17, flows to SERH in Bega Valley increased by 64% from 453 to 745 separations. The biggest increases were in orthopaedics, rehabilitation and acute psychiatry. Of the 745 separations that flowed to SERH in 2016/17, 351 (47%) were for orthopaedics.

Goulburn patient flows - Flows to Goulburn have increased, primarily for respiratory SRGs, non-subspecialty medicine and acute psychiatry.

Other key points:

- Eurobodalla hospitals met 25% of total acute psychiatric demand in 2016/17. As increasing numbers of Eurobodalla residents have flowed to SERH for acute inpatient mental health care, fewer people have gone to Goulburn facilities in keeping with providing services closer with the opening of the Mental Health Unit at SERH. Non-acute and psychogeriatric patients are transferred to Kenmore Hospital in Goulburn.
- Rehabilitation flows out of Eurobodalla are mainly to either private facilities or to SERH. Flows to SERH are usually in relation to patients firstly flowing to SERH for surgery and then having their rehabilitation within the same facility. Subacute data from the ACT are not available, but there are likely to be significant flows to the ACT (public and private) given the number of related acute separations.

- Paediatric flows of Eurobodalla residents have fluctuated over the four years 2013/14 to 2016/17. In 2016/17, over half (57.8%) of paediatric separations flowed out of the SNSWLHD, primarily to the ACT and the Sydney Children's Hospitals Network. Within the LHD, 25.4% of demand is met locally in Eurobodalla hospitals, with 8.9% at Goulburn and 7.9% at SERH. With the introduction of a paediatric service in Eurobodalla it is expected that activity flows from the region will decrease. The majority (87%) of births for Eurobodalla women, both Aboriginal and non-Aboriginal, occur at Moruya hospital, with around 9% flowing to the ACT, usually for higher risk pregnancies.

6. Eurobodalla Challenges and Opportunities for Service Delivery

There are a range of challenges facing Eurobodalla Health Service to effectively provide for the health needs of the population, now and into the future. However many of the challenges urge Eurobodalla Health Service to rethink service provision and change for the better.

6.1 Fragmented services and duplication

- Fragmentation of clinical services operating over two sites is a significant issue which impacts on the ability of the service to develop models of care that provide equitable access to appropriate care (e.g. specialist medicine critical care).
- Inpatient services are separated across two sites which results in duplication and impacts on service functionality, service integration, and collaboration between staff. This is hindering efficient service delivery and flexibility.
- The Eurobodalla Health Service has consolidated some services e.g. maternity and emergency surgery in Moruya, however both sites still offer emergency departments, have acute patients, offer palliative care and both offer surgical and sterilising services.
- This fragmentation of service provision also results in the duplication of some clinical and non-clinical support services and negatively impacts on the effective utilisation of resources including clinical staff and infrastructure.
- Patients are being transported between sites depending on their needs. This is time consuming and takes clinical staff away from their clinical duties.
- Operating two EDs and two theatre complexes each with their own staffing and each with their own sterilising, is inefficient financially as well as greatly reducing the ability to maintain skill sets necessary to provide safe services. With one anaesthetist in each theatre complex and one doctor in each ED there is limited opportunity for collegiate support in complex clinical situations or for decision making.
- Skill sets of all staff are being diluted with the splitting of an already small staffing resource and clinical time is being reduced with the need for staff to travel between sites (20 minutes each way means 40 minutes reduction in clinical time).
- Fragmentation and duplication is also noted across non-admitted service areas. The ability to readily link service delivery and share information across community health and primary care, as well as the challenges in engaging with government and non-government service partners, result in service duplication and gaps for clients receiving care at home.
- Enabling work to support improving the experience and delivery of care in the community includes implementation of the central intake service, improvements in formalised data linkage and sharing between the LHD and General Practice, and the development of an Integrated Care Strategy to drive the coordinated delivery of out-of-hospital services to our local community.

6.2 Providing safe working environment for staff and community in current infrastructure

Safety for staff and patients is a key priority for all health services. Eurobodalla Health Service has identified the following safety issues:

- Requires enhancements to access, flow controls and monitoring of entry and exit points, swipe cards, cameras and centralised monitoring.
- The Ministry of Health (MOH) Emergency Department Remediation Plan program as a result of the MOH Roundtable Report identified serious design issues with the Moruya ED that can only be rectified by redevelopment. The current layout and design of both Moruya and Batemans Bay EDs create security risks for staff and patients, such as areas of entrapment and impeded line of sight for natural surveillance principles. Additionally, the lack of child friendly and child safe spaces proposes additional clinical and patient safety concerns.
- Non-compliance with management of patients with bariatric needs.
- The staff accommodation is isolated, creating issues for night access to the hospitals.
- The demountable and buildings that house mental health and community health staff are cramped with insufficient office space.
- The District staff demountable at Batemans Bay lacks any duress response technology.
- The Pathways building at Moruya has no reliable rapid response technology for clinical emergencies.
- The nurse call and duress systems have serious technological issues that require significant upgrade works.
- Lack of storage space at Moruya creates staff and patient safety issues with inappropriate storage arrangements.

6.3 Ageing population

The major demand drivers in the Eurobodalla Shire over the next 10 years will be population growth within the older age groups and the increasing burden of chronic disease conditions.

- In Eurobodalla the rates of potentially preventable hospitalisations, smoking and obesity are significantly higher than the NSW average. The increased prevalence of chronic diseases resulting from high rates of obesity and lifestyle factors will require new models of care including multidisciplinary and integrated approaches to care.

6.4 Large tourism industry

Tourism is Eurobodalla's largest industry and drives demand on local health services:

- It is estimated that well over one million people visit each year. The visitor economy supports thousands of jobs and makes up a large part of the workforce. Tourism is a growth industry within the region. The Eurobodalla Shire Council actively promotes tourism and the industry will continue to expand. With tourism comes the need for available health services. The largest impact is seen in the emergency departments for presentations that could be attended to in a GP practice. There will need to be a concerted effort maintained and partnerships formed with GP practices across the Shire to address the low acuity triage presentations to the ED.
- In addition to this is the demand for respite services and ongoing treatment requirements such as renal dialysis and cancer treatments for the tourist population which is currently pre-booked placing additional strain on existing services, especially during peak holiday periods.

6.5 Complex health needs of the Aboriginal population

30% of all Aboriginal people from SNSWLHD reside in Eurobodalla:

- Recent 'Closing the Gap' reports have shown that a different approach should be taken when planning for our Aboriginal population if we are to succeed in providing what the Aboriginal people require in order to have the same health outcomes as the non-indigenous population.
- Eurobodalla Health Service has a well-regarded Aboriginal Health Service and by working with, Aboriginal Medical Service Katungul, local non-government agencies and the Aboriginal community there is great potential to continue to develop and expand leading models of care to service the Aboriginal and Torres Strait Islander people. The Eurobodalla Health Service will ensure all services offered will be culturally welcoming and the barriers experienced by the Aboriginal community accessing services are addressed.

6.6 No District tertiary hospital

The SNSWLHD does not have a tertiary hospital, it relies heavily on the ACT (Canberra Hospital) and Sydney hospitals for this service.

- With the relatively small population of SNSWLHD and the concentration of this population in Queanbeyan there is no capacity to develop a tertiary hospital for SNSWLHD.
- However, there is still a large outflow of services that could be provided closer to home if the service develops acute services to meet a Level 4 role delineation. Eurobodalla Health Service currently provides services within the level 3 role delineation.

6.7 Advances in technology

Although advances in technology are unpredictable and therefore difficult to factor into planning, the evolving technologies will open up opportunities for changes in service delivery. Future exploration of digital strategies hope to address these.

6.8 Attraction and retention of clinical workforce

- Eurobodalla Health Service is continuing to attract rural non-procedural and procedural General Practitioners who provide emergency, inpatient, obstetric and anaesthetic care. With the commencement of a specialist in emergency medicine, Eurobodalla Health Service now has the opportunity to provide training pathways for a range of medical officers. Recruitment of surgeons is slow but encouraging with new consultants looking to live in the area. The potential development of the service is a strong attractant.
- Attracting staff to a rural health service is enhanced by the provision of attractive staff conditions and a modern work environment. Eurobodalla Health Service will need to remain flexible to be able to adapt to the workforce market which is labile and may have a mixture of long term resident staff, people in training and people looking to contribute to the service for a few years and then move on.
- To support proposed service demand and future models of care, high level workforce modelling has been attended and a workforce plan developed to clarify the current profile, future expectations and strategies and opportunities to work towards this to support increased services at Eurobodalla Health Service.

6.9 Education and training requirements

To align with the future service provisions and workforce requirements, Eurobodalla Health Service has to be in a position to offer skill development opportunities, access to training and education and opportunities to develop and introduce new ways of working in supported team-oriented services.

The promotion and engagement of external training providers currently ensures that the Health Service has pathways and opportunities available for staff:

- The current Australian National University (ANU) Medical School - Rural Clinical School is well established and graduates are returning to the area to establish careers.
- The newly established ANU Rural Training Hub is assisting the development of specialist medical (includes surgery and other) training pathways. The development of a specialist workforce will enable development of training as part of this hub.
- The Rural Generalist Program for training rural GPs (funded and governed by the Health Education and Training Institute NSW (HETI)), partnered with the Primary Health Network and GP training providers, is well established and as the Eurobodalla Health Service grows there will be more opportunities to train GPs in palliative care, emergency medicine, obstetrics and other skills.
- The commencement of a staff specialist FACEM and a VMO FACEM (emergency physician) will allow training for career medical officers, rural GPs and junior medical officers.
- Increased training and rotation opportunities will be sought from tertiary facilities as part of the MoU with ACT Health and other specialised networks. Visiting services from these networked facilities to Eurobodalla also provide the opportunity for mentoring and coaching on site.

6.10 Regional locality and geographical dispersion

- Eurobodalla is a regional hub with a projected population of 40,517 by 2031 and is up to three hours from the nearest major centre and major hospital capable of providing definitive critical care including coronary and trauma.
- Eurobodalla Health Service must be capable of providing safe and effective core emergency and acute services as well as providing the requisite range of secondary level acute, sub-acute and ambulatory and community care services.
- Given the locality and current level of service provision, a significant number of patients are transferred out to receive a higher level of care.
- Families are often required to travel long distances to metropolitan areas at both a significant cost and for long durations to support patients, a concern highlighted across all consultations held in the development of this plan.
- Increased local capacity in the future Eurobodalla Health Service onsite and the application of reasonable digital health strategies will result in more patients being able to be cared for longer closer to home within a safe and appropriate model.
- In addition to this, the current fragmented services over two sites and infrastructure limitations make it difficult to provide adequate ambulatory and short stay services, which in the future could provide a substitute to expensive inpatient services.

6.11 Condition and functionality of infrastructure.

As already stated the HI report indicates that the infrastructure at Moruya is not fit for purpose. It has grown in an ad hoc way described by the local team as “disjointed incrementalism”. The buildings at both Moruya and Batemans Bay are non-compliant when compared against contemporary hospitals and building standards. The building fabric is dilapidated and many spaces are dysfunctional, poorly connected and confusing for staff and patients. Inefficiencies identified in the Moruya report will require further investigation:

- ‘The hospital entrance is off River Street which is the main entrance for most of the services at MH. The entrance is a small vestibule, approximately 9sqm, which facilitates access to the emergency department (ED), IPUs, outpatient services, pathology, medical imaging and the sub-acute unit. The entrance is not large enough, is poorly sign-posted and operates 24/7 as the ED entrance.

- The Maternity Unit is not collocated with the Operating Suites. The maternity unit is located on the upper ground floor while the operating suites are located on the level below. This is not aligned with contemporary standards and provides poor transfer options between units. The two units are connected via public corridors and a single public lift. Should a complication occur within the birthing unit, a labouring mother is moved along the public corridor to the operating suites via the public lift.
- The Outpatient Rehabilitation Unit and the Sub-Acute Inpatient Unit are located at opposite ends of the hospital. The sub-acute units should have a better collocation for patients who have had orthopaedic surgery, or similar. Presently, patients need to traverse the hospitals public corridors to gain access to the two spaces.
- The Emergency Department is not collocated with the Operating Suite. The ED is located on the upper ground floor and the Operating suites are located on the Lower ground level. If a patient is presented to the ED requiring an operational procedure, they are transferred along public corridors and down the single public lift to the operating suite.
- Only one lift connects the two levels of the Main Building. Two lift shafts have been constructed however one lift shaft has been retrofitted to office space. The lower ground level is predominantly operating suites, CCSD and mortuary.
- The Maternity Unit does not have ready access to the ambulance bay or medical imaging. Should this service be required patients need to traverse the pubic corridors to move to an ambulance or have specialist medical imaging.
- The Helipad is located west of the main hospital and approximately 250m from the Emergency Department. The route from the Helipad to the Emergency Department is convoluted and patients must be transferred across external hospital grounds or enter through the sub-acute space via the public corridors and IPU.
- The Mortuary is collocated with Back-of-House services including Linen and Waste. This provides a poor experience for grieving family and friends and there is no dedicated hearse parking and transfer.'[6]

7. Current Services and Activity

7.1 Eurobodalla Health Service Overview

Eurobodalla Health Service is led by a General Manager and a team of managers including the Director of Nursing and Midwifery, Director of Medical Services, Allied Health Manager and Nurse Manager Community Nursing.

- The health service provides a range of medical, allied health, nursing, mental health and drug and alcohol, and Aboriginal health services. Respiratory, cardiology, gastroenterology, neurology and orthopaedics are the top Service Related Groups (SRGs) seen within the hospitals.
- Clients can be seen across a number of settings, such as in community health centres, in hospital or their homes as required.
- Residents also access health services from General Practitioners (GPs) and government and non-government organisations in the local district as well as from neighbouring networks and other local health districts and territories.
- Occupancy rates vary with type of service. The occupancy overall runs at about 80% with the general wards catering for medical, surgical and palliative care. The occupancy of the previous 12 months dictates the staffing profile.
- At present there are no physicians in the Eurobodalla Health Service. With the exception of obstetrics and gynaecology, patients not needing surgery and patients awaiting transfer for

[6] [6] ARCHITECTURAL CONDITION AUDIT,MORUYA DISTRICT HOSPITAL 2, RIVER ST, MORUYA, NSW APRIL 2018

surgery elsewhere are cared for by GP VMOs. There is no medical department and no medical lead to provide oversight of medical care, standards and training.

- There has been little development in changing medical models of care over the years and the general wards are duplicating services with very little specialisation between the two sites.
- Individually, the hospitals do not have the critical mass to effectively support the provision of a higher level of clinical expertise, health technology, diagnostic and support services required by the population catchment they serve.
- The lack of sufficient capacity in core services including emergency, critical care, acute medical, surgical and sub-acute care will be exacerbated over the next 10 to 15 years as the needs from the local population increases.
- At present there is duplication of medical, surgical, subacute and ambulatory services across both sites creating challenges of effective utilisation of resources and efficient team development.
- Both hospitals do not comply with the current requirements of the Building Code of Australia.
- Eurobodalla has a Community Representative Committee which includes members of the community from various backgrounds, who provide a link between the Eurobodalla Health Service and the community.

7.2 Role Delineation levels

- The majority of inpatient services at Moruya Hospital are provided at role delineation level 3 and level 2 at Batemans Bay Hospital.
- The role delineated levels have not been updated in the Ministry of Health portal, however will form part of the District role delineation review during 2019. The table below shows the relationship between the published role delineation levels, and the actual role delineation levels at these services. The actual role delineation levels have been assessed and agreed by the Eurobodalla Health Service Clinical Services Plan Steering Committee.

Table 8: Published and Actual Role Delineation Service Levels

Service	Batemans Bay Published RD	Moruya Published RD	Actual Current RD
Core Services			
Anaesthesia and Recovery	2	3	✓
Operating Suites	2	3	✓
Close Observation Unit	NPS	3	✓
Intensive Care Services	NPS	NPS	✓
Nuclear Medicine	4	4	✓
Radiology and Interventional Radiology	3	3	2/4
Pathology	2	3	3
Pharmacy	4	4	✓
Emergency Medicine			
Emergency Medicine	2	3	✓
Medicine			
Cardiology and Interventional Cardiology	1	1	✓
Chronic Pain			3
Clinical Genetics	NPS	NPS	✓
Dermatology	NPS	NPS	✓
Drug and Alcohol Services	NPS	NPS	3
Endocrinology	NPS	NPS	3
Gastroenterology	NPS	NPS	1
General and Acute Medicine	2	3	✓
Geriatric Medicine	2	2	✓
Haematology	NPS	3	✓
Hospital in the Home (HITH)		4	✓
Immunology	NPS	NPS	✓

Service	Batemans Bay Published RD	Moruya Published RD	Actual Current RD
Infectious Diseases	NPS	NPS	2
Neurology	NPS	NPS	3
Oncology – Medical	NPS	3	✓
Oncology – Radiation	NPS	NPS	✓
Palliative Care	2	2	3
Rehabilitation Medicine	2	3	✓
Renal Medicine	NPS	2	✓
Respiratory and Sleep Medicine	NPS	NPS	3
Rheumatology	NPS	NPS	✓
Sexual Assault Services	1	1	3
Sexual Health	3	3	4
Surgical			
Burns	NPS	NPS	2
Cardiothoracic Surgery	NPS	NPS	✓
Ear, Nose and Throat	NPS	NPS	✓
General Surgery	2	3	✓
Gynaecology	NPS	3	✓
Neurosurgery	NPS	NPS	✓
Ophthalmology	1	NPS	3
Oral Health	NPS	3	
Orthopaedic Surgery	NPS	NPS	BB NPS M 3
Plastic Surgery	NPS	NPS	✓
Urology	2	NPS	BB NPS M 2
Vascular Surgery	NPS	NPS	✓
Child and Family Health			
Child and Family Health	3	3	✓
Child Protection Services	1	1	3
Maternity	NPS	3	✓
Neonatal	NPS	2	✓
Paediatric Medicine	2	2	✓
Surgery for Children	2	2	✓
Youth Health	2	2	✓
Mental Health and Drug and Alcohol Services			
Adult Mental Health	3	2	✓
Child and Youth Mental Health	2	2	✓
Older Person Mental Health	2	1	✓
Community Based Health Services			
Aboriginal Health	6	6	✓
Community Health	NPS	4	✓

7.3 Current infrastructure configuration

There are 103 bed spaces (including 11 day only), plus 8 HITH allocations to a **total of 111 spaces** available between the Batemans Bay and Moruya Hospital of which 77 are reportable. The configuration at each site is as follows:

The Moruya Hospital contains a total of **66 beds** (both overnight and day only) with the following breakdown;

- 30 general ward bed spaces of which 27 are reportable
- 4 COU beds
- 20 SARU beds (of which only 12 are staffed and reportable)
- Maternity services; 7 maternity beds, 2 birthing units

- HITH is provided across the region from Moruya with a total of 8 beds (part virtual, part chair based).
- 5 day only beds
- ED department with 3 bays and 1 resus bay
- 2 operating theatres (plus 1 recovery and sterilisation)
- 12 renal stations
- 6 oncology chairs
- 4 oral chairs

Note that the south wing corridor at Moruya Hospital has 10 decommissioned beds which have not been used for 10 years and would require refurbishment to be safe for use.

Batemans Bay Hospital contains a total of **37 beds** (both overnight and day only) with the following breakdown;

- 26 general ward bed spaces of which 22 are reportable
- 4 COU beds
- 6 day only beds
- 1 SARU bed
- ED department with 5 bays and 1 resus bay
- 1 operating theatre (plus 2 recovery and sterilisation).

The full infrastructure breakdown in the Eurobodalla Health Service is presented in the table below.

Table 9: Current Eurobodalla Health Service Infrastructure Configuration

Type	Batemans Bay Hospital beds	Moruya Hospital beds	Totals
Acute general medical	26	30	56 (49 reportable)
Close Observation Unit	4	4	8
Obstetrics		7	7
Rehabilitation	1	20	21 (13 reportable)
TOTAL O/N BEDS	31	61	92
Day only	6	5	11
HITH			8
TOTAL O/N & Day only	**37**	**66**	**111**
Operating theatres	1	2 (1 procedural)	3 (1 procedural)
Sterilisation	1	1	2
Emergency bays	5	3	8
Resuscitation bays	1	1	2
Renal stations		12	12
Oncology chairs		12	12
Oral chairs		4	4
Ambulatory care			Total across 3 sites; 54 individual spaces plus group rooms, gyms and ADL kitchen
Radiology	1	1	2
Pathology		1	1
Pharmacy		1	1
Other			Workspaces for LHD staff, conference room and accommodation

7.4 Workforce

- The Eurobodalla Health Service employs approximately 337 full time equivalent staff at 9 April 2018. This includes medical, nursing, allied health, administrative and non-clinical support staff.
  - Many vacancies are filled by locum and casual staff who are not captured as they do not have contracted FTE allocated.
  - Locums provide support for approximately half of the required medical rosters.
- The medical workforce is made up of General Practitioners (GPs) as Visiting Medical Officers (VMOs) providing care to inpatients and emergency department patients. There are also GP proceduralists in anaesthetics and obstetrics. Specialist VMOs provide general surgery and obstetrics/gynaecology. Urology, ophthalmology and orthopaedics services are primarily provided as day only procedures by out of area specialists. There is a registrar in surgery and two resident medical officers on Moruya's acute ward on rotation from Canberra Hospital. The service depends on locums to fill shifts when VMOs are not available.
- GP anaesthetists work in both sites with on call for each site.

Batemans Bay	**Moruya**
10 GP/VMOs (plus some locum GP/VMO). 4 GP anaesthetists	8 GP/VMOs 2 GP anaesthetists 3 GP obstetricians
1 anaesthetist and 2 GP do anaesthetics/ED shifts only	2 work in ED only
	Supported by two locum JMOs who work Monday to Friday business hours.

- GP anaesthetists work in both sites with on call for each site.
- ED GPs may work at either site; these are increasingly staffed by GPs, supplemented by locums. An ED Director oversees both departments. There is also an ED specialist VMO working part time.
- Current specialists include:
  - Obstetrician/gynaecologist, plus locum for emergencies
  - General surgeon plus locum surgeons
  - Urologist, visiting once per month
  - Ophthalmologist, 5 lists per month
  - Chronic pain specialist
  - Orthopaedic surgeon, day procedures once per month, visiting from Bega Valley.
  - Part time specialist anaesthetist
  - Part time rehabilitation physician
- Full time and part time emergency specialists.

Table 10: Staffing Profile – Eurobodalla Health Service

Staffing Profile by Organisational Hierarchy			
T2	**T3**	**POSITION FTE**	**CONTRACTED FTE**
Eurobodalla	Batemans Bay Health Service	86.18	69.94
	Moruya Health Service	229.49	201.74
Eurobodalla Total		**315.67**	**271.68**
SNSWLHD Ambulatory & Integrated Care Services	SNSWLHD Aboriginal Health	13.44	11.99
	SNSWLHD Aged Care Services	4.6	2.52
	SNSWLHD Allied Health	0.4	0
	SNSWLHD Community Health	1.5	0
	SNSWLHD Mgr Women's Hlth, Child, Youth and Family	4.16	4.16
	SNSWLHD Oral Health	5	4
	SNSWLHD Population Health	1.64	1.63
	SNSWLHD Violence Prevention & Care	1.5	2.24
SNSWLHD Ambulatory & Integrated Care Services Total		**32.24**	**26.54**
SNSWLHD Asset Management	SNSWLHD Asset Engineering Services	4	4
	SNSWLHD Fire & Security Services	1	0
SNSWLHD Asset Management Total		**5**	**4**
SNSWLHD Cancer Services	SNSWLHD Cancer Services	0.89	0.89
SNSWLHD Clinical Governance	SNSWLHD Clinical Governance	3.2	3
SNSWLHD Finance	SNSWLHD Finance	2	2
SNSWLHD Information Services	SNSWLHD Information Services	2	1.84
SNSWLHD Medical Services	SNSWLHD Medical Services	0.3	0
SNSWLHD Mental Health Drug and Alcohol	SNSWLHD Drug and Alcohol	4.03	4.03
	SNSWLHD Mental Health	24.53	18.8
SNSWLHD Mental Health Drug and Alcohol Total		28.56	22.83
SNSWLHD Nursing and Midwifery	SNSWLHD Nursing and Midwifery	4.37	2.74
SNSWLHD Performance Analysis	SNSWLHD Performance Analysis	1	1
Grand Total		**395.23**	**336.52**
Staffing Profile by Treasury Group			
T2	**Treasury Group**	**POSITION FTE**	**CONTRACTED FTE**
Eurobodalla	Nursing	192.41	175.12
	Corporate Services & Hospital Support	39.4	31.43
	Allied Health	37.08	33.51
	Medical	19.7	5.64
	Hotel Services	15.27	14.46
	Other Prof. & Para Professionals & Support Staff	1.64	2.05
	Scientific & Technical Clinical Support Staff	4.17	2.63
	Oral Health Practitioners & Support Workers	6	6.84
Eurobodalla Total		**315.67**	**271.68**
SNSWLHD Ambulatory & Integrated Care Services	Nursing	4.86	3.1
	Corporate Services & Hospital Support	14.83	12.79
	Allied Health	4.64	4.36
	Medical	0.5	0.5
	Other Prof. & Para Professionals & Support Staff	5.88	5.26
	Scientific & Technical Clinical Support Staff	0.53	0.53
	Oral Health Practitioners & Support Workers	1	0
SNSWLHD Ambulatory & Integrated Care Services Total		32.24	26.54
SNSWLHD Asset Management	Corporate Services & Hospital Support	2	1
	Maintenance & Trades	3	3
SNSWLHD Asset Management Total		5	4
SNSWLHD Cancer Services	Nursing	0.39	0.39
	Allied Health	0.5	0.5
SNSWLHD Cancer Services Total		0.89	0.89
SNSWLHD Clinical Governance	Nursing	1.2	1
	Corporate Services & Hospital Support	2	2
SNSWLHD Clinical Governance Total		3.2	3
SNSWLHD Finance	Corporate Services & Hospital Support	2	2
SNSWLHD Finance Total		2	2

SNSWLHD Information Services	Corporate Services & Hospital Support	2	1.84
SNSWLHD Information Services Total		2	1.84
SNSWLHD Medical Services	Medical	0.3	0
SNSWLHD Medical Services Total		0.3	0
SNSWLHD Mental Health Drug and Alcohol	Nursing	13.58	11.93
	Corporate Services & Hospital Support	1.6	1
	Allied Health	12.38	9.9
	Hotel Services	0	0
	Other Prof. & Para Professionals & Support Staff	1	0
SNSWLHD Mental Health Drug and Alcohol Total		28.56	22.83
SNSWLHD Nursing and Midwifery	Nursing	3.53	2.21
	Corporate Services & Hospital Support	0.84	0.53
SNSWLHD Nursing and Midwifery Total		4.37	2.74
SNSWLHD Performance Analysis	Nursing	0	0
	Corporate Services & Hospital Support	1	1
SNSWLHD Performance Analysis Total		1	1
Grand Total		**395.23**	**336.52**

Source: Stafflink Profile 9 April 2018 - Positions based at Batemans Bay & Moruya

7.5 Eurobodalla Health Service current activity

Eurobodalla Health Service acute services have seen an overall increase in separations over a three year period with a decrease in bed days: from 7,120 separations and 18,875 bed days in 2014/15, to 7,435 separation and 18,388 bed days in 2016/17. The trend is the same at both hospitals.

7.6 Inpatient and acute services

Moruya and Batemans Bay hospitals[7] Activity

Inpatient data: In this section, three years (2014/15 to 2016/17) or four years (2013/14 to 2016/17) of data are presented for trending purposes. 2016/17 data are presented for more in depth analysis. Data for analysis excludes ED-only, chemotherapy, renal dialysis, and unqualified neonates.

- Ninety percent (90%) of inpatient activity at Batemans Bay and Moruya hospitals caters for Eurobodalla residents, a further 3.2% for Illawarra Shoalhaven residents and 2.8% for Bega Valley residents.
- A number (3.1%) of tourists also receive care from Eurobodalla inpatient services.

The main flows (47%) from Illawarra Shoalhaven residents are for ophthalmology. The main flows from Bega Valley residents are also for ophthalmology (39%) followed by gynaecology (16%).

Table 11: Overview Inpatient Moruya and Batemans Bay Hospital Supply - 3 year trend

			Separations			
Hospital Name	**Residence LHD Name**	**Resident LGA**	**2014/2015**	**2015/2016**	**2016/17**	**% 2016/17**
Batemans Bay	Southern total		**4,216**	**3,838**	**4,347**	**92.3**
		Eurobodalla	4,064	3,692	4,161	88.4
		Bega Valley	111	108	142	3.0
		Queanbeyan/-Palerang	24	19	28	0.6
		Other SNSWLHD LGAs	17	19	16	0.3
	Illawarra Shoalhaven		199	197	219	4.7
	A.C.T.		51	32	41	0.9
	Victoria		18	20	14	0.3
	Other regions		79	103	88	1.9
Batemans Bay Total			**4,563**	**4,190**	**4,709**	**100.0**
Moruya	Southern total		3,695	4,050	4,300	94.5
		Eurobodalla	3,574	3,898	4,147	91.1
		Bega Valley	100	123	119	2.6

[7] Detailed data and analysis is available in the Eurobodalla Health Service CSP 2018 Compendium

		Queanbeyan-Palerang	16	16	17	0.4
		Other SNSWLHD LGAs	5	13	17	0.4
	Illawarra Shoalhaven		58	69	78	1.7
	A.C.T.		40	53	44	1.0
	Victoria		24	13	16	0.4
	Other regions		102	104	130	2.5
Moruya Total			**3,919**	**4,289**	**4,552**	**100.0**
Grand Total						
Eurobodalla Hospitals	Southern total		7,911	7,888	8,647	93.4
		Eurobodalla	7,638	7,590	8,308	89.7
		Bega Valley	211	231	261	2.8
		Queanbeyan-Palerang	40	35	45	0.5
		Other SNSWLHD LGAs	22	32	33	0.4
	Illawarra Shoalhaven		257	266	297	3.2
	A.C.T.		91	85	85	0.9
	Victoria		42	33	30	0.3
	Other Regions		181	207	202	2.2
Grand Total			**8,482**	**8,479**	**9,261**	**100.0**

Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates. Includes HITH separations

- The number of separations for the Eurobodalla Health Service (minus HITH) has increased over a four year period, from approximately 8,000 in 2014/15 to 8,542 in 2016/17, with an increase in the number of bed days from 22,650 in 2013/14 to 25,760 in 2016/17. As will be noted further in the document, the main increase in bed days is within the sub-acute services.
- Separations and bed days:
  - Have fluctuated in Batemans Bay over a four year period, with an average 4,475 separations and an average 10,577 bed days.
  - Gradual increase in both separations and bed days at the Moruya site; 3,631 separations/11,896 bed days to 3,833 separations/14,970 bed days.

Table 12: Separation/bed days Eurobodalla Health Service (excludes HITH) - 4 year trend

Hospital Name			2013/14	2014/15	2015/16	2016/17
Batemans Bay	Total Separations	Medical	2,604	2,475	2,369	2,496
		Procedural	1,079	1,268	1,140	1,469
		Surgical	755	820	681	744
	Total Bed Days	Medical	8,701	8,632	8,010	8,479
		Procedural	1,205	1,369	1,160	1,536
		Surgical	848	881	711	775
Batemans Bay Total Separations			**4,438**	**4,563**	**4,190**	**4,709**
Batemans Bay Total Bed Days			**10,754**	**10,882**	**9,881**	**10,790**
Moruya	Total Separations	Medical	2,554	2,434	2,803	2,897
		Procedural	116	69	92	37
		Surgical	961	982	842	899
	Total Bed Days	Medical	9,435	11,301	13,093	12,996
		Procedural	264	201	168	104
		Surgical	2,197	2,049	1,804	1,870
Moruya Total Separations			**3,631**	**3,485**	**3,737**	**3,833**
Moruya Total Bed Days			**11,896**	**13,551**	**15,065**	**14,970**
Eurobodalla combined	Total Separations	Medical	5,158	4,909	5,172	5,393
		Procedural	1,195	1,337	1,232	1,506
		Surgical	1,716	1,802	1,523	1,643
	Total Bed Days	Medical	18,136	19,933	21,103	21,475

		Procedural	1,469	1,570	1,328	1,640
		Surgical	3,045	2,930	2,515	2,645
Eurobodalla Total Separations			**8,069**	**8,048**	**7,927**	**8,542**
Eurobodalla Total Bed Days			**22,650**	**24,433**	**24,946**	**25,760**

Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates, HITH

- There has been little change in the number of separations for people aged up to 44 years between 2014/15 (1,754) and 2016/17 (1,762) and this age group accounts for 19% of the total separations.
- The 45-69 year age group accounts for 35% of separations, 70-84 years 34% and the 85+ group 13%.
- The growth is in the 45+ age groups, matching the population demographics. Over the three year period, the separations for 45 to 69 years age group have increased by about 300, 70 to 84 years by 240 and in the 85+ group an increase of 150.
- People identifying as Aboriginal and Torres Strait Islanders account for about 6% of the separations (and represent 5.6% of the local population).
- In 2016/17:
    - The majority of separations (47%) and bed days (52%) were related to medical conditions, with Batemans Bay and Moruya sites catering fairly equally for these services (more bed days at Moruya).
    - Surgical and procedural services accounted for 33% of separations and 14% of bed days, with Batemans Bay providing mostly day only services.
    - Obstetrics (provided at Moruya only) accounted for 5% of separations and 4% of bed days; subacute accounted for 7% separations and 23% bed days; HITH accounted for 8% of separations and 7% of virtual bed days.

Table 13: Overview of Major Subgroupings for Eurobodalla Health Service – Supply, 2016/17

2016/17	**Batemans Bay**		**Moruya**		**Eurobodalla Total**		**Eurobodalla Total**	
	Seps	Bed day	Seps	Bed day	Seps	Bed day	Seps %	Bed day %
Medical	2,176	6,595	2,206	7,824	4,382	14,419	47%	52%
Surgical/procedural	2,213	2,311	840	1,658	3,053	3,969	33%	14%
Obstetrics			460	1,012	462	1,014	5%	4%
Subacute	318	1,882	327	4,476	645	6,358	7%	23%
HITH			711	1,804	711	1,804	8%	7%
TOTAL	4,707	10,788	4,544	16,774	9,253	27,564	100%	100%

Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates.

Medical activity

- The provision of medical services (not including obstetrics or HITH) appears to be evenly spread between the two hospitals, with Moruya having a slightly higher average length of stay, although the Moruya ALOS has been decreasing over a three year period from 4.5 in 2014/15 to 3.08 in 2016/17. Batemans Bay ALOS in 2016/17 was 3.3. Separations by SRGs are also very similar between the two hospitals suggesting there is little specialisation between the two hospitals in the acute medical intake.
- In 2016/17 there were 2,177 medical separations and 6,596 bed days in Batemans Bay and 2,207 separations and 7,825 bed days in Moruya. Accounting for approximately 19 beds in BB and 22 beds in Moruya (calculated at 100% occupancy). The highest number of separations is for respiratory, cardiology and non-subspecialty medicine.

Table 14: Medical Separations and Bed days Eurobodalla Health Service– Top 10 SRGs by hospital, 2016/17

	Batemans Bay		Moruya		Eurobodalla Total	
SR Gv50 Name	**Separations**	**Bed Days**	**Separations**	**Bed Days**	**Separations**	**Bed Days**
Respiratory Medicine	347	1,374	327	1,398	674	2,772
Cardiology	326	874	330	861	656	1,735
Non Subspecialty Medicine	294	1,047	355	1,488	649	2,535
Gastroenterology	205	502	255	789	460	1,291
Neurology	153	480	153	600	306	1,080
Orthopaedics	128	316	135	548	263	864
Non Subspecialty Surgery	102	253	125	263	227	516
Drug and Alcohol	93	289	81	270	174	559
Haematology	99	189	61	218	160	407
Psychiatry – Acute	84	238	45	153	129	391
Grand Total	**2,177**	**6,596**	**2,207**	**7,825**	**4,384**	**14,421**

- *Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates, Obstetrics, HITH, Sub-acute, Surgical/procedural.*

Surgical, perioperative and sterilisation services

- Surgical coverage is provided by a staff specialist and a number of visiting general surgeons, supported by a surgical registrar who provides some afterhours on call (typically on a 3 – 6 month rotation from the ACT).
- Anaesthetics is provided by GP anaesthetists and a part time specialist anaesthetist.
- The service has not established an interdisciplinary perioperative clinic. Most patients see their anaesthetist in private rooms and there is a clinic run by the part time specialist anaesthetist where higher risk patients can be assessed and counselled about their options.
- Common surgical presentations at both hospitals include cholecystitis, bowel obstructions, pancreatitis, diverticulitis and appendicitis.
- Both hospitals have a Sterilisation Services Unit (SSU). Each unit is operated by a sole sterilisation technician. Amalgamation of Sterilisation Services may be required to meet the standard: AS4187 by Dec 2021.
- Some services are provided by visiting medical officers who are close to retirement age and service smaller wait lists. As a result, many residents must access other sites for surgery.

Batemans Bay	Moruya
One operating theatre	One operating theatre and one procedure room
Day procedure centre and no longer provides 24/7 elective or emergency surgery.	24 hour emergency, and maternity services for Eurobodalla
Same day orthopaedics, and ophthalmology and its urology service provides some procedures which may require an overnight stay.	More complex procedures requiring overnight stay and gynaecology
Most-operative care for urology patients once a month.	Post-operative care for hernias, cholecystectomies, breast surgery, hysterectomies and bowel resections

Surgical activity

- The surgical/procedural separations at Batemans Bay have increased over a three year period from 2,082 separations in 2014/15 (2,235 bed days) to 2,212 separations and 2,310 bed days in 2016/17. Batemans Bay surgical services concentrated on diagnostic GI endoscopy, ophthalmology, gastroenterology, non-subspecialty surgery.
- In Moruya, the same day service has remained fairly constant with a slight drop in the 3 year period from 395 to 355 between 2014/15 and 2016/17. Moruya surgical services included gynaecology, non-subspecialty surgery, upper GIT surgery, plastic and reconstruction surgery, breast surgery, diagnostic GI endoscopy, urology and orthopaedics.
- Overnight separations have decreased along with the bed days due to workforce constraints: from 563 separations and 1,545 bed days in 2014/15 to 484 separations and 1,302 bed days in 2016/17.
- The overnight surgical bed days for Eurobodalla in 2016/17 accounted for about 4 beds (100% occupancy). There has been some reduction in major surgical procedures (e.g. colectomy) in recent years. The patients for cancer surgery are likely to be older and with co morbidities. These procedures need to be performed in a facility with an ICU and access to specialist medical consultation as well as allied health support as for a level 4 facility.
- The appointment of a general surgeon staff specialist in 2019 will mean that surgery will return to previous levels.

Table 15: Procedural and Surgical Separations and Bed days Eurobodalla Health Service - 3 yr. trend

01 – Acute, AR-DRG v 80: Procedural, Surgical				EP End - Financial Year		
Hospital		**Type**	**Values**	**2014/2015**	**2015/2016**	**2016/17**
Batemans Bay	Procedural	Day only	Separations	1,320	1,177	1,489
			Bed Days	1,320	1,177	1,489
		Overnight(s)	Separations	51	20	27
			Bed Days	150	41	94
	Procedural Total Separations			**1,371**	**1,197**	**1,516**
	Procedural Total Bed Days			**1,470**	**1,218**	**1,583**
	Surgical	Day only	Separations	673	602	667
			Bed Days	673	602	667
		Overnight(s)	Separations	38	21	29
			Bed Days	92	50	60
	Surgical Total Separations			**711**	**623**	**696**
	Surgical Total Bed Days			**765**	**652**	**727**
Batemans Bay Total Separations				**2,082**	**1,820**	**2,212**
Batemans Bay Total Bed Days				**2,235**	**1,870**	**2,310**
Moruya	Procedural	Day only	Separations	31	82	20
			Bed Days	31	82	20
		Overnight(s)	Separations	40	17	19
			Bed Days	172	88	86
	Procedural Total Separations			**71**	**99**	**39**
	Procedural Total Bed Days			**203**	**170**	**106**
	Surgical	Day only	Separations	365	309	335
			Bed Days	365	309	335
		Overnight(s)	Separations	523	436	465
			Bed Days	1,373	1,169	1,216
	Surgical Total Separations			**888**	**745**	**800**
	Surgical Total Bed Days			**1,738**	**1,478**	**1,551**
Moruya Total Separations				**959**	**844**	**839**
Moruya Total Bed Days				**1,941**	**1,648**	**1,657**
Eurobodalla	Procedural	Day only	Separations	1,351	1,259	1,509
			Bed Days	1,351	1,259	1,509
		Overnight(s)	Separations	91	37	46
			Bed Days	322	129	180
	Procedural Total Separations			**1,442**	**1,296**	**1,555**
	Procedural Total Bed Days			**1,673**	**1,388**	**1,689**
	Surgical	Day only	Separations	1,038	911	1,002
			Bed Days	1,038	911	1,002
		Overnight(s)	Separations	561	457	494
			Bed Days	1,465	1,219	1,276
	Surgical Total Separations			**1,599**	**1,368**	**1,496**
	Surgical Total Bed Days			**2,503**	**2,130**	**2,278**
Eurobodalla Total Separations				**3,041**	**2,664**	**3,051**
Eurobodalla Total Bed Days				**4,176**	**3,518**	**3,967**

Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates, Obstetrics, HITH, Sub-acute, medical.

7.7 Emergency departments

- Patients can access emergency care at both Batemans Bay (5 bays + 1 resuscitation bay) and Moruya (3 bays + 1 resuscitation bay). Teams at both sites assess and treat the full range of emergency conditions. Moruya ED provides surgical and obstetric emergency services for the two sites; Batemans Bay ED is mental health designated. A room at Batemans Bay ED is being set up to accommodate mental health TECS staff.
- There are limited local specialist services available; medical officers consult with speciality units at Canberra Hospital and SERH for treatment and disposition advice. For paediatric patients, EDs consult with Goulburn, SERH and Canberra Hospitals.
- Telehealth is used by both emergency departments for patients presenting with acute mental health issues. This service links patients and staff to specialist mental health emergency staff who make patient assessments and recommendations for their treatment.
- Batemans Bay emergency department trialled a GP clinic linked to triage in 2017. The clinic had no direct referrals; patients were required to be seen by the triage registered nurse in the first instance. The trial for the clinic has ceased, with the District identifying several inefficiencies with the model. There is potential for a targeted approach to ED presentations; the District will collaborate with the PHN and NSW Ambulance to review protocols for diverting patients from the health service.
- Critical Care Telehealth is also available in the resuscitation areas of both hospitals. This links to the Canberra Hospital emergency department and Snowy Hydro South Care. A retrieval consultant is available to advise and assess any critically ill patient by video link. NSW Newborn and Paediatric Emergency Transport Service (NETS) is also used.
- Staffing is duplicated across the two sites; each ED has 24 hour medical officer and registered nurse staffing 7 days per week and each has a ward clerk 7 days per week. Both EDs are mostly staffed by GPs or Career Medical Officers (CMOs). Nursing staff are rostered on staggered shifts to cover peak periods of patient flow.
- Plain radiographic imaging is duplicated across both sites, business hours 7 days/week and an on call radiographer is rostered to each site for emergency after hours. With CT and ultrasound only available at Moruya, patients are transported to Moruya from Batemans Bay via different modes of transport depending on clinical acuity.
- Pathology services for both sites are based in Moruya. A collection room is available at Batemans Bay. Courier transport is provided at set hours and urgent pathology samples are sent via courier/taxi. Both sites have point of care testing for blood gas analysis, basic biochemistry, Troponin and basic haematology.

Emergency Department activity

- 3 years of data 2014/15 to 2016/17 are presented for trending purposes. 2016/17 data are presented for more in depth analysis. Table 23 shows a three year trend by triage for each emergency department.
- ED presentations in Eurobodalla increased in 2016/17, mostly at Batemans Bay, a pattern that appears to be continuing. Moruya has a higher admission rate (22%) than Batemans Bay (15%).
- Until January 30 2019, Batemans Bay ED directed some presentations to a bulk billed GP clinic. This service redirected 5,922 people in 2016/17. Moruya saw 10,583 presentations, Batemans Bay 15,937, indicating that the number of people treated at each site in ED is fairly equal.
- Approximately 20% of activity comes through the EDs during December/January periods. At this time, the triage[8] levels 4/5 increase at both sites. Any future design will need to reflect the increases at these times. Time of presentation also needs to be considered – as there appears to be a clear pattern of high presentations between 8.00am through to 10.00am at both sites.

[8] Australasian Triage Scale (ATS) is used to prioritise incoming patients in the emergency department (ED) according to patient acuity. See appendix for explanation of levels.

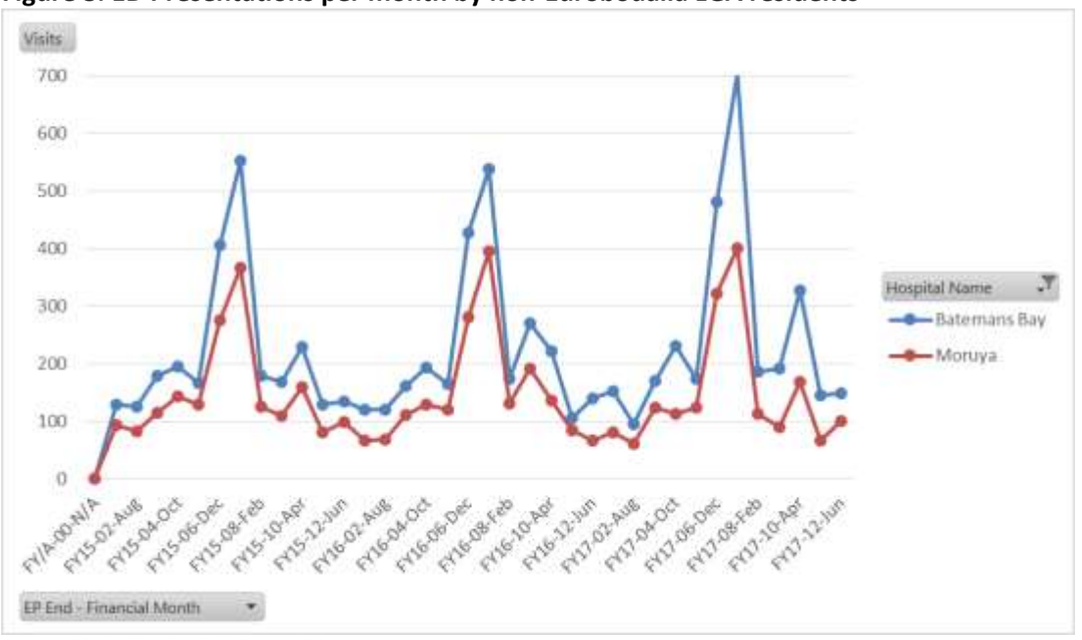
- The presentations by age groupings have not varied significantly over the 3 year period. 1-15 years, 20%, 16-44 years 31%, 45-64 years 22% and 65+ years 27%.
- Ninety four percent (94%) of presentations are classed as emergency presentations, with about 3% as planned return visits.
- The majority of presentations are for Eurobodalla residents: 81% in Batemans Bay, 83% in Moruya, followed by visitors from ACT (4% Moruya and 5% in Batemans Bay) and visitors from other regions (12%). Batemans Bay ED receives the majority of tourists (63%), and has seen an increase in triage 4/5 visits, with both sites following a seasonal pattern of a high peak during summer and a smaller peak during the Easter holidays.
- The proportion of presentations by Aboriginal and Torres Strait Islander people increased from 8.5% in 2013/14 to 10.5% in 2016/17. Any changes to EDs will need to consider how to continue to provide for this need.
- There were approximately 90 transfers per month by NSW Ambulance and 11 retrievals per month by aeromedical retrievals in 2016/17.

Table 16: Total Presentations Eurobodalla EDs – 3 year trend, by Triage Category

Total Presentations		**Hospital Name**			
EP Start - Financial Year	Triage Category	Batemans Bay	Moruya	Eurobodalla total	% of total
2014/2015	1	47	49	96	0.4
	2	1,416	1,048	2,464	10.5
	3	4,177	2,883	7,060	30.0
	4	5,878	4,283	10,161	43.2
	5	1,707	1,873	3,580	15.2
	N\A	89	82	171	0.7
2014/2015 Total		**13,314**	**10,218**	**23,532**	
2015/2016	1	56	74	130	0.5
	2	1,292	1,052	2,344	9.9
	3	4,292	3,007	7,299	30.7
	4	6,242	3,936	10,178	42.9
	5	1,699	1,910	3,609	15.2
	N\A	108	69	177	0.7
2015/2016 Total		**13,689**	**10,048**	**23,737**	
2016/2017	1	56	74	130	0.5%
	2	1,328	1,272	2,600	9.8%
	3	4,346	3,425	7,771	29.3%
	4	7,681	3,971	11,652	43.9%
	5	2,458	1,796	4,254	16.0%
	N\A	68	45	113	0.4%
2016/2017 Total		**15,937**	**10,583**	**26,520**	

Source: ED Activity Analysis Tool v17.0

Figure 8: ED Presentations per month by non-Eurobodalla LGA residents



Source: ED Activity Analysis Tool v17.0

7.8 Acute paediatrics

- There is no local resident paediatrician nor dedicated paediatric ward in Eurobodalla. Children with uncomplicated medical conditions can be admitted to both Eurobodalla hospitals for a maximum of 48hrs under the care of a GP VMO after telehealth consultation with a paediatrician at either SERH or Goulburn.
- The ability to admit children can be limited by the nursing staff skill mix.
- GPs provide the resuscitation response for neonates.
- In the absence of a dedicated area, paediatric patients must be admitted to a single room with ensuite in an adult ward. A parent or caregiver usually stays with the child.
- Due to speciality nursing and infrastructure requirements to ensure safety of children, for the interim, consideration should be given to directing all paediatric admissions to one site.
- The HITH service was enhanced in 2016 with the addition of a CNS2 in paediatrics, which has provided an opportunity for home-based care for children.

Paediatrics activity

- 2016/17 saw a drop in admissions at both sites potentially due to advent of earlier access to specialist paediatric advice in the emergency department as per the networked arrangements.
- Separations are relatively small 2016/17, 107 separations with 178 bed days over the two sites. The main reasons for admission are non-subspecialty surgery and non-subspecialty medicine and respiratory medicine.

Table 17: Paediatrics (0-16 years), Batemans Bay and Moruya hospitals– 3 year trend

Hospital Name	Values	2014/2015	2015/2016	2016/17
Batemans Bay	Separations	79	79	48
	Bed days	153	134	71
Moruya	Separations	67	77	59
	Bed days	112	119	107
Total Separations		**146**	**156**	**107**
Total Bed days		**265**	**253**	**178**

Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified and qualified neonates

7.9 Maternity and neonates

- Moruya hospital provides a level 3 maternity service with a level 2 nursery operating under a hospital model of care. At present Batemans Bay admits a small number of antenatal and postnatal admissions.
- Currently there are seven beds with two birthing rooms, plus a low risk birthing room. The building does not meet NSW Health policy for infant feeding and formula preparation. The referral hospital is Canberra Hospital, which is 2.5 hours away by road. The ward operates at about 40% occupancy.
- Maternity is serviced by a specialist VMO obstetrician and gynaecologist (O&G) plus three GP Obstetricians who participate in an on-call roster. There is always a specialist obstetrician available. There are locums from Friday-Monday most weekends and for leave relief. Staffing consists of one fulltime Maternity Unit Manager and the ward is staffed with part-time and casual midwives.
- Community midwives provide antenatal outpatient clinics four days a week at Batemans Bay, Narooma and Moruya (approximately 400 outpatient assessments per month). The midwives work in conjunction with the Aboriginal Maternal Infant Health Service (AMIHS) and the Child and Family Nurses. There are high levels of socioeconomic need in the community, with no infrastructure to support perinatal mental health.
- With little expected growth in maternity services over the next 10 years the ward is too large for the projected service needs. As a small service there would be benefits in integrating the service with other child and family services to allow for shared care between the paediatric unit and maternity of neonates returning home from tertiary services and Paediatrician access. Functional design and workforce requirements will be considered in the development of a shared care model to ensure adequate infection controls to mitigate risks to newborns and ensure alignment with the NSW capability frameworks and related policy directives.

Maternity and neonates activity

- The number of separations has been consistent over the years. In 2016/17 there were a total of 462 separations and 1,014 bed days (about 2.8 beds, an occupancy rate of about 40% for the 7 bed ward). There were 228 vaginal and 85 caesarean separations with ante and postnatal admissions accounting for a further 149 separations.
- The average length of stay (ALOS) for overnight admissions has remained constant at relatively low rates of 2.4 days for vaginal births and 3.3 for caesarean deliveries.
- Ten percent (10%) of deliveries at Moruya hospital are by Aboriginal and Torres Strait Islander women.
- A small number of women are transferred to another hospital.
- There has been a gradual increase in births at Moruya from Shoalhaven residents, likely from the Milton-Ulladulla area as the Milton-Ulladulla hospital maternity unit closed a couple of years ago.

Table 18: Obstetrics; Enhanced SRGs Eurobodalla Health Service - 3 year trend

SRG Obstetrics, Eurobodalla			EP End - Financial Year		
ESRG v50	**Day only**	**Values**	**2014/2015**	**2015/2016**	**2016/17**
721 - Antenatal admission	Day only	Separations	70	70	70
		Bed Days	70	70	70
	Overnight(s)	Separations	90	61	66
		Bed Days	128	112	103
721 - Antenatal admission Total Separations			**160**	**131**	**136**
721 - Antenatal admission Total Bed Days			**198**	**182**	**173**
722 - Vaginal delivery	Day only	Separations	13	12	8
		Bed Days	13	12	8
	Overnight(s)	Separations	207	203	220
		Bed Days	524	518	534
		ALOS	2.5	2.6	2.4

722 - Vaginal delivery Total Separations			**220**	**215**	**228**
722 - Vaginal delivery Total Bed Days			**537**	**530**	**542**
723 - Caesarean delivery Total Separations		Separations	**79**	**76**	**85**
723 - Caesarean delivery Total Bed Days		Bed Days	**267**	**242**	**282**
		ALOS	3.4	3.2	3.3
724 - Postnatal admission Total Separations			**18**	**11**	**13**
724 - Postnatal admission Total Bed Days			**41**	**19**	**17**
Total Separations			**477**	**433**	**462**
Total Bed Days			**1,043**	**973**	**1,014**
Mode of separation: **Transfer to other Hospital**			13	6	9

Source: Flowinfo v 17 Data excludes ED only, unqualified and qualified neonates

7.10 Sub-Acute services

- Moruya hospital has a 20 bed sub-acute rehabilitation unit (currently operating at 12 beds) supported by a rehabilitation consultant two days per week (on site one day and telehealth one day), GP VMO in rehabilitation, registered nurses, enrolled nurses and allied health professionals. The unit caters for a range of rehabilitation patients including post CVA, joint replacement, post fractures, reconditioning and post amputation.
  - It was anticipated that rehabilitation would shift from Batemans Bay to Moruya with the opening of the SARU unit. However previous projections for rehabilitation demand were underestimated resulting in rehabilitation patients having to be held at Batemans Bay Hospital where the rehabilitation services are limited.
  - Demand has since increased in the region for the service with Moruya operating at 100% capacity (2015/16 and 2016/17).
  - Rehabilitation type patients at Batemans Bay have increased to similar numbers as pre-Moruya unit, to 225 separations and 1,504 bed days in 2016/17 (4 - 5 beds).
  - The combined services of 17 beds remain at or near 100% occupancy for rehabilitation patients across Eurobodalla.
- Palliative care is catered for at both sites within the general wards.
- Maintenance is offered at both campuses as required however there are low bed days for maintenance in Eurobodalla Health Service with protocols in place to quickly move people to more appropriate facilities.

Sub-Acute services activity

- In 2016/17 sub-acute services were still being provided from both sites, with similar numbers of separations, but a longer length of stay at Moruya. The most common rehabilitation Service Related Group at Batemans Bay is “Rehabilitation – Other”.
- In 2016/17, Moruya provided 49% of separations and 72% of bed days for rehabilitation, and 53% of separations and 58% of bed days for palliative care.
- Maintenance separations were very low (< 5 separations and 33 bed days) across both sites indicating well developed models are enabling the placement of people in more appropriate settings.

Table 19: Sub-acute Separations and Bed days Eurobodalla Health Service - 4 year trend

04 - Sub and Non-Acute			EP End - Financial Year			
Hospital Name		**Values**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Batemans Bay	**Rehabilitation**	Separations	237	201	112	225
		Bed Days	1,551	1,507	667	1,504
		ALOS	6.5	7.5	6.0	6.7
	Maintenance	Separations	9	8	8	x
		Bed Days	57	28	37	9
Batemans Bay Total Separations			**325**	**280**	**179**	**318**
Batemans Bay Total Bed Days			**2,002**	**1,807**	**956**	**1,882**
Moruya	**Rehabilitation**	Separations	71	111	201	220
		Bed Days	911	2,283	3,926	3,946
		ALOS	12.8	20.6	19.5	17.9
	Maintenance	Separations	X	X	x	x
		Bed Days	11	18	13	24
Moruya Total Separations			**156**	**171**	**301**	**327**
Moruya Total Bed Days			**1,522**	**2,708**	**4,537**	**4,476**
Eurobodalla	**Rehabilitation**	Separations	308	312	313	445
		Bed Days	2,462	3,790	4,593	5,450
		ALOS	8.0	12.1	14.7	12.2
	Maintenance	Separations	11	11	11	x
		Bed Days	68	46	50	33
Eurobodalla Total Separations			**481**	**451**	**480**	**645**
Eurobodalla Total Bed Days			**3,524**	**4,515**	**5,493**	**6,358**

- *Source: Flowinfo v 17 Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates, HITH*

7.11 Renal service

The Eurobodalla renal service provides multi-disciplinary care to patients with chronic kidney disease (CKD), including centre-based satellite haemodialysis, home based dialysis services, renal outreach services and patient education and support. Medical governance is provided from Canberra Hospital and Health Services' Nephrologists and advanced trainee Registrars through a formal Renal Network Agreement. Through this agreement, the tertiary hospital also provides acute dialysis, inpatient services and vascular access surgery/intervention for renal clients who reside in the Eurobodalla area.

- The purpose built 12 station dialysis unit is situated on the Moruya campus and offers haemodialysis and haemodiafiltration treatments.
  - Operates Monday to Saturday 0700 – 15.30 with capacity for 24 clients and provides access for clients for holiday and respite dialysis.
  - Operating at maximum shift capacity could accommodate up to 48 clients.
  - The service is operational one shift per day Monday to Saturday due to current patient numbers.
  - Treatment numbers in Moruya remain relatively consistent although fluctuations are common due to the disease trajectory, or due to patients being organ donation recipients and no longer requiring dialysis.
  - Training for home dialysis is provided on site (8-10 weeks x 3 days per week) for clients wishing to transition to home dialysis.

  - The significantly aged and the large resident Aboriginal population will drive demand for this service in the future. However, given the complexities relating to comorbidities and fragility, these groups may also limit the uptake of home dialysis towards the 50% target and/or require intermittent respite provided in the satellite service.
  - The holiday population frequenting the region also require additional space for renal dialysis in addition to those required for the resident population. Data above suggests an increase, especially from ACT and primarily during the peak holiday periods.
- Monthly visiting renal physician (CH&HS bulk billed clinics).
- The renal outreach service currently provides services to 18 clients: a mix of home haemodialysis, peritoneal dialysis, conservative treatment (non-dialysis pathway) and transplant recipients. This extends to providing services for CKD clients who attend the renal clinics and symptom burden management for dialysis and CKD clients under the Renal Supportive Care program.
- As of April 2019 there are 6 patients on home dialysis therapies in the Eurobodalla region, 30% of total patients.
- The service provides respite for holiday makers visiting the region with specific spikes noted during peak season. Bookings are done in advance and contribute to the demand on the service being difficult to project adequately.
- 2 visiting specialists providing a full day clinic/month each (2 days) with approximately 25 patients/clinic. Medical activity relating to these clinics is not captured and is bulk billed as per the agreement with CH&HS. It is noted that nursing and allied health activity is captured on renal specialist clinic days.
- Renal telehealth support/clinics are proposed to commence in 2019/2020 period.

Renal Dialysis Activity

Table 20: Renal Dialysis Separations, Eurobodalla - 4 year trend

Residence LHD	Residence LGA	2014/15	2015/16	2016/17	2017/18
Southern NSW		**3,015**	**2,873**	**3,085**	**2753**
	Eurobodalla	2,946	2,754	2,977	2613
	Bega Valley	28	107	108	140
	Palerang	41			
	Upper Lachlan Shire		12		
Victoria		7	11	19	19
A.C.T.		6	29	14	44
Illawarra Shoalhaven + Sydney LHDs		X	19	17	21
Other		3	16	X	17
Grand Total		**3,032**	**2,951**	**3,139**	**2854**

Source: Flowinfo v 18 Data excludes ED only

Table 21: Moruya Renal Service – Treatment breakdown, April 2019 status report

Renal Unit	Total pts	Home Dialysis Pts and % of total Pt by site	Current permanent Renal Dialysis Pts & % of total Pt by site	Current treatments per week	Funded and staffed capacity	Upcoming pts – treatment type not defined
All SNSWLHD	100	24 - 24% Pt on Home Dialysis	76 – 76% of Pts	228 (3 per week/pt)	96 x 3 week 40 stations/multi shifts	25
Moruya	23	6- 26% Pts on Home Dialysis	17 – 74% of Pts	51 (3 per week/pt)	24 pts x 3 week 12 stations/1 shift	4 8 holiday pts booked April

Source: Renal CNC, Capacity Status report as of 3 April 2019, accessed 18th April 2019

7.12 Hospital in the Home (HITH)

- HITH covers both Batemans Bay and Moruya hospitals with a total of 8 places (mix of physical and virtual beds) for patients admitted under a VMO.
- Patients can be admitted as day only blood transfusions, venesections, iron infusions and other regular blood products such as Immunoglobulin G (IgG) and monoclonal antibodies (MAB) infusions.
- Patients can be treated by the HITH service as Non Admitted Patients (NAP); this model of care assists GPs without visiting rights to use the service for simple care e.g. subcutaneous injection, intravenous antibiotics, blood taking, central venous access device (CVAD) care and dressings. This service is provided for HITH patients, inpatients and oncology patients. HITH staff have inserted over 35 peripherally inserted central catheter (PICC) lines per year for the last 4 years.
- The HITH service is staffed 365 days a year, with two Clinical Nurse Specialists and two RNs during weekday business hours and one RN for 6 hours on weekends and public holidays.

Hospital in the Home activity

- The HITH service separations more than doubled from 2013/14 to 2016/17, from 289 to 715 separations. The average length of stay (ALOS) also decreasing over the same period from 4.9 days to 2.6 days.
- The top three Service Related Groups in 2016/17 were haematology, non-subspecialty medicine and neurology.

7.13 Community Health

Patients can access a comprehensive range of community based services across the Eurobodalla and to nearby communities. The allied health and community nursing services are provided to the patient in the most appropriate setting which may be from community health centres, hospital based clinics or in the home. There are three community health centres across Eurobodalla in Narooma, Moruya and Batemans Bay. The service is an integrated service across the three sites. Some of the community health services also provide care to inpatients – this particularly applies to allied health.

Entry into community based services is through the Local Health District Central Intake Service.

Community Nursing

Service Name	Service Overview
Eurobodalla Generalist Community Nursing	Primary health care service promoting self-management, re-enablement and secondary prevention. Care is aimed at reducing avoidable hospital admissions and facilitating timely discharge from acute facilities. The service provides care to clients of all ages and includes acute/post-acute, palliative, wound, catheter, central line management, aged, chronic and complex care, with goal-orientated plans. Care is provided using a case management framework where all clients are holistically assessed, vulnerabilities identified and prioritisation applied according to need. Priority is given to the following: • Risk of infection/complications • Clients assessed as at risk; e.g.: risk of hospitalisation, high risk of falling. • Client unable to self-care/manage or does not have access to an alternative provider. • Palliative care; deteriorating condition, symptom management. • Post chemotherapy symptom management. • Management of central lines (non-Hospital in The Home). Referrals to other services are made as required.
Community Home Support Program	Assisting frail, older people (65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people) living in the community to maximise their independence in their own homes and supports family/carers. Care is provided using a case management framework where all clients are holistically assessed, vulnerabilities identified and prioritisation applied according to need. Goal oriented care plans are developed to promote client self-care. Care is provided in the client's home or in a clinic setting and does not include post-acute or specialist palliative care. Requires an assessment and approval by a regional assessment service provider via My Aged Care. Referrals to other services are made if needed.

Women's Health	Conducted by women's health nurses and providing women from priority populations with health checks and the opportunity to access health information on a wide range of women's health issues. The service targets women who experience social disadvantage or who do not access mainstream health services. Clinical services can be delivered in the woman's home if ability/mobility issues are present. Priority given to the following: • Cervical screening, • pelvic examination, • breast examination, • postnatal checks, • advice/information about contraception, • provision of emergency contraception, • menopause counselling, • opportunistic chlamydia screening, • CVD risk assessment, • information/referral, • Gynaecological health.
Diabetes	Provides education, resources and support for clients living with Diabetes Types 1, Type 2 and Gestational Diabetes.
Sexual Health	Nurse-led clinic that provides testing/treatment for Sexually Transmitted Infections (STI's), hepatitis C testing/treatment and ongoing management for people living with HIV.
Child and Family	Provides education, guidance and support to parents in the care of infants (0-5 years) and young families, and sleep and settling programs. Home visits and clinic services are available in the Eurobodalla Shire and Bermagui. The service includes: • Universal health home visiting • Individual and group parent support clinics focused on ongoing feeding, settling, parent support, education and health promotion • Targeted follow up of level 2 families, including 6 to 8 week/6 to 8 month and 18 month biopsychosocial assessment • Involvement in case management of level 3 families - for example, participation in protective planning meetings with Family and Community Services (FaCS) • Sustained home visiting/contact with specific target groups • Primary health assessments of children on the Out of Home Care health Pathways program.
Childhood Immunisation	Most immunisations in the LHD are provided by GPs and Practice Nurses; this service provides immunisation to young children and to secondary school children from vulnerable and targeted families.

Allied health

Most allied health disciplines prioritise their workload and staffing allocation to meet the demands of the inpatient setting, working to help ensure inpatient length of stay targets are met, early discharge is supported and avoidable admissions reduced.

Additional allied health services have been appointed to reportable programs tasked to support specific patient groups such as the patients of the New Directions program (Commonwealth funded), Community Home Support Program (Commonwealth funded), the Healthy Ears Better Hearing Better Listening program (Rural Doctors Network funded) and the Transitional Aged Care Program (Commonwealth funded). In addition, with the opening of the Sub-Acute Rehabilitation Unit, specialist allied health staff were specifically employed to work in the unit.

Changes to NDIS have meant that additional service providers have moved to the area however in all disciplines there is limited 'therapy' provided locally.

Service Name	Service Overview
Dietetics	As the importance of malnutrition within the hospital setting has been recognised, and the acuity of inpatients has increased, the re-orientation of the dietetics service in line with the Community Services Priority Framework has seen a reduction in outpatient dietetics services. Malnutrition, gastroenterology and enteral nutrition are the primary referrals received. Enteral feeding is an increasing area of need in the Eurobodalla with approximately 15 people currently being supported in the community. About 300 people are supported by dietitians across the Shire and the clinical load is set to increase with the increase in cancer and chronic disease rates influencing the acuity of the patient demographic as the population ages.

	There are limited private dietetics services available in the Eurobodalla with very limited Non-Government Organisation (NGO) funding. To date only four private dietitians have established practices in the region and all work on a sessional basis.
Social Work	Provides psychosocial assessment, crisis and short to medium term counselling and case work, psycho-education, referral and advocacy services. The service is in high demand and restricted to high priority clients only: individuals and their families/carers who experience domestic and family violence or elder abuse, sudden death, serious accident or serious assault, child and maternal health concerns, complex grief and loss, including adjustment to diagnosis and disability. Those who are unable to navigate the National Disability Insurance Scheme (NDIS) service or are to be discharged with accommodation, financial, social or personal safety issues may also be supported. There are limited or no alternate private or NGO based services available in the Eurobodalla LGA.
Speech Pathology	Prioritise inpatient referrals. Input to the wards is for dysphagia with only a brief communication screen possible for other clients. There is no capacity for communication rehabilitation work within current resources. • Paediatric services include assessment and intervention for children presenting with swallowing/feeding and/or communication support needs, speech pathology involvement in the local Early Years Assessment Team and pre-school visits. Early Childhood Education Intervention providers offer case management with no therapy. Since the introduction of the NDIS children under 6 years have been unable to access speech services due to the lack of available private clinicians. • Adult outpatient services and home visits include assessment and intervention for adults presenting with swallowing and or communication support needs. Adults under 65 with an NDIS plan and swallowing problems are seen by Eurobodalla Health Service Staff as local private speech pathologists do not have the specialised skills. • Speech pathology and occupational therapy have one or two private providers (in each discipline) operating in the Eurobodalla.
Physiotherapy	Prioritises fracture management, acute chest physiotherapy and post-surgical rehabilitation (primarily joint replacements). Efforts are made to provide maternal health services (either within 3 months of delivery or ante-natal) but there can be extended wait times. Due to referral rates and staffing levels, short term treatments only are offered, with most patients receiving a maximum of 6 physiotherapy visits. There is no physiotherapy service for patients with chronic pain, acute musculoskeletal conditions (excluding fracture/orthopaedic surgery), lymphoedema or slow stream rehabilitation to prevent hospital admissions in at risk populations. There are several private physiotherapists operating in the Eurobodalla.
Occupational Therapy	Provides care to clients of all ages who are recovering from injury or illness, or having problems performing their activities of daily living due to accident or a long term disorder, such as stroke, spinal injury, multiple sclerosis, Parkinson's disease, motor neurone disease, dementia, chronic health conditions, cancer, palliative care, pressure care and the aged. Goal oriented care plans are developed with clients to promote client self-care and independence. Assessment and treatments are usually carried out in homes and can include prescription of assistive devices and home modifications, services are provided to clients within the Eurobodalla Shire with an addition of clients at Bermagui. Referrals to other services are completed as required. The occupational therapy role is being challenged with an increase in patients/clients with bariatric needs. Paediatric services include occupational therapy involvement in the local Early Years Assessment Team and occupational assessment and treatment for children 0-17 years, these children are prioritised by age and there is a long waiting list for this service. Occupational therapists also provide service to clients in the sub-acute rehabilitation unit, the Transitional Aged Care Program and the 'Stepping On' falls prevention program.
Cardiac and Pulmonary Rehabilitation	Limited with cardiac patients offered 6 exercise sessions (once per week) and pulmonary patients 8 exercise sessions (once per week).
'Stepping On'	7 week falls prevention program, is provided on a rotational basis between the Eurobodalla community health centres. There is a significant wait list for this service.
Podiatry	High risk foot care is provided by NGOs and is available across the LGA.

Child and family services

Service	Service Overview
Services for Children	• Universal health assessment • Coordinated care and home visiting for all parents expecting or caring for a baby • NSW Statewide Infant Screening – Hearing (SWISH) • Statewide Eyesight Pre-schooler Screening (StEPS)

	• Improving mental health outcomes for parents and infants (Safe Start) • Childhood and school based immunisations • Childhood intervention specialties e.g. early intervention clinic (0-3 years), speech pathology (0-8 years), occupational therapy (0-17 years), physiotherapy (0-8 years) • Building Strong Foundations. • Visiting Child, Infant and Family Tertiary Service (CIFTS) paediatric assessment team.
Services for Pregnant Women	• Aboriginal and Torres Strait Islander mothers (Aboriginal Maternal and Infant Health Service [AMIHS]) • Adolescent mothers (aged 12-20 years of age) • Multidisciplinary care for mothers with complex needs and shared antenatal care between mother, GP and midwives.
SNSWLHD Child Protection Counselling Service (CPCS)	Works with infants, children and young people aged 17 years and under, and their families and carers where the risk of significant harm due to the presence of domestic violence or physical abuse, emotional abuse and/or neglect has been substantiated by NSW Family and Community Services (FaCS). CPCS receives referrals from FaCS, Joint Investigation Response Teams (JIRT), Children's Court and Out of Home Care Non-Government Organisations. CPCS works to prevent children from experiencing further harm where possible to strengthen the likelihood for children and young people to safely remain with, or return to, their family and to address the impact of abuse and neglect.

Community Health and other non-admitted activity

- Table 23 below shows an indication of services provided as outpatient occasions of service. It is difficult to compare data year by year or to interpret this data, as not all services have been recording over the three year period e.g. radiology, pathology, General Practice and Primary Care Medical Consultation Unit and Nephrology Medical Consultation Unit. It is assumed that some services have ceased or decreased, are being picked up under different service names or within other data sets. Some of the change in occasions of service could be due to the increasing pressure to cover inpatient services across two sites within the same full time equivalent staffing.
- Allied Health services show an average over a 3 year period 2014/15 to 2016/17 of about 24,200 occasions of service. Community nursing, over the same period show an average of about 31,800 occasions of service. The remaining non-admitted services show an average of about 43,500 occasions of service (not including the additional 32,479 OOS for Pathology in 2016/17).

Table 22: Non-admitted Occasions of Service – 3 year trend

	Occasions of Service		
HERO ESTABLISHMENT TYPE	**2014/15**	**2015/16**	**2016/17**
Allied Health			
Child Protection Counselling (NHDD Code 40.55)	786	296	518
Enteral Nutrition - Home Delivered - Procedure Unit (NHDD Code 10.18)		2,343	3,713
Falls Prevention (NHDD Code 40.56)	5	18	1,253
Nutrition / Dietetics (NHDD Code 40.23)	714	519	631
Occupational Therapy (NHDD Code 40.06)	2,855	1,739	1,552
Oral Health / Child Dental Procedure Unit (NHDD Code 10.04)	1,543	1,460	867
Oral Health / Dental, nfd Procedure Unit (NHDD Code 10.04)	3,408	3,551	4,578
Paediatric (NHDD Code 40.55)	992	2,147	1,212
Physiotherapy (NHDD Code 40.09)	4,476	5,422	3,285
Rehabilitation (NHDD Code 40.12)	2,118	706	18
Respiratory Pulmonary Rehabilitation (NHDD Code 40.40)		45	547
Sexual Assault (NHDD Code 40.10)	583	403	506
Social Work (NHDD Code 40.11)	796	442	1,391
Speech Pathology (NHDD Code 40.18)	406	516	765
Transitional Aged Care (NHDD Code 40.08)	6,409	4,050	3,187
Allied Health total	**25,091**	**23,657**	**24,023**

	Occasions of Service		
Community Nursing			
Aged Care Assessment (NHDD Code 40.02)	2,084	2,232	1,007
Cardiac Rehabilitation (NHDD Code 40.21)	1,128	1,214	1,180
Community Nursing (NHDD Code 40.08)	6,440	10,541	4,537
Continence (NHDD Code 40.32)	973	335	305
Diabetes (NHDD Code 40.46)	2,309	2,534	2,380
EXPIRED: Infectious Diseases (NHDD Code 40.38)	318	265	379
Palliative Care (NHDD Code 40.35)	3,920	4,757	4,358
Post-Acute Care (NHDD Code 40.59)	3,994	5,608	6,151
Primary Health (NHDD Code 40.08)	544	2,200	1,688
Stomal Therapy (NHDD Code 40.22)	6	29	40
Women's Health (NHDD Code 40.08)	232	245	292
Wound Management (NHDD Code 40.13)	7,252	6,777	7,195
Community Nursing Total	**29,200**	**36,737**	**29,512**
Other Non-Admitted			
Alcohol & Other Drug Allied Health / Pain Management (NHDD Code 20.03)	948	550	1,481
Anaesthetic Medical Consultation Unit (NHDD Code 20.02)		144	187
Audiology / Audiometry (NHDD Code 40.17)	68	304	
Breast (NHDD Code 40.51)	927	723	1,232
Cancer - Chemotherapy / Other Cancer Facility-based Treatment Procedure Unit (NHDD Code 10.11)	2,047	1,437	1,971
Cancer - General Oncology Allied Health/ Nursing Unit (NHDD Code 40.52)	3,908	4,265	5,174
Cancer - Medical Oncology Medical Consultation Unit (NHDD Code 20.42)	444	803	964
Child, Adolescent & Family Health (NHDD code 40.08)	2,964	2,783	2,584
Chronic Disease Management /Hospital Avoidance (NHDD Code 40.58)	4,893	1,032	1,276
Computerised Tomography (CT) Diagnostic Unit (NHDD Code 30.03)		216	145
Early Childhood (NHDD Code 40.08)	4,540	3,004	3,292
EXPIRED: Infectious Diseases Medical Consultation Unit (NHDD Code 20.44)	43	65	44
General Practice & Primary Care Medical Consultation Unit (NHDD Code 20.06)			6,509
Geriatric Medicine Medical Consultation Unit (NHDD Code 20.09)	193	116	61
Haematology Medical Consultation Unit (NHDD Code 20.10)	254	613	657
Health Assessment (NHDD Code 40.08)		338	44
HIV / AIDS (NHDD Code 40.38)	59	74	189
Integrated Care (NHDD Code 40.58)	921	2,560	362
Midwifery and Maternity (NHDD Code 40.28)	4,581	5,782	6,031
Nephrology (NHDD Code 40.47)	1,843	1,318	913
Nephrology Medical Consultation Unit (NHDD Code 20.35)			514
Palliative Care Medical Consultation Unit (NHDD Code 20.13)			4
Pathology (Microbiology, Haematology, Biochemistry) Diagnostic Unit (NHDD Code 30.05)	106		32,749
Pharmacotherapy (NHDD Code 40.30)	1,744	1,536	2,197
Radiology / General Imaging Diagnostic Unit (NHDD Code 30.01)		8,089	7,248
Specialist Mental Health (NHDD Code 40.34)	8,294	10,462	4
Moruya District Hospital Pharmacy Service	828	816	648
Other Non-Admitted Total	**39,605**	**47,030**	**76,480**
Grand Total	**93,973**	**107,427**	**130,019**

Source: EDW NAP DataMart (SNSWLHD PAU), extracted 2/3/18.

7.14 Mental Health and Drug and Alcohol Services

Mental Health provides a wide range of diagnostic and therapeutic services, including: assessment of persons with suspected mental health problems; case management and other therapeutic interventions; assistance/support to families and carers; assistance/support to other health professionals (including inpatient staff, GPs, allied health); specialist services including crisis assessment and intervention; older persons responsive services, including the support of people with a diagnosis of dementia with an acute behavioural disturbance; specialist services for children, adolescents and older people; liaison between services (inpatient Mental Health, general hospital, GPs, government and non-government organisations) and Drug and Alcohol Services including an Opioid Treatment Program.

Eurobodalla residents requiring Mental Health acute inpatient services are transferred to the Chisholm Ross Centre in Goulburn or to the Mental Health inpatient unit in SERH. Inpatient rehabilitation services and inpatient psychogeriatric services are provided at Kenmore Hospital Goulburn. There is currently a dedicated Aboriginal MH clinical leader who works across the LHD providing oversight for the Aboriginal trainees and consultancy and high level clinical support for Aboriginal consumers.

Community Mental Health and Drug and Alcohol Services activity

Community Mental Health

Community Mental Health (CMH) services changed to the Community Health and Outpatient Care program (CHOC) data collection system in April 2016; analysis has been done using data from late April 2016 to early March 2018.

- About two thirds of CMH open encounters (68%) were adult and general, with 15% child and adolescent, 10% older people and 7% were services for people with dementia and acute behavioural disturbances (formerly called Dementia Behaviour and Management Service, DBAMS). The majority (92%) of consumers were from the Eurobodalla Shire.
- Child and adolescent and older people services saw a higher proportion of females (62% and 63%) than adult services (48%) and DBAMS (46%).
- Aboriginal people represented a significant proportion of adult (16%) and child and adolescent (19%) services, but had low rates for DBAMS (2%) and older people services (1%).
- Between October 2016 and September 2017, there were 1,761 Triage and Emergency Care Support (TECS) referrals to Eurobodalla CMH, the majority (62%) referred through the Mental Health Helpline, another 32% were referred via emergency departments (20% at Batemans Bay, 10% at Moruya) and 6% via hospital wards.
- Table 25 contains total occasions of service for Community Mental Health and shows a consistent demand for the service in line with the population profile for Mental Health service requirements.

Table 23: Eurobodalla Community Mental Health - Occasions of Service (2015-2018)

Eurobodalla Non Admitted Mental Health Occasions of Service	2015/16	2016/17	2017/18
EB MH Older People	2,043	1,810	1,747
EB MH Adult	9,743	7,712	9,188
EB MH Child & Adolescent	2,517	3,389	3,300
Totals	**14,303**	**12,911**	**14,235**

Eurobodalla Drug and Alcohol Service

- The Eurobodalla Drug and Alcohol service had 274 client episodes in 2016/17, with 52% at Moruya/Narooma and 48% at Batemans Bay. The service saw more males (64%) than females, and 16% of clients were Aboriginal. Nearly 90% of clients were aged 25-64 years, with 6% aged 14-24 years and 16% aged 65 years and over.

- Alcohol was the principal drug of concern for over half (52%) of episodes, followed by heroin (15%), cannabinoids (11%) and amphetamines (11%). The most common reasons for cessation were service completed (51%) and leaving without notice (18%), with 6% being transferred or referred to another service.
- Both Moruya and Batemans Bay hospitals provide inpatient detoxification services, supported by the Drug and Alcohol team.

Table 24: Eurobodalla Drug and Alcohol Service client episodes – 2 years

Description	2015/16	2016/17	Average %
Age group			
14-24 years	19	21	6.4%
25-44 years	195	127	51.9%
45-64 years	124	109	37.5%
65+ years	14	12	4.2%
Aboriginal clients	52	44	15.5%
Principal Drug of Concern			
Alcohol	161	164	52.3%
Heroin	62	31	15.0%
Cannabinoids	46	22	11.0%
Amphetamines and Methamphetamines	40	25	10.5%
Grand Total	**352**	**269**	

Source: AreaMatisse V6 (2015/16), V7 (2016/17)

7.15 Aboriginal Health services

Aboriginal people are able to access a range of Aboriginal specific services through the Aboriginal Health Unit including services to address the Aboriginal Maternal Infant Health Strategy, Building Strong Foundations, New Directions and the Chronic Care 48 hour follow up.

Aboriginal Health Workers liaise closely with mainstream workers and agencies to provide appropriate emotional, social and welfare support for inpatients and their families and liaise with and coordinate services for Aboriginal people in the community. They also provide health promotion and education which assists in bringing about quality health outcomes. Their role extends to supporting mainstream health providers to provide culturally appropriate services.

The majority of the Eurobodalla's Aboriginal Health services are funded via the Commonwealth Government and are specific in their focus.

Aboriginal Health Programs

Program Name	Program Overview
Aboriginal Maternal Infant Health Strategy (AMIHS)	Improves maternity service delivery for Aboriginal families and their babies and contributes to the safety, welfare and wellbeing of Aboriginal children and young people through: the provision of community-based, culturally sensitive, continuity of care for Aboriginal babies and their mothers to 8 weeks postpartum; effective local partnerships and collaboration with the Aboriginal community controlled health sector; collaboration with medical, obstetric, paediatric and child and family health staff and clear systems for transfer of information between health care providers; health promotion initiatives including smoking cessation, drug and alcohol reduction and sexual and reproductive health; collaborate with services provided by health and other agencies as required. The program also ensures effective training, recruitment and retention of Aboriginal Health Workers (AHW) and Aboriginal midwives to AMIHS services through appropriate management and organisational support from both mainstream and Aboriginal Community Controlled Health Services.
Building Strong Foundations	Provides a culturally appropriate primary health care service to Aboriginal families in the critical years of life so that children have optimal health, development as well as the necessary skills and abilities to be successful. Aboriginal Health Workers and Child and Family Health Nurses work collaboratively with

	Aboriginal families to promote health, support parenting, enhance community development and intervene early. The program promotes culturally appropriate and safe practice and uses evidence based practice. The BSF Program acknowledges that achieving optimal conditions for health and well-being requires a holistic and whole-of-life view of health.
New Directions (Allied Health)	Supports Aboriginal families needing Allied Health services to ensure that their children are school ready. This program enhances the existing Aboriginal services, is collocated with AMIHS and BSF in Moruya and provides an outreach service to Aboriginal families. (This program is time limited due to funding)
Chronic Care 48hr follow up	This program improves health outcomes of Aboriginal patients with chronic disease by providing follow up to Aboriginal patients within 48 hours of being discharged from hospital. This follow up aims to ensure issues encountered by patients can be identified and addressed early. Follow up addresses medication issues, referrals and general well-being.
Aunty Jeans Chronic Disease program	This program supports Aboriginal clients that have been identified as having a chronic disease and needing assistance to prevent medical admissions. Aunty Jeans is undertaken in the community in culturally appropriate settings and engages with people of all ages and various illnesses. This program brings clients together annually with other LHD clients to participate in the Mini Olympics. This is a much loved event that clients strive to attend. Health checks and monitoring of attendance is also considered prior to events.
Healthy Ears Better Hearing Better Listening	This program (funded by the Rural Doctors Network) assists to reduce barriers for Aboriginal children to access timely and appropriate ENT surgical procedures across NSW. Culturally suitable support for children and families before, during and post-surgery. To link with other services that are designed to identify children and youth that require ENT procedures. Provides audiology services, speech pathology services and ENT services for Aboriginal children.

Source: Manager Aboriginal Health

7.16 Oral Health

Eligible[9] adults and all children under 18 years of age can access general dental services through the four chair community dental clinic based on Moruya campus. The clinic operates between 8.30 and 17.00 Monday to Friday. A central oral health intake service is managed by the LHD, which triages and directs patients into the service.

The clinic provides assessment, treatment and prevention services to eligible adults and children in line with the access criteria in the Priority Oral Health Program. All denture services and some general treatment is provided by private practices that are registered with the NSW Oral Health Fee for Service Scheme. Patients access the Oral Health Fee for Service Scheme after the service has issued vouchers for the required treatment.

Patients requiring specialist and specialised services may be referred to services that are mostly located outside of the LHD. There is limited access to a visiting oral surgeon at the Queanbeyan dental clinic.

The Eurobodalla service operates with two full time dental officers and one full time oral health therapist, supported by dental assistant and administrative positions.

7.17 Aged care services

Southern NSW Local Health District provides a range of services and programs to older people, aimed at enabling people to stay in their homes longer, live independently, improve health outcomes and reduce avoidable and preventable admissions to hospital and presentation to emergency departments.

The Commonwealth Government funds 15 places for the Transitional Aged Care Program to provide allied health services to clients in the home, who stand to benefit from restorative and reablement

[9] To be eligible for public oral health services patients aged 18 years and over must hold a valid Medicare card and a current Centrelink Health Care Card or Centrelink Pension Card or Commonwealth Seniors Card. All children are eligible.

strategies after a hospital admission. TACP also provides domestic support, ADL support and equipment needs.

7.18 Chronic disease programs

People with chronic diseases often have multiple medications, conditions and complex community care requirements which result in a need for care from multiple services. In the Eurobodalla, there are a range of services which are designed for those with chronic conditions, to meet their specific health care needs. These services include: the Aged, Chronic and Complex Care (ACCC) team who provide integrated care for people with complex conditions by providing a patient-centric multidisciplinary case management service for patients over 16 years of age who have more than one chronic condition; Care Navigators: who work in the inpatient setting to avoid non-medical delays to discharging from hospital older people and those over 16 years with complex conditions. Care Navigators also work in the emergency department to reduce hospitalisation and re-presentation rates of older people and those over 16 years with complex conditions and also provide short term follow up into the community until there is an effective transfer of care to the ACCC team, GP or other service provider; ComPacks providing time limited, non-clinical case managed community care post discharge; Healthy at Home ComPacks providing community care together with ACCC team clinical care to prevent hospitalisation for those with complex needs who are over 16 years and the Transitional Aged Care Program providing short-term restorative care to optimise the functioning and independence of older people after a hospital stay.

With the introduction of the NDIS, the ACCC team, sub-acute unit team and Care Navigators work closely when required, with existing and new participants to access the scheme. A Nurse Practitioner works closely with the Care Navigators, ACCC team and local Residential Aged Care Facilities to prevent hospitalisation and support the management of the patient in their own home.

7.19 Palliative Care

Palliative care specialist nurses, community nurses and allied health professionals work closely with GPs and other providers to support clients and their families through assessment and care planning and coordination in the community setting. The specialist nursing team also provides a consultative service to all residential aged care facilities in Eurobodalla and works with acute care staff to assist with symptom management and care coordination in the inpatient setting.

The team comprises a Nurse Practitioner and registered nursing staff, with support of a district Clinical Nurse Consultant.

Specialist palliative medicine support is available through Calvary and St George Hospitals via phone support. The SNSWLHD palliative care program is currently undertaking an expression of interest for a visiting Palliative Medicine Specialist to provide on-site visits to support the existing phone support network.

- Eurobodalla delivers palliative care under a primary health care model whereby case management is a joint responsibility of the GP and the generalist community and palliative care nurses who provide the majority of clinical care with expert input from clinical leaders as required.
- Palliative specialist clinicians provide a secondary level service where the clinical situation indicates (e.g. unstable or complex clients). Individual expertise of the primary providers may require the clinical leaders to provide short term case management.

Palliative Care activity

- Palliative care separations have increased at both sites, but length of stay has decreased. The Eurobodalla Health Service had a total of 196 separations in 2016/17 and 875 bed days (bed usage of about 4 beds).

- As anticipated non-admitted Palliative Care services have seen steady growth over the last 4 years with occasions of care for the team increasing from 3,920 in 2014/15 to 4,649 in 2017/18, a 19% increase.

Table 25: Palliative Care Separations and Bed days Eurobodalla Health Service - 4 year trend

04 - Sub and Non-Acute		EP End - Financial Year			
Hospital Name	**Values**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Batemans Bay	Separations	79	71	59	92
	Bed Days	394	272	252	369
	ALOS	5	3.8	4.3	4
Moruya	Separations	83	57	97	104
	Bed Days	600	407	598	506
	ALOS	7.2	7.1	6.2	4.9
Total Separations		**162**	**128**	**156**	**196**
Total Bed Days		**994**	**679**	**850**	**875**

Source: Flowinfo v 17 *Data excludes ED only, chemotherapy, renal dialysis, unqualified neonates, HITH*

7.20 Cancer Care

The Eurobodalla cancer service provides the following:

- Medical cancer services: medical oncology and haematology staff specialist consultant physicians visiting as HMOs (along with registrars) from Canberra – provision of local patient consultations at the Eurobodalla Cancer Unit, oversight of local chemotherapy treatment, multi-disciplinary oversight and case consultations (via membership of ACT multi-disciplinary teams and sub-specialty tumour groups), access to clinical trial enrolment (via the ACT). The clinics are at capacity and patients continue to travel to Canberra for clinic appointments.
- Oncology nursing: Provision of specialist chemotherapy treatment services and cancer patient education.
- Cancer care coordination: Provision of specialist oncology patient care coordination, service integration, supportive care, patient education, information.
- Oncology social work: Provision of specialist oncology psycho-social services, counselling, supportive care, patient education.
- Cancer surgery: Provision of surgical services for breast, colon and rectal cancers is provided through Eurobodalla surgical services where appropriate with referral to higher level facilities if required.
- The Eurobodalla oncology clinic has 12 treatment spaces, currently operating with 6 chairs and 1 bed, open business days from 8.00am to 4.30pm. Cancer care services work from community health centres in Batemans Bay, Moruya and Narooma. The service includes a cancer care coordinator, McGrath breast care nurse and cancer care social worker with visiting oncologists and haematologists.

7.21 Programs for the whole of population (Health Promotion)

- Health Promotion priority programs are implemented by health promotion staff located at SNSWLHD sites. There is extensive community engagement through early childhood education and care and school settings to prevent overweight and obesity in children.
- Go4Fun is a healthy lifestyle program offered to children 7-13 years who are above a healthy weight. The program is online or at selected sites.

- The Get Healthy Information and Coaching Service and the Get Healthy in Pregnancy Service offer healthy lifestyle support for adults over 16 years and pregnant women. Brief intervention and referral to these services is provided in inpatient, outpatient or community settings.
- Falls Prevention strategies and programs are implemented in inpatient and community settings to support the prevention of falls and fall-related harm among older people. Programs include Tai Chi for Arthritis and Stepping On.
- Tobacco reduction strategies engage priority populations in inpatient and community settings and there is ongoing monitoring of the NSW Health Smoke-free Health Care Policy at a facility level.
- The Public Health service is managed as a shared service hosted by Murrumbidgee Local Health District and provides Health Protection Services. Staff members are located across both LHDs. In the context of this health care services plan, Public Health operations include: infectious diseases surveillance and response, immunisation, environmental health, public health emergency management and HIV and related programs.

7.22 Clinical support services

Radiology

Eurobodalla has two radiology/imaging departments one in Moruya and one in Batemans Bay which creates issues with staffing two sites 24/7 and inefficiencies with duplication of equipment. Staffing is split between the two sites.

Moruya:

- Ultrasound available Monday to Friday during business hours (excluding public holidays) – no after-hours service
- CT available Monday to Sunday during business hours and on call 24/7
- Digital X-ray (including mobile X-ray available during business hours and on call 24/7)
- Mobile fluoroscopy for theatre available during business hours and on call 24/7

Batemans Bay:

- Digital X-Ray, digital mobile X-ray available during business hours and on call 24/7

Three years of data indicates that the service provision has been fairly constant except with the introduction of CT services in Moruya. The differences in modality use reflects the level of the facility.

- Batemans Bay does more general X-rays than Moruya, (7,975 for the period Feb 17 and Jan 18 in Batemans Bay as compared to 5,383 in Moruya). The workload at Batemans Bay is primarily private outpatients and Moruya is primarily inpatient and Emergency Department patients.
- Mobile services are higher in Moruya (829 between Feb 17 and Jan 18 to 373 in Batemans Bay)
- Ultrasound services are higher in Moruya (672 between Feb 17 and Jan 18 to 312 in Batemans Bay)

Table 26: Moruya and Batemans Bay Radiology

Moruya Hospital								
Year	**Mobile**	**II OT**	**Total X-ray**	**Total CT**	**Total US**	**Total RF**	***Total Exams***	***Calls***
Feb 17-Jan 18	829	32	5,383	1,950	672	2	8,007	333
Feb 16- Jan 17	530	53	5,430	918	555	4	6,907	331
Feb 15- Jan 16	361	62	5,213	812	478	4	6,507	256
Batemans Bay Hospital								
Year	**Mobile**	**II OT**	**Total X-ray**	**Total CT**	**Total US**	**Total RF**	***Total Exams***	***Calls***
Feb 17-Jan 18	373	0	7,975	532	312	1	8,820	245
Feb 16- Jan 17	268	0	7,518	875	408	6	8,807	246
Feb 15- Jan 16	318	0	7,753	756	320	3	8,832	298

**OT refers to offsite MRI and Nuc Med, US Ultrasound, RF Fluoroscopy. Source: Carestream RIS/PACS*

Pathology

- The pathology laboratory in Moruya hospital currently services the inpatients of both Batemans Bay and Moruya hospitals. The laboratory performs routine testing in the disciplines of Biochemistry, Haematology, Microbiology and Blood Banking. Specialised testing is referred to Westmead Hospital via a daily courier. The laboratory operates 0800 – 2000 hours M-F and 0800 – 1700 hours S-S and provides an out of hours on call service for urgent testing. Point of Care Testing (PoCT) is also available in ED, maternity and theatre.
- The Moruya laboratory also has a collection room servicing privately referred outpatients. The service also operates a collection room at Batemans Bay hospital for inpatient and outpatient blood collection and Narooma community health centre for outpatients. PoCT is available at Batemans Bay Hospital.
- The laboratory currently operates at level 3 and consultation with NSW Pathology will continue to ensure that the service will support level 4 role delineation across the Health Service.

Pharmacy

- SNSWLHD uses national weighted activity unit (NWAU) per full time equivalent to benchmark pharmacist resources: Eurobodalla is reasonably well staffed with pharmacists compared with other facilities
- The pharmacy service provides care for inpatients with a limited outpatient dispensing service for specific circumstances.
- Dispersion of the service across multiple sites is challenging for pharmacy within the existing resources.

Community Health Central Intake

- The Central Intake Service for community health commenced operation in April 2018. The service provides a single point of entry to LHD community based health services via a district wide phone number, fax or email address.
- The service replaced up to 10 different community health intake processes which were undertaken at multiple sites, with considerable local variation in intake. The new service brings intake staff together as one team, working in one shared system.

Education and training

- A team of Clinical Nurse Educators provides whole of health education programs to facilitate mandatory training and specialist education for designated services including acute ward, community health, palliative care, rehabilitation, critical care, maternity and theatre. The CNEs

have a shared office space with no dedicated training rooms. The CNEs support an increasing number of Transitional Registered Nurses each year, as well as all current and new nurses.

- Moruya hospital provides obstetric training to General Practice registrars and has a non-accredited post for a surgical registrar. It has provisional accreditation for PGY2 Medical Officer rotations from Canberra Hospital for the acute ward.
- There is no simulation centre, but the Sister Alison Bush AO Mobile Simulation Centre (MSC) is based in Eurobodalla for one to two weeks each year for simulation training. The CNEs support scenario training – a key example of this is the PROMPT training in obstetrics.

7.23 Non-clinical support services

Health Information Management

The Eurobodalla Health Information service is responsible for the management of hospital, community health and outpatient health records in a hybrid record format involving electronic and hard copy records. Health Information business activities consist of:

- Record creation, compilation, tracking, storage and disposal of patient/client records
- Safe guarding against loss, misuse and inappropriate access
- Clinical coding of all inpatient episodes for funding purposes

A comprehensive range of NSW Health policy and legislation provides the operational guidance of health information for the appropriate:

- Release and sharing of personal health information to internal and external agencies under Privacy legislation
- Complying with requests for information under medico-legal terms and conditions

Strategically there is a clear direction to move patient/client records towards paper light records as SNSWLHD continues to expand the electronic medical record (eMR) footprint. Rural e-health funding has facilitated this development:

- In 2016 single document scanning into eMR was introduced for community health services
- In 2017 renal services commenced importing patient documents directly from the Canberra Renal System (CV5) into the hospital eMR record
- In 2018 the Moruya oncology service transitioned to the new Integrated Oncology Management System “MOSAIQ”
- In 2018/19 e-Medications was implemented across SNSWLHD, improving prescribing and administration of medication orders for pharmacy, nursing and medical staff.

Despite these technological advances, there still remains a high volume of hard copy patient/client records that are spread over three geographical locations at Batemans Bay, Moruya and Narooma. Each of these locations has their own primary and secondary storage rooms for hospital and community records. However these storage rooms are now at full capacity due to increased patient/client presentations.

The primary record storage at Batemans Bay is at capacity and the secondary storage area at Batemans Bay does not meet the environmental criteria for record storage under the NSW State Records Act and is in breach of these conditions. Despite continued efforts to redesign the secondary storage room which is located in the under-croft of the hospital, it still falls short of the requirements. Interim action has been taken to ensure that the storage of records is improved to protect these records from further deterioration.

Patient transport service

Both Batemans Bay and Moruya have patient transport services available between 8.00 and 19.30, Monday to Friday and six hours on weekends. The service is staffed with a registered nurse escort Monday to Friday with the weekends covered for escort from site staffing.

The Patient Transport Vehicle (PTV) is booked via the Goulburn Hub, Monday to Friday during business hours and through the after-hours nursing manager at other times.

Chaplaincy/pastoral care

The Hospital Chaplaincy and Pastoral Care teams are made up of men and women from the local community who are dedicated to giving emotional and spiritual support to patients and their families/carers whilst on their journey to wellness and recovery. The teams provide a 7 day a week service at Batemans Bay and Moruya Hospitals, including support for staff and volunteers. Pastoral carers visit the wards daily and are available for call in for emergencies. With the expected increase in care needs for the ageing population in Eurobodalla, it will be necessary to continue and expand the tuition of pastoral carers, which require specific training.

Volunteer service

Both Moruya and Batemans Bay hospitals have assistance from volunteers most days of the week. Volunteers assist caring for patients with dementia and delirium by providing distraction therapy, meal assistance and support to families and carers.

Both sites have active Hospital Auxiliaries which raise significant funds to provide equipment to both sites and the community health service in the Eurobodalla. The auxiliary at Batemans Bay hospital run a small kiosk and the Moruya hospital auxiliary have vending machines for food and beverages in multiple locations.

Palliative Care volunteers work with the community health palliative care team to provide support to clients with a life limiting illness, and the client's carer and family.

Community Representative Committee

The goal of the Eurobodalla Health Service Community Representative Committee (CRC) is to enhance the partnership with consumers of Eurobodalla Health Service, providing an opportunity for the service to hear the consumer perspective and respond.

Their role is to:

- Work in partnership with SNSWLHD to ensure decisions concerning local health services reflect the needs of the community
- Ensure the voice of the patient is central to decision making
- Provide community input into the planning and development of local health services
- Increase community knowledge and understanding of health issues
- Provide appropriate and informed representation on behalf of the community through participation on various committees and District advisory groups
- Provide consumer and carer perspectives

The chair of the CCC is an active member of the CSP steering committee.

The committee engage with their local community in a variety of ways. In October each year the group host the Eurobodalla Health Expo, an opportunity to see what is on offer for health and wellbeing services locally, host health forums on particular topics, e.g. Diabetes Awareness and every Friday you can chat to the Chair, Brad Rossiter, in Bridge Plaza at Find Out Fridays.

Members also engage with their community digitally via Facebook:
https://www.facebook.com/eurobodalllahscrc/

7.24 Other services

Other services that are essential to the running of the Eurobodalla Health Service include:

- Asset management
- Information Services Unit
- Administration services including the executive team, finance and human resources
- Domestic services (food and cleaning) – HealthShare contract

7.25 Staffing overnight accommodation

Onsite accommodation is provided at both Batemans Bay and Moruya, with four single rooms with ensuites at each site. Rental properties are available for staff accommodation, in particular locum doctors and medical officers on rotation from The Canberra Hospital.

7.26 SNSWLHD district staffing office accommodation

District positions are accommodated in office space across all larger sites in SNSWLHD. Demand for space has grown rapidly in Eurobodalla and already outstrips available space. To ensure dispersion of District roles across the region, additional staff office accommodation will be required. Offering "site negotiable" for LHD roles supports attracting the right person for the position.

7.27 Helipad

A helipad is located on the Moruya campus. The HI report states that 'the helipad is located west of the main hospital and approximately 250m from the Emergency Department. The route from the Helipad to the Emergency Department is convoluted and patients must be transferred across external hospital grounds or enter through the sub-acute space via the public corridors and inpatient unit'.

There is no helipad on site at Batemans Bay. Retrieval helicopters land at a distance from the site and patients/paramedics are transported by road ambulance.

7.28 Car parking

There is inadequate car parking at both sites. A review undertaken internally 18 months ago identified the following:

- Inadequate off street parking at both Moruya and Batemans Bay
- Poor disabled access to some areas of the hospitals and community health
- Very poor access between community health and hospital at both sites (need to go out into oncoming traffic to move between services) at Moruya and Batemans Bay has steep stairway access which is really only suitable for staff)
- Nil secure parking for fleet vehicles
- No CCTV of car parks for night staff parking
- Surface of car parks failing or gravel only
- Expansion of the helipad will reduce the parking available for rehabilitation, renal and oncology patients.
- Regular complaints from residents around both hospitals regarding blocked access to properties
- Eurobodalla Shire Council does not routinely enforce parking restrictions, but reports frustration with staff and visitors parking in public spaces, resulting in damage to council facilities such as pipe work and park grounds (Moruya).

8. Projected inpatient activity

8.1 Method

- Future requirements for inpatient acute overnight and same day medical and surgical services and subacute at the Eurobodalla Health Service have been projected to 2020/21, 2025/26 and 2030/31 using the Health Activity Projections Platform and Analytics (HealthAPP) tool developed for NSW Health. The HealthAPP tool uses projected population growth[10], historical activity (including relative utilisation and length of stay) and flow patterns as the baseline for projections for Service Related Groups (SRGs)[11]. The tool anticipates changing patterns of medical care, particularly with an ageing population, including common surgeries required by older populations, and an increase in medical admissions for people affected by chronic and complex medical conditions such as cancer, cardiovascular disease, stroke, diabetes, renal failure, and chronic obstructive pulmonary disease.
- All acute projections exclude renal, chemotherapy, ED only and unqualified neonates.
- In calculating bed requirements, the tool assumes a bed occupancy rate of 85% for acute and 90% for subacute services.
- In addition to the HealthAPP modelling tool, other specific methods and data planning tools have been used to develop projections including: FlowInfo v17.0, Emergency Department Activity Analysis Tool (EDAA v17.0), Guideline for Planning Chemotherapy Day Unit Services April 2017, and Guideline for Planning Renal Services March 2018.
- The Guideline for Planning Non-admitted Patient Services and the associated planning tool have been used to project the specific requirements for non-admitted activity.

8.2 Demand projections for Eurobodalla residents – base case scenario

8.2.1 Acute demand projections

Table 28 shows the projected demand for acute hospital services for Eurobodalla Shire residents over the planning horizon.

- The data projects that in 2025/26, Eurobodalla residents will utilise 15,955 acute separations and 46,438 acute bed days, an increase of 25.3% for separations and 23.5% for bed days compared to 2015/16. This compares with the 4.5% increase in population projected for the Eurobodalla region between 2017 and 2027. The reason for the greater rate of growth in demand is the ageing of the population: people aged over 70 are the greatest users of acute health services[12], and this population is projected to increase in the Eurobodalla region by 43% by 2027. The demand is projected to continue to increase to 17,315 acute separations by 2030/31, a further 8.5% increase from 2025/26, and 49,687 bed days (7.0% increase).
- There is a moderate level of self-sufficiency in the Eurobodalla region for acute medical and surgical services, given that Eurobodalla Health Service provides services up to role delineation Level 3 and tertiary services are provided elsewhere: 56% for total public and private hospital utilisation, and 69% for public hospital utilisation, and this is reflected in the flow patterns in the base case HealthAPP bed projections.
- With no change in referral patterns, in 2030/31, Eurobodalla residents would be utilising 9,341 acute separations in Eurobodalla hospitals (comprising 53.9% of the total resident demand), with a further 3,346 separations (19.3%) in NSW private hospitals, 2,578 separations in ACT public hospitals (14.9%), 641 in SERH at Bega (3.7%) and 1,409 separations (8.1%) in other NSW public hospitals.
- The resident demand for acute services is broken down by SRG in Table 28. Resident outflows to tertiary referral hospitals in Canberra and Sydney cover a wide range of medical and surgical

[10] NSW 2016 Projection Series, NSW Department of Planning & Environment
[11] Clinical services planning methodology review – Summary report. November 2017, NSW Ministry of Health
[12] Clinical services planning methodology review – Summary report. November 2017, NSW Ministry of Health

specialties. While a proportion of these flows would be for Level 5 and 6 tertiary services which are not provided in SNSWLHD, it is recognised that there would also be a volume of flow for non-tertiary services. The scenario in the following section outlines proposals to reverse a proportion of these non-tertiary flows.

- The resident outflows to NSW private facilities are generally for surgical services, primarily orthopaedics, ophthalmology and plastic and reconstructive surgery, as well as diagnostic endoscopies and rehabilitation.
- For planning purposes, reversals from private hospitals is not included in projection modelling. It is expected that an increase in demand for services will result from resident preference in location of services, rather than preference for public or private services. With a decrease in uptake of private health insurance across NSW and ACT, the Health Service will anticipate an increase in the demand for public services when these become available to residents.
- The biggest increase in resident demand will be for gastroenterology, non-subspecialty medicine, cardiology, and respiratory medicine separations. There are also significant increases in the volume of surgical specialties such as ophthalmology and orthopaedics.

Table 27: Projected Eurobodalla resident DEMAND - Acute services - Base Case, by hospital

	Eurobodalla	ACT	SERH	Other Interstate	Other NSW public	Other SNSW	NSW Private	Grand Total
2015								
Episodes	6,839	1,785	472	90	774	141	2,632	12,733
Bed Days	18,546	9,353	1,303	394	3,179	237	4,588	37,600
Beds	68	30	4	1	10	1	15	130
2021								
Episodes	7,953	2,201	554	141	913	134	2,865	14,761
Bed Days	24,740	8,295	1,996	452	3,460	297	4,780	44,020
Beds	90	27	7	1	11	1	15	153
2026								
Episodes	8,589	2,394	595	144	984	146	3,103	15,955
Bed Days	26,308	8,779	2,039	440	3,572	347	4,953	46,438
Beds	96	28	7	1	12	1	16	162
2031								
Episodes	9,341	2,578	641	165	1,086	158	3,346	17,315
Bed Days	28,201	9,242	2,098	486	3,947	342	5,372	49,687
Beds	103	30	7	2	13	1	17	173

Source: Health Activity Projections Platform and Analytics (HealthAPP) Nov 2017, excludes chemo, unqualified neonates and renal dialysis.

Table 28: Projected Eurobodalla resident DEMAND - Acute services - Base Case, by SRG

Separations				2015 to 2026			2015 to 2031	
SRG v80	**2015**	**2021**	**2026**	**No. growth**	**% growth**	**2031**	**No. growth**	**% growth**
Breast Surgery	87	94	95	8	9%	105	18	21%
Cardiology	685	972	1,067	382	56%	1,208	523	76%
Cardiothoracic Surgery	58	72	78	20	34%	82	24	41%
Colorectal Surgery	97	136	145	48	49%	147	50	52%
Dentistry	53	46	49	-4	-8%	53	0	0%
Dermatology	51	52	49	-2	-4%	53	2	4%

Separations				2015 to 2026			2015 to 2031	
SRG v80	**2015**	**2021**	**2026**	**No. growth**	**% growth**	**2031**	**No. growth**	**% growth**
Diagnostic GI Endoscopy	1,268	1,299	1,401	133	10%	1,471	203	16%
Drug and Alcohol	158	156	151	-7	-4%	152	-6	-4%
Endocrinology	45	68	79	34	76%	82	37	82%
ENT Head and Neck	188	225	232	44	23%	232	44	23%
Gastroenterology	1,444	1,832	1,987	543	38%	2,161	717	50%
Gynaecology	394	340	332	-62	-16%	339	-55	-14%
Haematology	304	387	434	130	43%	472	168	55%
Immunology and Infections	18	32	40	22	122%	34	16	89%
Interventional Cardiology	308	366	398	90	29%	441	133	43%
Neurology	378	535	588	210	56%	635	257	68%
Neurosurgery	193	276	301	108	56%	338	145	75%
Non Subspecialty Medicine	776	1,065	1,206	430	55%	1,387	611	79%
Non Subspecialty Surgery	1,026	1,167	1,249	223	22%	1,331	305	30%
Obstetrics	513	420	381	-132	-26%	364	-149	-29%
Ophthalmology	791	921	1,047	256	32%	1,179	388	49%
Orthopaedics	1,283	1,455	1,579	296	23%	1,684	401	31%
Pain Management	27	28	33	6	22%	41	14	52%
Perinatology	18	9	10	-8	-44%	14	-4	-22%
Plastic and Reconst. Surgery	429	480	489	60	14%	546	117	27%
Psychiatry - Acute	202	126	126	-76	-38%	143	-59	-29%
Qualified Neonate	36	41	40	4	11%	38	2	6%
Renal Medicine	95	133	154	59	62%	161	66	69%
Respiratory Med	657	815	907	250	38%	995	338	51%
Rheumatology	41	69	75	34	83%	86	45	110%
Tracheostomy	24	23	24		0%	25	1	4%
Transplantation	2	2	4	2	100%	2	0	0%
Unallocated	8	8	8		0%	8	0	0%
Upper GIT Surgery	208	257	263	55	26%	273	65	31%
Urology	690	636	682	-8	-1%	742	52	8%
Vascular Surgery	178	216	252	74	42%	289	111	62%

Source: Health Activity Projections Platform and Analytics (HealthAPP) Nov 2017, excludes chemo, unqualified neonates and renal dialysis.

8.2.2 Subacute demand projections

- Table 30 shows the projected demand for subacute hospital services for Eurobodalla Shire residents. The data projects that in 2025/26, residents will utilise 1,800 subacute separations and 15,923 subacute bed days, an increase of 157% for separations and 126% for bed days compared to 2015. As for acute services, this demand is driven by the ageing of the population. The demand is projected to continue to increase to 2,071 separations by 2030/31, a further 15% increase from 2026, and 17,897 bed days (12% increase).

- There is a reasonably high level of self-sufficiency in the Eurobodalla region for subacute services: 64% for total public and private hospital utilisation, and 75% for public hospital utilisation, and this is reflected in the flow patterns in the base case HealthAPP bed projections.
- The base case projection in HealthAPP show that in 2030/31, Eurobodalla residents would be utilising 981 subacute separations in Eurobodalla hospitals (comprising 47% of the total resident demand), with a further 683 separations in NSW private hospitals (33%), 242 in SERH at Bega (12%), 121 in ACT public hospitals (6%), and 44 separations (2%) in other public hospitals.
- The resident demand for subacute services (bed days) is broken down by SRG in Table 30. A significant amount of growth is projected for same day rehabilitation for joint replacement (mostly at NSW private hospitals), as well as overnight rehabilitation for orthopaedics and cardiac, neurological and other conditions, palliative care and maintenance.
- It is noted that due to DRG version reporting in 2015, some SRGs in the table below appear to have a large projected increase.

Table 29: Projected Eurobodalla resident DEMAND - Subacute services - Base Case, by hospital

	Eurobodalla	SERH	ACT	Other SNSW	Other Public	NSW Private	Grand Total
2015							
Episodes	450	65	59	11	16	100	701
Bed Days	4,295	204	1,192	188	193	981	7,053
Beds	12	1	3	1	1	3	19
2021							
Episodes	732	180	105	9	19	485	1,530
Bed Days	9,375	958	1,605	155	288	1,794	14,175
Beds	26	3	4	0	1	5	39
2026							
Episodes	840	212	116	13	30	589	1,800
Bed Days	10,437	1,031	1,709	237	481	2,028	15,923
Beds	29	3	5	1	1	6	44
2031							
Episodes	981	242	121	11	33	683	2,071
Bed Days	12,115	1,119	1,652	198	459	2,354	17,897
Beds	33	3	5	1	1	6	49

Source: Health Activity Projections Platform and Analytics (HealthAPP) May 2018.

Table 30: Projected Eurobodalla resident DEMAND - Subacute services (bed days) - Base Case, by SRG.

BED DAYS				**2015 to 2026 growth**			**2015 to 2031 growth**	
Clinical Group	**2015**	**2021**	**2026**	**No.**	**%**	**2031**	**No.**	**%**
843 - Rehabilitation Stroke - Overnight	1,005	1,056	1,140	135	13%	1,029	24	2%
844 - Rehabilitation Brain Dysfunction	128	191	224	96	75%	146	18	14%
845 - Rehabilitation Neurological Conditions	166	305	329	163	98%	391	225	136%
846 - Rehabilitation Spinal Cord Injury	419	414	532	113	27%	730	311	74%
847 - Rehabilitation Amputation of Limb	209	373	286	77	37%	284	75	36%
848 - Rehabilitation Arthritis	26	147	170	144	554%	223	197	758%
891 - Rehabilitation Orthopaedic Fractures – Same day	1	8	12	11	1100%	11	10	1000%
892 - Rehabilitation Orthopaedic Fractures – Overnight	1,595	2,206	2,405	810	51%	2,882	1,287	81%
893 - Rehabilitation Joint Replacement – Same day	2	532	665	663	33150%	770	768	38400%

BED DAYS				2015 to 2026 growth			2015 to 2031 growth	
Clinical Group	**2015**	**2021**	**2026**	**No.**	**%**	**2031**	**No.**	**%**
894 - Rehabilitation Joint Replacement – Overnight	1,161	2,033	2,157	996	86%	2,472	1,311	113%
896 - Rehabilitation Other Orthopaedic – Overnight	339	877	984	645	190%	970	631	186%
897 - Rehabilitation Cardiac	168	461	533	365	217%	610	442	263%
898 - Rehabilitation Pulmonary Conditions	190	332	375	185	97%	436	246	129%
901 - Rehabilitation Other - Same day	7	8	16	9	129%	20	13	186%
902 - Rehabilitation Other - Overnight	559	2,772	3,414	2,855	511%	4,068	3,509	628%
862 - Palliative Care - Cancer Related	482	992	1,151	669	139%	1,191	709	147%
863 - Palliative Care - Non-Cancer	277	656	650	373	135%	754	477	172%
871 – Maintenance	317	807	875	558	176%	904	587	185%
Other	2	5	5	3	150%	6	4	200%
Grand Total	**7,053**	**14,175**	**15,923**	8,870	126%	**17,897**	10,844	154%

Source: Health Activity Projections Platform and Analytics (HealthAPP) May 2018.

8.3 Supply projections – base case scenario

- Following the identification of projected future demand for inpatient separations for the residents of the Eurobodalla in 2020/21, 2025/26 and 2030/31 the next step is to identify the projected supply of inpatient separations to be provided by the Eurobodalla Health Service.
- In the following tables, the data is shown as Eurobodalla Health Service, so as not to pre-empt decisions on 'what should go where'. Please note the table below, maternity includes qualified neonates, which are not included in obstetric beds.
- The base case acute inpatient projections for Eurobodalla Health Service indicate a 26.1% increase in separations between 2014/15 and 2025/26 from 7,635 to 9,629, and a further 9% increase to 10,498 in 2030/31 (Table 31).

Table 31: Projected supply of acute services by Eurobodalla Health Service – base case: Medical, Surgical, Maternity, Mental Health overview.

	2015		2021		2026		2031	
	Episodes	**Bed Days**	**Episodes**	**Bed Days**	**Episodes**	**Bed Days**	**Episodes**	**Bed Days**
Surgical	3,117	4,371	3,334	5,258	3,578	5,595	3,835	5,890
Medical	3,739	13,692	4,913	19,747	5,433	21,273	6,054	23,113
Maternity	497	1,111	419	1,095	390	956	370	859
Mental Health	282	892	233	686	228	666	239	692
Grand Total	**7,635**	**20,066**	**8,899**	**26,786**	**9,629**	**28,490**	**10,498**	**30,554**

Source: Health Activity Projections Platform and Analytics (HealthAPP) Nov 2017, excludes chemo, unqualified neonates and renal dialysis.

8.3.1 Surgical – base case

Surgical base case is broken down into overnight and day only. The day only usually predicts the number of day only 'chairs' that are utilised for surgery. The base case indicates a requirement for 9 day only spaces (at 170% occupancy) and 10 overnight (at 80% occupancy).

Surgical base case also includes procedural interventions.

Table 32: Surgical – Projected bed requirement – base case: day only and overnight

	2015		2021		2026		2031	
	Episodes	**Bed Days**	**Episodes**	**Bed Days**	**Episodes**	**Bed Days**	**Episodes**	**Bed Days**
Day Only	2,447	2,447	2,579	2,579	2,791	2,791	3,000	3,000
Overnight	670	1,924	755	2,679	787	2,804	835	2,890
Total	**3,117**	**4,371**	**3,334**	**5,258**	**3,578**	**5,595**	**3,835**	**5,890**
Beds Day only	200 days @ 170%	7		8		8		9
Beds Overnight	365 days @ 80%	7		9		10		10

Source: Health Activity Projections Platform and Analytics (HealthAPP) Nov 2017, excludes chemo, unqualified neonates and renal dialysis.

8.3.2 Medical - base case

Medical base case projections are showing a need for 82 beds at 80% occupancy. Medical services include paediatrics and intensive care services.

Table 33: Medical – Projected bed requirements – base case at 80% occupancy

	2015		2021		2026		2031	
	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days
Day Only	372	372	605	605	656	656	708	708
Overnight	3,649	14,212	4,541	19,827	5,005	21,283	5,585	23,097
Grand Total	**4,021**	**14,584**	**5,146**	**20,432**	**5,661**	**21,939**	**6,293**	**23,805**
Beds	365 days @ 80%	50		70		75		82

Source: Health Activity Projections Platform and Analytics (HealthAPP) Nov 2017, excludes chemo, unqualified neonates and renal dialysis.

8.3.3 Sub-acute – base case

As Eurobodalla has a high percentage of older people the need for rehabilitation is projected to increase significantly, along with the need for palliative care beds. Maintenance has been kept to a minimum since the enhancement of aged care facility beds in the Eurobodalla in the mid-2000s however the projection tool is showing a need for a bed to cater for future demand.

Base case projections indicate a need for 1 maintenance, 6 palliative care and 32 rehabilitation beds.

Table 34: Sub-acute – projected bed requirements – base case

	2015		2021		2026		2031	
	Episodes	**Bed Days**	**Episodes**	**Bed Days**	**Episodes**	**Bed Days**	**Episodes**	**Bed Days**
Maintenance	11	46	33	343	41	373	43	358
Palliative Care	131	701	199	1,513	223	1,666	259	1,821
Psychogeriatric Care			1	17	1	1	2	2
Rehabilitation	321	3,678	522	7,842	598	8,749	710	10,396
Grand Total	**463**	**4,425**	**755**	**9,715**	**863**	**10,789**	**1,014**	**12,577**
Palliative care beds		2		5		5		6
Rehabilitation beds		11		24		27		32
Maintenance beds		-		1		1		1
TOTAL BEDS		13		30		33		39

Source: Health Activity Projections Platform and Analytics (HealthAPP) Nov 2017, excludes chemo, unqualified neonates and renal dialysis.

8.4 Supply projections – new models of care scenario

A new projection scenario was developed based on the new models of care as described in Section 9 and associated increase in public self-sufficiency for nine selected SRGs for Eurobodalla Health Service by 2030/31 (Table 31).

- Using the projected base case for total public demand in 2030/31, a proportion of non-tertiary outflows were reversed, primarily from the ACT, SERH and "Other NSW" (e.g. Shoalhaven). Vascular surgery and myringotomies were considered to have a high level of unmet demand, so the relative utilisation for specific age groups was increased (70 years and over for vascular surgery, 0-15 years for ENT).
- The additional separations under the scenarios were manually assigned as Medical or Surgical/Procedural separations based on historical activity (the HealthAPP tool does not currently do this automatically).

Table 35: Eurobodalla Health Service (EHS): new projection scenarios for selected SRGs.

	% EHS public self-sufficiency		Total public demand	Eurobodalla HS supply			Shift pattern				
Clinical Group (SRG)	**2016/17 actual**	**2031 goal**	**2031 base case**	**2031 base case**	**2031 scenario**	**2031 scenario bed days**	**Reverse seps**	**D/O**	**D/O bed days**	**O/N**	**O/N bed days**
Colorectal Surgery	45%	80%	109	67	87	700	20	-	-	58% ACT	234
ENT Head & Neck	19%	grommet up to 80/ year	n/a (181)	49	91	209	42	80% ACT 90% Other NSW	42	-	-
Neurology	76%	85%	629	466	526	2,192	60	-	-	70% ACT	283
Ophthalmology (Euro residents)	74%	85%	684	511	581	1,056	70	70% ACT; 50% Other NSW	70	-	-
Orthopaedics	30%	70%	1,308	378	687	2,933	309	75% ACT; 50% SERH	130	30% ACT; 30% SERH	805
Respiratory Medicine	78%	85%	972	781	860	3,811	79	25% ACT; 90% SERH, Other NSW.	25	60% ACT	244
Urology	44%	85%	478	248	387	954	139	50% ACT; 75% SERH; 25% other NSW.	68	75% SERH; 50% ACT; 25% other NSW	210
Vascular Surgery	29%	70%	255	68	175	803	107	75% ACT.	34	40% ACT	450
Rehab	76%	95%	1,018	712	923	11,986	211	75% SERH	131	95% ACT; 75% SERH; 90% Other NSW.	1,799
Shift Pattern Total							**1,037**		**500**		**4,025**

Source: Health Activity Projections Platform and Analytics (HealthAPP) April 2018.

Table 36: Base Case and Scenario projected beds

Occupancy Rate	Bed type	Base Case 2031	Scenario 2031
170%	**Surgical day only**	**9**	**10**
170%	**Procedural day only**		
80%	**Surgical overnight**	**10**	**11**
80%	**Procedural overnight**		
80%	**Medical overnight**	**82**	**87**
	Medical inpatient (includes mental health appropriate)		48
	Med/Surg flexible beds		9
	HITH (Virtual & Chairs)		20
	COU/ICS		10
75%	**Paediatric inpatient**	N/A	**2 IP + 4 DO**
90%	**Sub-Acute**	**39**	**43**
75%	**Maternity**	**3**	**4**
	Neonatal	N/A	**2+2**
TOTAL BEDS		**143**	**165**

- The following scenario projections are based on the above increase in self-sufficiency rating for Eurobodalla Health Service. Note the proposed beds varies from the scenario.

8.4.1 Surgical – scenario

- Surgical and procedural beds have been calculated together, showing a need for
  - 10 day only beds at 170% occupancy over 200 days, and
  - 11 overnight beds at 80% occupancy over 365 days.
- The decrease in occupancy rates for overnight beds is attributed to the significant ageing population, and adjusted for occupancy in a regional hospital.
- The reduction of the day only days of operation reflect the semi-closure of the services over the Christmas period.
- The HealthAPP tool projects an ophthalmology inflow of approximately 400 episodes from non-Eurobodalla residents in 2031, increasing the number of surgical day only beds.

Table 37: HealthAPP scenario projections for Surgical + Procedural

		2015	2021	2026	2031
Day Only 200 days @170%	**Total Episodes**	2,447	2,579	3,051	3,274
	Total Bed Days	2,447	2,579	3,042	3,274
	Total Beds	7	8	9	10
Overnight 365 days @ 80%	**Total Episodes**	670	755	829	895
	Total Bed Days	1,924	2,679	3,053	3,229
	Total Beds	7	9	10	11

Source: Health Activity Projections Platform and Analytics (HealthAPP)

8.4.2 Medical – scenario

Scenario modelling conducted to increase self-sufficiency across target SRGs within the medical services shows a need for 87 beds at 80% occupancy over 365 days. It should be noted that this scenario provides for very few additional beds and will be implemented in a staggered approach according to increased capability and capacity.

A breakdown of bed allocations can be found at Section 9.5.

Table 38: HealthAPP scenario projections for Medical + Mental Health calculated at 80% occupancy

	2015	2021	2026	2031
Episodes	4,021	5,146	6,118	6,736
Bed Days	14,584	20,432	23,611	25,347
Beds	50	70	81	87

Source: Health Activity Projections Platform and Analytics (HealthAPP)

8.4.3 Sub-acute – scenario

Sub-acute services show a need for total 43 beds, including rehabilitation, palliative care and maintenance, calculated at 90% occupancy rate over 365 days.

Table 39: HealthAPP scenario projections for Sub-Acute services at 90% occupancy

Rehab	**2015**	**2021**	**2026**	**2031**
Bed Days	3,678	7,859	10,249	11,986
Beds	11	24	31	36
Palliative Care	**2015**	**2021**	**2026**	**2031**
Bed Days	701	1,513	1,666	1,821
Beds	2	5	5	6
Maintenance	**2015**	**2021**	**2026**	**2031**
Bed Days	46	343	373	358
Beds	0	1	1	1
TOTAL BEDS	**13**	**30**	**37**	**43**

Source: Health Activity Projections Platform and Analytics (HealthAPP)

8.5 Projections - emergency presentations

- Emergency presentations are expected to increase from 30,677 in 2020/21 to 33,087 by 2030/31 with an expected 29% being admitted (22% 3 year average 2014/15 to 2016/17).
- The (3 year) average time spent in ED for non-admitted patients was 2.02 hours and 5.02 hrs for admitted patients with about 93% of people presenting between 6 am and midnight.

Table 40: Projections for ED presentations

	2015		2015 Total	2021		2021 Total	2026		2026 Total	2031		2031 Total
	BB	Moruya		BB	Moruya		BB	Moruya		BB	Moruya	
Admitted	**3,092**	**2,866**	**5,958**	**3,983**	**3,707**	**7,690**	**4,432**	**4,136**	**8,568**	**4,936**	**4,599**	**9,535**
Other SNSW LGAs	56	63	119	76	90	166	91	95	186	101	108	209
Eurobodalla	2,693	2,534	5,227	3,494	3,309	6,803	3,893	3,693	7,586	4,341	4,106	8,447
Interstate	161	140	301	176	152	328	195	170	365	219	192	411
Other LGAs	182	129	311	237	156	393	253	178	431	275	193	468
Non Admitted	**9,476**	**6,887**	**16,363**	**12,470**	**9,135**	**21,605**	**12,471**	**9,089**	**21,560**	**12,894**	**9,340**	**22,234**
Other SNSW LGAs	252	241	493	311	286	597	340	310	650	370	310	680
Eurobodalla	7,442	5,530	12,972	10,180	7,624	17,804	9,971	7,420	17,391	10,222	7,589	17,811
Interstate	846	553	1,399	954	624	1,578	1,036	680	1,716	1,111	731	1,842
Other LGAs	936	563	1,499	1,025	601	1,626	1,124	679	1,803	1,191	710	1,901
Other	**747**	**464**	**1,211**	**845**	**537**	**1,382**	**804**	**506**	**1,310**	**799**	**519**	**1,318**
Other SNSW LGAs	21	18	39	40	39	79	44	46	90	47	48	95
Eurobodalla	581	378	959	641	415	1,056	588	376	964	569	371	940
Interstate	71	29	100	78	31	109	88	35	123	92	40	132
Other LGAs	74	39	113	86	52	138	84	49	133	91	60	151
Grand Total	**13,315**	**10,217**	**23,532**	**17,298**	**13,379**	**30,677**	**17,707**	**13,731**	**31,438**	**18,629**	**14,458**	**33,087**

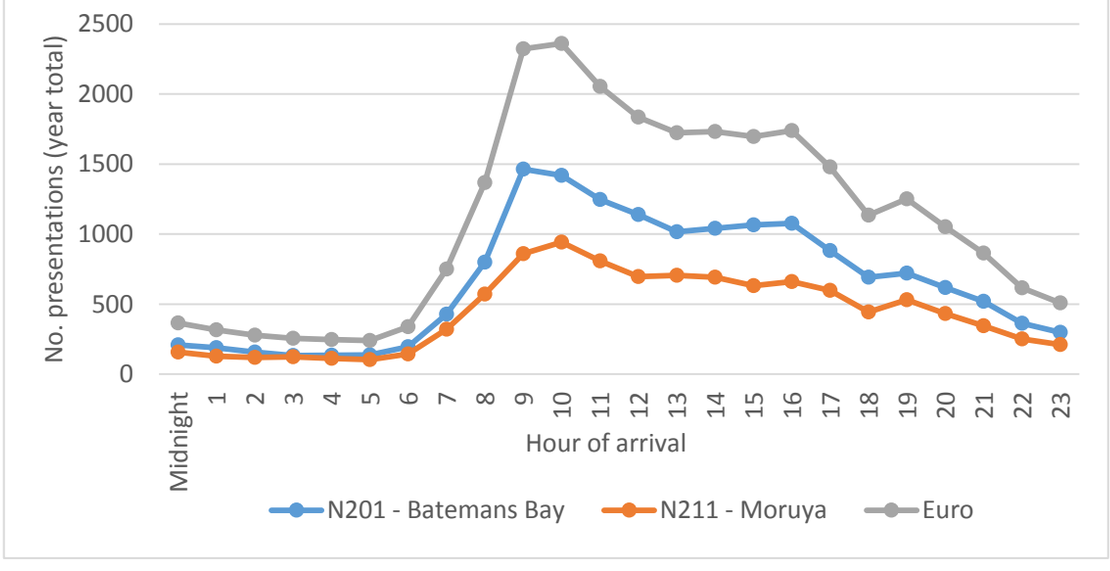
Source: Health Activity Projections Platform and Analytics (HealthAPP) Nov 2017

Table 41: 3 year average utilisation 2014/15 to 2016/17 ALOS in ED

	N201 - Batemans Bay		N211 – Moruya		TOTAL EUROBODALLA 2016/17	
Is Admitted	Total Presentations	Average Time in ED Hours	Total Presentations	Average Time in ED Hours	Total Presentations	Average Time in ED Hours
No	36,238	1.84	24,363	2.29	60,601	2.02
Yes	6,702	4.89	6,486	5.14	13,188	5.02
Grand Total	**42,940**	**2.32**	**30,,849**	**2.89**	**73,789**	**2.56**

Source: Emergency Department Patient Activity Data v 17.0

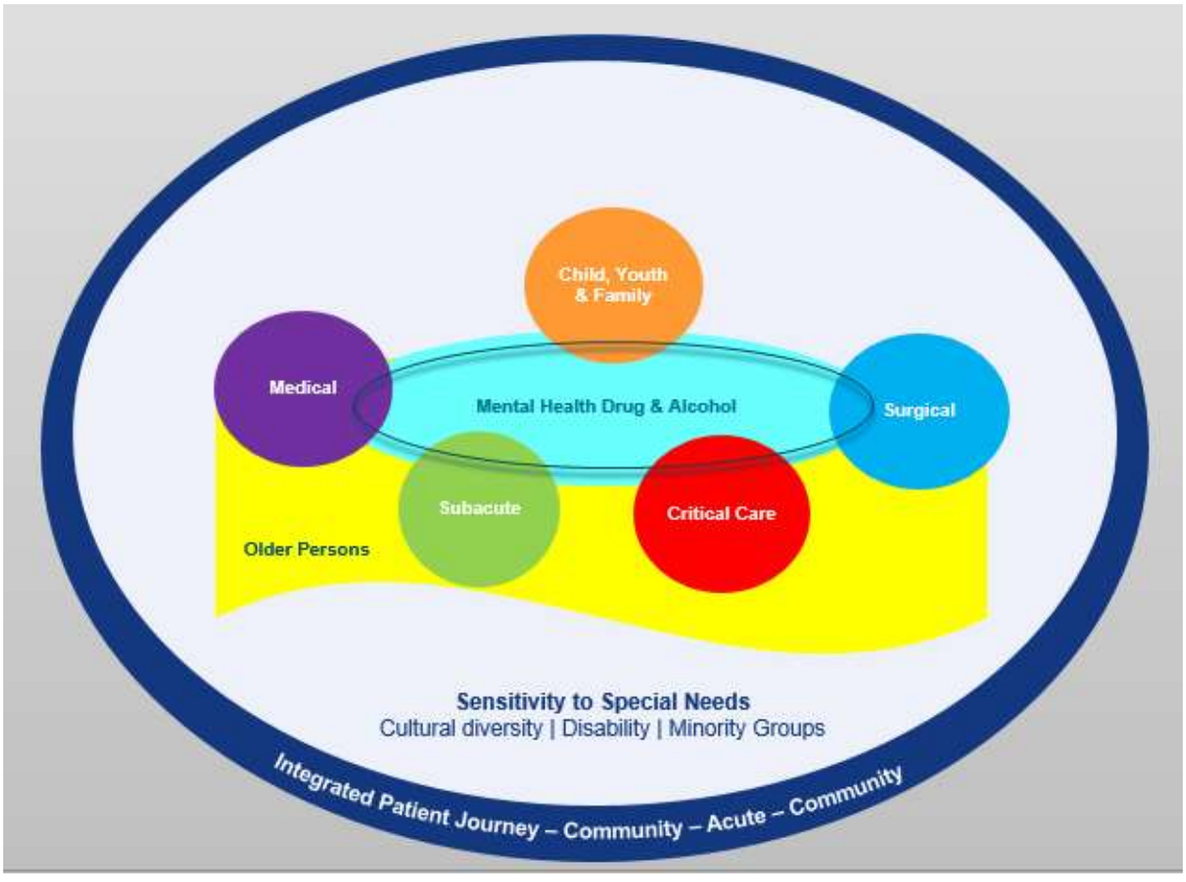
Figure 9: Time of arrival to ED by hour, 2016/17



Source: Emergency Department Patient Activity Data v 17.0

9. Future role for Eurobodalla Health Service in 2031

- The demographic profile of Eurobodalla with a median age of 53.2 years, and 29% of the population over 65 years of age, (and this particular cohort showing strong growth in the future), along with an estimated 6.8% of the population identifying as Aboriginal or Torres Strait Islander people, have been the two main driving factors in developing what the Eurobodalla Health Service will look like in the future.
- The Eurobodalla Health Service will offer a culturally welcoming, responsive and culturally competent service ensuring the workplace acknowledges the traditional custodians of the land and makes respectful use of art, symbols, and language. Eurobodalla Health Service staff will not only have knowledge of Aboriginal and Torres Strait Islander culture, traditions, and protocols, but will be aware of the historical and current issues impacting upon Aboriginal and Torres Strait Islander peoples' engagement with health service providers.
- Providing an inclusive service for all people will involve the implementation of policies and practices which ensure decision making is appropriately informed and systemic barriers to accessing services by many groups within the community are addressed.
- The patient will be at the centre of the journey and will play a key role in determining their own care plans and the environment in which they receive care. Multidisciplinary teams of medical, nursing and allied health professionals will provide services to the patient whether they are an inpatient, visit a clinic, or are at home.
- The Eurobodalla Health Service will offer an integrated service across all disciplines with older persons and MHDA care integral to all service provision with staff who are trauma informed and responsive.
- To ensure individual services do not operate in isolation, services will be developed using multidisciplinary care models that follow the patient journey and provide seamless transfers between services.
- The majority of services in Eurobodalla will move from role delineation level 2/3 to operating at role delineation level 4 to allow more people to be treated locally. This will occur in a staggered and prioritised way as capacity and capability is grown. Each stream, whilst having integrated services within the stream, will not operate in isolation but will be interlinked with all streams and with non-health services as well. Health service consumers will experience a seamless journey.
- High level models of care and related strategic workforce plans have been drafted across all streams. These will be continually developed and refined over the planning cycle.
- The future service will be adaptable and innovative including adoption of additional tranche 2 LBVC initiatives into clinical practice.
- Eurobodalla Health Service can expect to see many changes due to the development of information technology solutions which will change how care is delivered. This technology will support increasing development of clinical networks within the District and with external agencies and tertiary facilities. The implementation of the Virtual Care Strategy in SNSWLHD and in Eurobodalla will work towards supporting patient care that is safe, timely and efficient and where possible, local.
- In 2031 all critical care and inpatient services will be provided at one site with strategically located outreach services available based on community need.
- Below is a two dimensional graphic which illustrates how the care streams of the future Eurobodalla service will interact with each other. It is important to highlight that the Older Persons Care stream will underpin the services reflecting the population profile of the region. Additionally the Mental Health, Drug and Alcohol care stream will touch across care streams and therefore will be integrated across all services.



9.1 Future Role Delineation

Eurobodalla role delineation levels will show a nominal increase to level 4 across most services.

- It is important to note that the current 'actual' levels of the services have been recently reassessed and indicate a higher delineation than the formally recorded levels thus reducing perceived service stretch.
- The proposed increases in levels will be staggered and prioritised according to capacity and capability for the service over a period of time. Transition planning will commence prior to the redevelopment in the existing infrastructure where possible to support change management in the new facility.
- It is recognised that in order to reach a level 4 in most services, the ICS would need to be developed from the existing COU3 according to demand, capability and workforce capacity.
- High level models of care and strategic workforce plans have been drafted in collaboration with MoH and ACI subject matter experts, SNSWLHD Executive and District leads, partner agencies and local Eurobodalla Health Service clinicians and managers to identify strategies to address the change in service provision where appropriate.

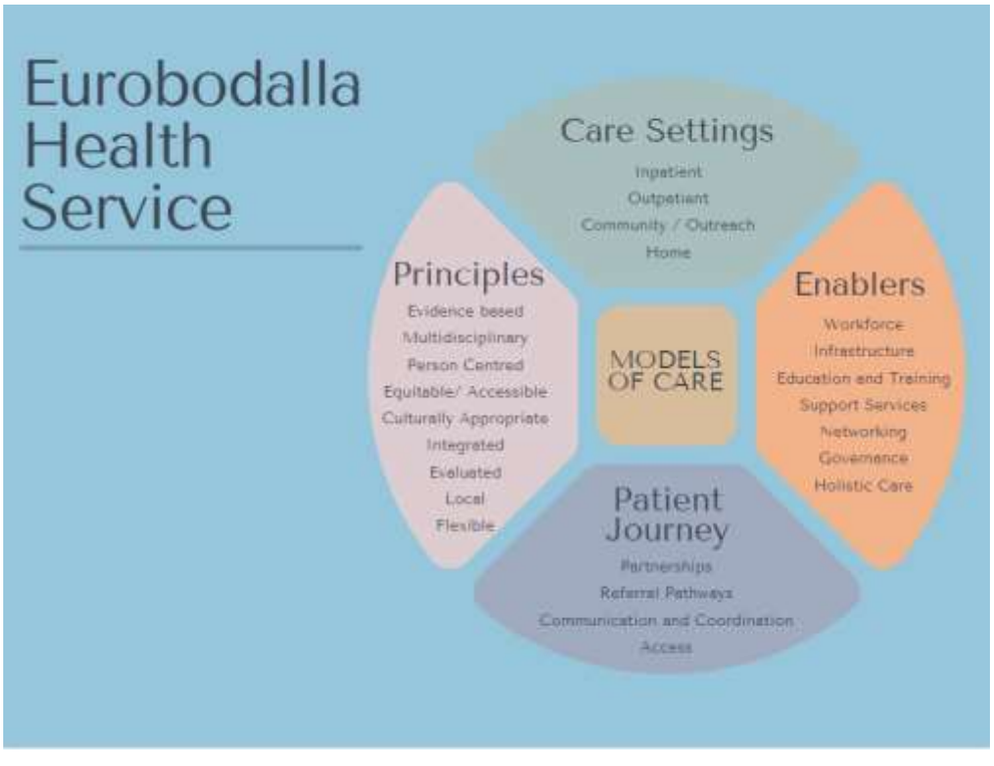
Table 42: Published, actual and future Role Delineation Service Levels

Service	Batemans Bay Published RD	Moruya Published RD	Actual Current RD	CSP Submitted 05/2018	MoC/CSP submission 06/2019	Comments
Core Services						
Anaesthesia and Recovery	2	3	✓	4	4	Building Capacity/ ICS
Operating Suites	2	3	✓	4	4	Building Capacity/ ICS
Close Observation Unit	NPS	3	✓	3	3	Stat
Intensive Care Services	NPS	NPS	✓	4	4	Building Capacity
Nuclear Medicine	4	4	✓	4	4	Stat
Radiology and Interventional Radiology	3	3	2/4	4	4+	Stat – Requires access to MRI, Fixed Fluoroscopy and OPG
Pathology	2	3	✓	4	4	AP as a Network
Pharmacy	4	4	✓	4	4	Stat
Emergency Medicine						
Emergency Medicine	2	3	3	4	4	Building Capacity/ICS
Medicine						
Cardiology and Interventional Cardiology	1	1	✓		3	Building Capacity/ICS
Chronic Pain					3	Newly captured in RD
Clinical Genetics	NPS	NPS	3		3	Visiting Status quo
Dermatology	NPS	NPS	✓		2	Building Capacity
Drug and Alcohol Services	NPS	NPS	3		2	Part of District Plan
Endocrinology	NPS	NPS	3		4	Building Capacity/ICS
Gastroenterology	NPS	NPS	1		3/4	Building Capacity/ICS
General and Acute Medicine	2	3	✓	4	4	Building Capacity/ICS
Geriatric Medicine	2	2	✓		3/4	2 years post build
Haematology	NPS	3	✓		4	Part of District Plan/ICS
Hospital in the Home (HITH)		4	✓		4	Stat
Immunology	NPS	NPS	✓		4	Visiting - Building Capacity/ICS
Infectious Diseases	NPS	NPS	2		4	Building Capacity
Neurology	NPS	NPS	3		4	Building Capacity/ICS
Oncology - Medical	NPS	3	✓	4	4	Building Capacity/ICS
Oncology - Radiation	NPS	NPS	✓	4	4	Building Capacity
Palliative Care	2	2	3	4	4	Stat
Rehabilitation Medicine	2	3	✓	4	4	Stat
Renal Medicine	NPS	2	✓		3	Building Capacity
Respiratory and Sleep Medicine	NPS	NPS	3		4	Building Capacity/ICS
Rheumatology	NPS	NPS	✓		2	Stat
Sexual Assault Services	1	1	3		4	Stat
Sexual Health	3	3	4		4	Status quo
Surgical						
Burns	NPS	NPS	2		2	Status quo
Cardiothoracic Surgery	NPS	NPS	✓		NPS	NPS
Ear, Nose and Throat	NPS	NPS	✓		3	2 years post build
General Surgery	2	3	✓	4	4	Building Capacity/ICS
Gynaecology	NPS	3	✓		4	Building Capacity/ICS
Neurosurgery	NPS	NPS	✓		NPS	NPS
Ophthalmology	1	NPS	3		3	Stat
Oral Health	NPS	3			4	Building Capacity
Orthopaedic Surgery	NPS	NPS	BB NPS M 3		4	Building Capacity/ICS
Plastic Surgery	NPS	NPS	✓		NPS	NPS
Urology	2	NPS	BB NPS M 2		3+	Stat Radiology dependent

Service	Batemans Bay Published RD	Moruya Published RD	Actual Current RD	CSP Submitted 05/2018	MoC/CSP submission 06/2019	Comments
Vascular Surgery	NPS	NPS	✓		4	Long Term- Radiology dependent/ICS
Child and Family Health						
Child and Family Health	3	3	✓		4	Building Capacity
Child Protection Services	1	1	3		3	Status quo
Maternity	NPS	3	✓		4	2 years post build/ICS
Neonatal	NPS	2	✓		3	2 years post build/Mat
Paediatric Medicine	2	2	✓	4	3	2 years post build
Surgery for Children	2	2	✓	4	3	2 years post build
Youth Health	2	2	✓		3	Stat
Mental Health and Drug and Alcohol Services						
Adult Mental Health	3	2	✓		3	Part of District Plan
Child and Youth Mental Health	2	2	✓		2	Part of District Plan
Older Person Mental Health	2	1	✓		2	Part of District Plan
Community Based Health Services						
Aboriginal Health	6	6	✓		6	Stat
Community Health	NPS	4	✓		4	Status quo

9.2 Models of care and related infrastructure requirements

- Following extensive consultation with community, staff and key technical and clinical subject matter experts, the high level models of care have been deliberated for each of the care streams in Eurobodalla.
- The models of care considered – principles, enablers, care settings and patient journeys, and related networks. These remain iterative models and are expected to evolve along the planning trajectory towards and within the new redevelopment.
- The consistent key themes are illustrated below and underpin all of the models of care proposed for the future service delivery.



9.3 Older Person's Care

Service descriptor and high level model of care summary

- Older person's care will be an integral part of Eurobodalla Health Service and will underpin and support the health services streams.
- The older person's care service will provide care navigation for people with complex and/or multiple needs. The team will be able to provide a 'rapid response' to assess, provide necessary interventions and refer on to appropriate service/s. The service will operate 7 days per week for extended hours.
- The core team will consist of a geriatrician, a nurse practitioner and highly skilled generalist clinicians who specialise in the care needs of older people. This service will lead the Clinical Network for Older Person's Care across the District.
- The service will assist clinicians in other streams who are looking after older people. The team will ensure that the most appropriate care is delivered in the most appropriate environment to the client and their family/carers.
- The team will complete a range of comprehensive aged and functional assessments for clients and provide follow up. The team may use telehealth as an adjunct service delivery mode.
- Models of care and programs specifically aimed at improving experiences and outcomes for elderly people will underpin all services including mental health and Aboriginal health and in reach into RACF.

Projected need, justification and modelling

- The significantly aging population of Eurobodalla is one of the most critical elements of the population profile and as such a whole system approach needs to be considered to address issues and challenges faced by the population to keep them well and healthy in their homes longer.

Functional infrastructure requirements

- As this is a care stream integrated across all areas of the service, it is important that infrastructure is considered with access, fragility, comfort, navigation and distance to support needs of older persons.
- The core team will require access to flexible clinic/consult, interview, and specialised treatment spaces.

9.4 Surgical Care Stream

Service descriptor and high level model of care summary

- There will be one consolidated interdisciplinary perioperative service reducing inefficiencies associated with operating over two sites.
- Within the surgical care stream there will be all services which assist in the preparation for surgery, the surgery itself, immediate care following surgical intervention and post-acute care plus the oral health unit and sterilising unit. The surgical care stream will have close links with the critical care, sub-acute and medical care streams.
- Surgical services will be gradually increasing across a range of subspecialties (as outlined in table 36, 37) in alignment with the increased capacity of core services and capability within the health service.
- The surgical services will be provided via a mixed medical workforce dependent on the scope of activity and the workforce expertise. Flexibility provided by this model will be governed and also limited by the delineated service levels of the subspecialty and related patient risk. Staffing models will include general surgeons, anaesthetist/GP anaesthetists, specialists and visiting specialists and related registrars to ensure cover and potential succession planning.

Clinics

The surgical care stream will operate a surgical clinic and a pre-admission clinic to integrate services offered before and after surgery according to current ACI MOC at the time. The clinic will:

- Process referrals for surgery which come via GP, ED, VMOs and request for admission from private surgeons
- Provide risk stratification of patients
- Link with pre-habilitiation (see rehabilitation section) to prepare people for surgery
- Prepare patients for surgery via an interdisciplinary team with anaesthetist and nurse clinical leads. A care coordinator/navigator will be identified for each patient.
- Provide acute pain management
- Provide post-surgical reviews e.g. fracture clinic, vascular, wound/burn, and opinion. (The reviews may relate to surgery performed elsewhere and may result in referrals to appropriate services)
- Provide a plaster clinic
- Provide breast care, a lymphoedema service, continence care and stoma care.

The surgeons in the clinic will provide a consultative service for a range of conditions that can include wound and vascular care.

Theatre complex and sterilisation

There will be one theatre complex which will include the Central Sterilising Service Department (CSSD) to service Eurobodalla and provide day only, overnight and emergency surgery.

Post-operative care

Care after surgery will be provided in the most appropriate setting:

- Day only care will be provided within the theatre complex in a designated 'day only' area.
- Overnight care will be provided within a surgical ward with links to ICS as required.

Support will be provided by community nursing, allied health and General Practitioners.

Projected need, justification and modelling

- Many in the Eurobodalla population (cancer, chronic and complex conditions) who require surgery have comorbidities or are elderly and therefore are at higher risk than a level 3 service can accommodate. A level 4 service across the most relevant sub-specialties for the population cohort will better meet the needs of the local community, although it is recognised that this will evolve over a period of time.
- Self-sufficiency levels for Eurobodalla Health Service indicate low self-sufficiency in various specialties. Surgical services will be expanded in colorectal, ENT, ophthalmology, orthopaedics, urology and vascular specialities to allow residents to have more surgery close to home.
- Recent change to a staff specialist general surgeon model with increased capacity will support flow reversal with availability of clinic and theatre time.

Theatre

- The projected level of surgical activity can be converted into estimated operating theatre requirements based on a set of assumptions as presented in the table below.
    - Activity based on status quo and reflecting historical flow patterns indicate a requirement for 2.4 theatres by 2031.
    - Activity based on the scenario projections indicate need for 2.6 operating theatres by 2031.

Table 43: Projected Operating Theatre Requirements for Surgery and Procedures

Estimation of required operating Theatres		2021		2026		2031	
		day only	Overnight	day only	overnight	day only	overnight
Projected base case		2579	755	2791	787	3000	835
Projected scenario		2579	755	3051	829	3274	895
Operating Theatre Utilisation:							
Proposed throughput/year (8hrs/5day/48wk/yr)		1920	960	1920	960	1920	960
Av operating Procedure time		1	2	1	2	1	2
Av session length		8	8	8	8	8	8
Av session throughput		8	4	8	4	8	4
interim operating theatre total			5%		5%		5%
Estimated room requirements		1.3	0.8	1.5	0.8	1.6	0.9
Est scenario room requirements		1.3	0.8	1.6	0.9	1.7	0.9
Total theatre required			**2.1**		**2.5**		**2.6**

- As a result, it is recommended that the perioperative suite have 3 theatres, one full sized used for procedures to cater for the high projections for procedures into the future. One procedure room should be theatre sized to allow for future expansion as necessary.

Beds

- The volume of surgical/procedural separations is projected at 3,334 by 2021 and to 4,169 by 2031.
- Day only bed days is projected to increase from 2,579 by 2021 to 3,274 by 2031. These will be accommodated within the theatre complex as per the theatre section above. Scenario projections using HealthAPP indicate a need for 10 day only 'beds'.
- Overnight scenario projections show an increase from 2,679 bed days in 2021 to 3,229 bed days by 2031. HealthAPP is showing a requirement for 11 surgical beds by 2031.
- It is proposed that a 20 bed surgical unit (11 beds from the surgical bed stock and 9 from medical) be developed for ease of staffing, the beds can be flexed between surgical and medical depending on demand.

Clinics

- The surgical and pre admission clinics will require a number of consult rooms along with a small procedure room. Post-operative care will require access to a fully functioning gym, consult and clinic spaces to support allied health and nursing care.

Sterilising Unit

- Changes to Australian Standard AS4187 Reprocessing of Reusable Medical Devices in Health Service Organisations were released in 2014, with a directive that the new standard be implemented by December 2021. Without significant infrastructure and equipment changes neither Moruya nor Batemans Bay sterilising units will comply. Sterilising and reprocessing equipment at both sites is due for replacement. Information from the manufacturer of the pre-vac sterilisers indicates that, due to age of the units, the electronic components for both sterilisers is no longer supported by the company. Neither Batemans Bay nor Moruya SSU is supported by an electronic instrument management system and maintains manual instrument tracking.

- Neither Batemans Bay nor Moruya SSU comply with current AS4187 in relation to separation of workflows and function for the production of sterile reusable medical devices.
- The LHD is considering options for interim management of sterilising; it is likely that SERH will provide the sterilising for Eurobodalla Health Service until the new facility is built.
- Sterilising of private sector equipment is conducted by Eurobodalla Health Service and it is likely that will continue into the future.
- Current Australasian Health Facility Guidelines are sized for either 2 sterilisers or 4 sterilisers. Further work will need to be completed on requirements for Eurobodalla.
- Two sterilisers would most likely cater for Eurobodalla Health Service however given the number of eye cases and the dental clinic, two medium plus one smaller sterilisers may be required to meet the fast turnaround demand.
- The Sterilising Service Unit requires direct horizontal or vertical access to the operating theatres and procedure rooms, and ease of access to other departments throughout the Health Service and will be required to comply with AS4187.

Functional infrastructure requirements

- 3 theatres
- 2/3 onsite sterilisation unit
- 11 bed surgical ward in addition to 9 flexible beds (shared medical/surgical)
- 10 bed day only unit
- Functional access to key services including ED, ICS and obstetrics should be considered.
- For the 3 theatres it is suggested the design take into account room for 4 trolleys in admission (the trolley will follow the patient) and 10 chairs for second stage recovery.

Oral Health

Service descriptor and high level model of care summary

- Oral health will be provided as part of the surgical stream. The three goals of *Oral Health Strategic Directions 2011 – 2020* focus on improving the oral health of the whole population and, within that, of five main 'target groups' whose oral health status is poor. These groups are early childhood, people with special needs, Aboriginal and Torres Strait Islander people, older people and rural communities.
- A draft NSW oral health tertiary services plan proposes that where possible, tertiary services be delivered as close to home as possible. Options to facilitate the plan include building the capacity of general dental officers and the use of teledentistry.
- In SNSWLHD there is currently limited access to higher level dental care with many residents of the region required to travel to Queanbeyan to use a visiting service (with extensive wait lists) or travel to Sydney.
- It is proposed that the oral health service in Eurobodalla could provide the niche dental surgical service for the District and benefit not only Eurobodalla residents but those eligible people from across the District.

Projected need, justification and modelling

- Centrelink data from 2015 showed that 15,693 adults within the Eurobodalla Shire (50%) were eligible for public dental services. As at 30 June 2016, there were approximately 6,700 children aged 0-17 years in the Eurobodalla Shire, for a total potential demand of approximately 22,400 people.
- Annually the clinic currently provides approximately 3,500 appointments for adults and 1,554 appointments for children; 450 emergency and general treatment vouchers and 440 denture vouchers. This is only a small portion of those eligible for the service.
- The service to date has had consistent vacancies and as such has not been able to meet the demand. There is an extensive wait list for appointments.

- Additionally, the number of SNSWLHD residents requiring higher level Dental services is difficult to estimate because often people will seek private options if they can afford this or more often, opt to go without rather that travel to Sydney/Queanbeyan or pay the upfront fees associated with private services.
- It is assumed that the public dental eligible adult population will increase in line with the population projections, up to 17,260 people in 2030/31 (50% of 34,520). The number of children aged 0-17 years is expected to decrease by 13% to approximately 6,030 by 2030/31. The federal government is running a means-tested child dental benefits schedule until December 2020. If this ceased, the number of children seeking public dental appointments would increase. Under the current system, the total potential demand in 2030/31 is approximately 23,300 people.
- The oral health unit should ideally be located with easy access to sterilising.
- The Non-Admitted Service Planning Tool calculates 4.74 total chairs for Oral Health to 2031.
- This number is adjusted to 6 chairs to allow for growth anticipated by a fully resourced team and increase in acuity as the niche service for the District.

Table 44: Oral Health Chair Projections

Row Labels	2018 New OOS	2031 New OOS	Number of Rooms Required @ 240 days per year, 7 available hours per day, 80% occupancy	Adjusted Rooms Required
Dental	**5757**	**9560.99**	**4.74**	**6**
Group session	221.00	367.03	0.18	0
Individual session	5536.00	9193.97	4.56	6

Source: NAP data accessed May 2019; Non-Admitted Service Planning Tool

Functional infrastructure requirements

- A fully operational six chair unit
- Located near the sterilising unit

9.5 Medical Care Stream

The medical care stream includes the services for medical care (inpatient and outpatient care), cancer care, renal care, Hospital in The Home, and community nursing and allied health services.

Each subservice will be explored separately noting that they are still intrinsically linked.

Medical inpatient care

Service descriptor and high level model of care summary

- Physician led medical inpatient ward will provide general medical care to level 4 role delineation across a range of medical sub- specialities. Services will be provided in a range of modalities – including the continuation of services currently provided onsite, visiting services, networked arrangements and increased local capacity.
- It is anticipated that any growth will be prioritised and staggered according to service capability including the alignment of core services for Eurobodalla.
- General Practitioners will continue to provide inpatient care alongside the physicians in addition to a registrar model to ensure coverage and succession planning.
- Ambulatory services, including HITH and other hospital avoidance programs will be promoted as an alternative to inpatient care.

- Integrated models will ensure a continuum of care across the service settings using multidisciplinary and specialised teams including the older persons 'flying squad' and the Aboriginal Health teams.
- Management of unwell mental health patients admitted for acute medical conditions will include a referral to mental health services for a liaison psychiatry assessment and development of a comprehensive mental health management plan.
    - Patients admitted on a voluntary basis for mental health issues and assessed as low risk (who do not need to be admitted to a mental health unit), and those admitted for high risk detoxification from alcohol and other drugs will be referred to the MHDA service for assessment and development of comprehensive management plans. Community mental health alternatives will be promoted where possible with appropriate support according to the 'Living Well Strategy, South Eastern New South Wales Regional Mental Health and Suicide Prevention Plan and Mental Health Drug and Alcohol Specialist Services Clinical Service Plan.

Projected need, justification and modelling

- Increased level of self-sufficiency coupled with the new models of care will contribute to the increase in separations across 9 target SRG's by 2031.
- The base case projections indicated a need for 82 medical beds by 2031. The scenario projections increased the need to 87 medical beds.
- The medical inpatient configuration needs to have flexible options wherever possible to assist with changing models of care.
- The inpatient supply projections for Eurobodalla Health Service acute medical services are presented in section 8.

Table 45: Projections via HealthAPP for Medical + Mental Health calculated at 80% occupancy

	2015	2021	2026	2031
Episodes	4,021	5,146	5,661	6,293
Episodes Scenario	4,021	5,146	6,118	6,736
Bed Days	14,584	20,432	21,939	23,805
Bed Days Scenario	14,584	20,432	23,611	25,347
beds @80%	50	70	75	82
Beds Scenario @80%	50	70	81	87

Source: HealthAPP adjusted to 80% occupancy

- Non-admitted patients (ambulatory services) are key to supporting this model. Estimated projections are captured below regarding space allocation which needs to include gym, clinics, consult and education spaces. Outreach services will also require appropriate consult, treatment, therapy, and interview spaces.

Functional infrastructure requirements

The scenario projections recommend a total of 87 medical beds:

- 48 medical beds (including 3 mental health appropriate beds)
- 9 flexible beds (shared med /surgical)
- 12 HITH 'virtual' beds
- 8 chair HITH transfusion clinic
- 10 Critical care – CoU/ICS

Cancer care

Service descriptor and high level model of care summary

- Eurobodalla Cancer Service remains integral to the Canberra Regional Cancer Centre (CRCC) of ACT Health and SNSWLHD District-wide service.
- Proposed new medical models of care for the District wide service are exploring the benefits of providing incremental capacity increases with the recruitment of local staff specialist physicians – medical oncologists and haematologists - with fractional, conjoint appointments to Canberra and SNSWLHD, providing services across the LHD.
- Proposed changes to the medical governance structure aim to provide services at a higher frequency, conferring increased service capacity and improved patient access.
- Registrar attendance will boost clinic session capacity. The above-mentioned 'return' of clinical activity to SNSWLHD units is expected to be substantial, given the patient numbers currently attending CRCC clinics (anecdotal data). The inclusion of registrars is likely to adequately cover these returns, along with expected natural growth in cancer incidence.
- In the meantime, the Eurobodalla Oncology Service will continue to function as a satellite clinic providing chemotherapy treatment for privately referred patients on an outpatient basis with medical services supplied by visiting consultants from the CRCC.
- The frequency of visiting medical services will need to increase to manage the clinical referrals in a timely fashion and this will be negotiated progressively with the CRCC Medical Oncology, Haematology and Radiation Oncology staff.
- Radiotherapy Services for the Eurobodalla region will continue to be provided by Nowra and Canberra Hospital.
- The service will continue to refer paediatrics to specialist services.
- The interdisciplinary cancer care team will be supported by continence care, stoma care, breast care, nutrition, swallowing and communication support, social service support, trauma, grief and loss counselling and wound care.
- SNSWLHD and Murrumbidgee LHD are undertaking a joint project, funded by a Cancer Institute NSW grant, to engage Aboriginal and culturally and linguistically diverse (CALD) communities with low screening rates, promote the benefits of ovarian and breast cancer screening, and make available dedicated screening clinics for these cancers. Culturally sensitive pop-up clinics for breast and cervical cancer screening will be held at fixed sites, with scope to incorporate this model into other LHD screening services, including mobile van services.
- Future directions for cancer care will involve:
  - Pre cancer screening
  - Post chemotherapy symptom management
  - Development of linkages with the ACT and Illawarra Shoalhaven LHD to provide comprehensive cancer services
  - Streamlined access to radiation therapy treatment - clearer referral pathways for Eurobodalla patients to access radiation therapy either in Canberra or Nowra
  - Enhanced access to local radiation oncology consultation services with the provision of face-to-face consultations by radiation oncologists within the Cancer Unit
  - Enhanced access to specialist services with visiting haematologist and palliative care specialist
  - Potential development of local clinical trials within the cancer care unit
  - Improvements to access for surgical cancer services

Projected need, justification and modelling

The current cancer care unit for Eurobodalla was opened in September 2015 as a 12 station unit that currently operates at 8. The service is currently operating at capacity due to work processes,

staffing availability and volume. Community and staffing expectations are that this service will maintain if not grow to accommodate future demand.
Chemotherapy Modelling Tool treatments were calculated using current clinic data 2,172 (total chemotherapy and non-chemotherapy activity), 4 days per week, 60% occupancy. The Tool projected 5.9 chairs.
The adjustment in the occupancy has been to reflect the model of care in the unit and constraints noted above:

- Chairs are used for whole appointments including pre-admission preparation, administration and recovery/discharge which is not reflected in the standardised time allocated for each treatment in the Tool
- Treatment durations and number of treatments standardised in the tools do not reflect current practice, however absence of precise data to model using alternative scenarios was not available.

Data constraints/limitations are noted:

- Inability to predict accurately the impact of the abovementioned changes in care options for patients with cancer.
- Data quality and variance across multiple data sets noting recent transitions to new information management systems.
- Limited precise data by treatment types/protocols/cancer types in the service to be completed and override scenarios of the Chemotherapy Modelling Tool.
- The available scenario using the limited data is the 'total treatments' option in the Modelling Tool. This has limitations with the methodology challenged by the clinicians:
    - The number of treatments per cancer type are challenged by the medical team of the service, lung cancer for example.
    - Treatment duration apparently includes 'administration time (eviQ protocol) including additional time for actions such as cannulation, flushing and administering pre-medications' which are challenged by the medical team as unrealistic, especially for complex administrations and extensive pre-works, bladder chemotherapy for example.
    - Unable to demonstrate the higher incidence rate in Eurobodalla against NSW average.
    - Modelling tools available to 2026 only.

	Please enter the required data into the white cells below
Name of unit for which activity is projected	Eurobodalla health service
Local Health District (LHD) of unit	830 Southern NSW
Modelling approach	B2 Total treatments only
Year of source data	2016
Projection year 1	2021
Projection year 2	2026
Days the unit is open per year	200
Hours of operation per day	6.5
Occupancy rate	60%
Minutes per chair per year	46,800

Service	Year 2016	2021	2026
Chemotherapy			
Patients total	147	163	182
Treatments total	1,288	1,402	1,579
Chairs required	3.3	3.6	4.1
Other (Non-chemotherapy)			
Patients total	-	-	-
Treatments total	683	756	835
Chairs required	1.1	1.2	1.4
Blood products			
Patients total	-	-	-
Treatments total	42	47	52
Chairs required	0.1	0.1	0.1
Infusions			
Patients total	-	-	-
Treatments total	159	176	195
Chairs required	0.3	0.3	0.3

- The increasing demand for medical cancer services in Eurobodalla is becoming more difficult to meet under the current service model. The impact has been reduced access to local services for patients, forcing an increasing number of patients to travel outside SNSWLHD for consultation services.
- The size and duration of chemotherapy clinics has increased, creating a number of staffing pressures in the Eurobodalla Cancer Care Service including longer clinic hours, and difficulties meeting letter-writing and data collection requirements
- A new model has been proposed for the service to include increased availability of a VMO/Staff specialist workforce which may resolve a number of issues but further exacerbate the demand on the service with reversals and inflows from patient seeking care directly in ACT Health (data unavailable to model) for initial or complex treatments outside the initial scope of the Unit.
- Cancer incidence is expected to increase by 62% to 2031, and cancer mortality rates by 54%.
- The population profile exhibits high cancer risk factors which are a measure of long term projected burden because there is strong evidence supporting increased risk of cancer with these. Factors include:
  - Ageing: significant issue for the region
  - High chronic disease lifestyle risk in the region including rates of smoking, obesity, poor diet, physical inactivity, and alcohol consumption
  - Significant Aboriginal population
  - Lower cancer screening participation rates evident in the region.
- Changes to the model of care and work processes (increased shifts, patient flow and infrastructure usages) should be considered to manage demand beyond any further projected infrastructure requirements.

Functional infrastructure requirements

- 10 station Oncology unit
- Clinical counselling spaces, consultation rooms, interview rooms and specific space for a wig library.
- Clinical and workspace will need to support patient flow and dependent services
- Clinic days require access to multiple adjoining clinics/consultation rooms to manage peak patient demand
- Access to consultation rooms for complex treatments and interview rooms
- Rooms need to be IT capable to support current telehealth models

- Waiting areas and drop-off areas should consider patient fragility and access.
- Proximity to other clinical services with similar modus operandi such as renal and other dependent services such as pathology/radiology and acute services for emergency response as clinically indicated.

Renal care

Service descriptor and high level model of care summary

- Eurobodalla renal services remains integral to the Canberra Hospital and Health Service (CH&HS) and SNSWLHD District wide service.
- Eurobodalla haemodialysis satellite unit will continue to support the community and visitors to the region with 15 stations.
- Increase multi-disciplinary Renal Outreach Services to:
  - provide care to increasing numbers of CKD clients and to slow the progression of CKD
  - enable clients to make informed renal option choices and advanced care plans
  - meet the requirements for renal supportive care services (LBVC)
  - increase the provision of home dialysis services
- Increased provision of training provided by the unit to promote uptake of home dialysis as possible to reach service level agreement requirements (of 50%).
- Respite or holiday dialysis capacity in the satellite units:
  - Home dialysis clients will require provision for them to change their modality to centre-based dialysis when they become unsafe or too unwell to dialyse at home or when their carer is unwell. Respite haemodialysis must be available.
- The model will include:
  - Increased focus on renal replacement therapy options, education, early detection and timely management of CKD via a multidisciplinary approach
  - A more adaptable workforce model and increased access to psychologists and allied health services with links to high risk foot clinics
  - Developed links and integration with primary health services and Indigenous communities
  - Increased use of digital technology - telehealth
- The service will:
  - Provide an Aboriginal renal clinic to serve the high percentage of Aboriginal people within Eurobodalla
  - Provide telehealth monitoring for patients at home
  - Support GPs via telehealth from a tertiary facility, for the medical management of acutely unwell renal patients
- Referrals to tertiary services will continue for patients needing higher level care.
- Provide training to staff within Residential Aged Care Facilities to assist residents with peritoneal dialysis reducing the need for residents to attend a renal unit for treatment
- Conservative treatment options (a non-dialysis pathway) will be available and include an Ambulance plan linked with Advance Care Directives to aid Ambulance officers in collaboration with GPs and palliative care teams.

Projected need, justification and modelling

- The Kidney Health Australia (KHA) report 'A Model for Home Dialysis' predicted that between 2009 and 2020 Australia will see an 80% rise in the incidence of ESKD requiring treatment, citing the underlying factors contributing to this statistic as the increasing number of aged people making up our population along with an increased prevalence of diabetes (Kidney Health Australia [KHA] 2012, p.4). The latter prediction for Indigenous people sees a commensurate tenfold increase in the commonality of CKD compared with the non-Indigenous population (Stumpers & Thompson 2013).

- The Eurobodalla has the highest expected growth rate in the ageing population (those aged over 70) across NSW, as well as a high percentage of Aboriginal people. Informed by these demographics the *Revised Projections of Demand for Renal Dialysis Services in NSW to 2021* projected that the local area would have an average 6.8% annual increase of renal patients to a total of 47 patients (7,332 separations) in 2031.
- Studies have shown that elderly dialysis patients are often faced with physical and/or social challenges that preclude them from home based renal replacement therapies hence, due to the increased proportion of ageing in the local population treatment at the satellite centre is expected to be much higher than the current benchmark for NSW of 50%.
- In line with these trends, it is expected that the current trend of patients on home dialysis will continue (currently 24% at May 2018). Of an estimated 7,332 projected separations, it is estimated that there will be 36 patients (5,616 renal dialysis separations) in Eurobodalla Health Service in 2031.
- The largest number of separations is anticipated in the 65+ age range. There are no separations for residents aged 0-14 years from 2015/16 to 2017/18 as paediatric patients are cared for elsewhere.
- The LHD renal service will work towards a 50% home dialysis target with the development of a Renal Network 'Home is Best' model based on the *Home First Dialysis* Model of Care. The aim is for clients to be provided with information to enable them to make informed choices about renal replacement therapy options, gain a better understanding of their condition and treatment, and become experts in their own care and gain control and confidence with their dialysis treatment.
- If the service was to reach the 50% target of home dialysis and 50% hospital/care environment, there would be a possible reduction in the projected patients to 24 (3,744 separations) in 2031.

Eurobodalla Health Service will require 15 renal dialysis stations by 2031.

- As per the below calculations using the *Guideline for Planning Renal Services March 2018:*
  - Base case projections suggest 18 renal stations. This assumes a current 25% rate of home dialysis.
  - Scenario modelling to reach the target 50% rate of home dialysis, suggests the service will need 12 stations by 2031.
- Whilst the target of 50% remains the benchmark, it is unlikely that populations in regional areas and especially those exhibiting a population similar to Eurobodalla (aged with significant Aboriginal populations) will be able to meet this.
- Additionally, neither scenario includes the provision to provide training onsite to promote home dialysis, provide adequate capacity for the expected increasing holiday population or those requiring respite due to fragility and age.

Base Case Projections: 24% Home Haemodialysis

Estimated Number of in-centre Renal Dialysis Chairs, 2031

Number of shifts per week			
Scenario 1	Scenario 2	Scenario 3	Scenario 4
2	2	1	1
Number of days operational			
3	6	3	6
Occupancy rate			
1	1	1	1
Annual Chair Throughput (number of therapies provided)			
312	624	156	312

Number of patients requiring in-centre dialysis average * (2016-2018)	Number of Renal occasions (2016-2018)	Projected Number of patients requiring in-centre dialysis (2031) **	Projected Number of Renal occasions (2031)
20	3,120	36	5,616

Numer of Chairs Required @			
Scenario 1	Scenario 2	Scenario 3	Scenario 4
6 days and 2 shifts	**3 days and 2 shifts**	**3 days and 1 shift**	**6 days and 1 shift**
18.0	9.0	36.0	18.0

Based on assumption of 24% at home dialysis in 2031 (36 patients)

Scenario Projections: 50% Home Haemodialysis

Estimated Number of in-centre Renal Dialysis Chairs, 2031

Number of shifts per week			
Scenario 1	Scenario 2	Scenario 3	Scenario 4
2	2	1	1
Number of days operational			
3	6	3	6
Occupancy rate			
1	1	1	1
Annual Chair Throughput (number of therapies provided)			
312	624	156	312

Number of patients requiring in-centre dialysis average * (2016-2018)	Number of Renal occasions (2016-2018)	Projected Number of patients requiring in-centre dialysis (2031) **	Projected Number of Renal occasions (2031)
20	3,120	24	3,744

Numer of Chairs Required @			
Scenario 1	Scenario 2	Scenario 3	Scenario 4
6 days and 2 shifts	**3 days and 2 shifts**	**3 days and 1 shift**	**6 days and 1 shift**
12.0	6.0	24.0	12.0

Based on assumption of 50% at home dialysis in 2031 (24 patients)

Source: * Eurobodalla Health service clinic data pts extrapolated using average treatments 2016-2018, accessed May, 2019: ** CaSPA Portal - FlowInfo v18, renal dialysis & population projections accessed 18th April 2019. Detailed workings available

Functional infrastructure requirements

- 15 station unit is recommended.
- Flexible interview, consult and clinic space with related infrastructure and technology to support renal outreach, telehealth services, nurse led and nephrologist led clinics.
- Waiting areas and drop-off areas should consider patient fragility and access.

Hospital in The Home (HITH)

Service descriptor and high level model of care summary

- With a medical lead, integrated with community nursing services, allied health access and greater expansion of information technology the services within people's home will continue to grow allowing decreased length of stay in a hospital bed and inpatient admissions to wards.
- Virtual HITH services will therefore increase, providing alternatives to individuals and opportunities to remain within their homes longer. People's homes include residential aged care facilities and there will be an increase in HITH within these facilities.
- The HITH service will continue to manage the patients requiring regular transfusions who would otherwise need an acute inpatient medical bed. HITH will also continue to provide the nurse led peripherally inserted central catheter (PICC) insertion service that provides outreach consultation for vascular access for all other services.
- HITH currently provides services for both adult and paediatric patients and will continue to expand capability.

Projected need, justification and modelling

- As identified section 7.12, HITH has shown significant growth with separations doubling from 2013/14 to 2016/17 (289 to 715 separations respectively).
- The new models of care with enhanced ambulatory services aimed at avoidance of hospital admissions will see expansion further in the HITH service.
- The Eurobodalla population profile supports the HITH demand given requirements of ageing, high chronic disease burden and Indigenous populations.

Functional infrastructure requirements

- HITH is expected to replace some need of inpatient beds with 12 'virtual' beds allocated to HITH (an increase from the current 8 places available).
- HITH will require chair space for infusions (8), bays for trolleys for dressings, a procedure room, interview consult space/s for medical checks and consults with patients, families/carers and doctors (should include telehealth facility).
- For staffing purposes the above should be provided from within one space, with delineation between services and curtains for privacy. The space also needs direct and easy access for clients from outside with parking facilities close by.

9.6 Subacute Care Stream

Service descriptor and high level model of care summary

- As the population of Eurobodalla has a high percentage of elderly people, a level 4 rehabilitation and palliative care service will play a vital role in providing the right level of care at the right time to enhance and maintain patients' functional independence.
- Although sub-acute care is mostly provided to older people, the service is available to all ages. Care and treatment will be provided with patients and carers at the centre of decision making with care tailored to individual needs.
- To support level 4 role delineation, models of care and workforce requirements have been clarified with strategies identified to enable appropriate medical governance, including the retention of physicians, GPs, rehabilitation specialist and geriatrician.

Prehabilitation

Eurobodalla will provide a "prehabilitation" program. This model is an early intervention model with a focus on improving an individual's health to reduce the likelihood of need for surgery or admission to medical services in the hospital. The goal is also to reduce post-operative complications and length of stay post-surgery and facilitate return to home without the need for inpatient

rehabilitation or delay in waiting for equipment/home modifications. The service also improves outcomes for patients as recovery time is reduced.

Rehabilitation

- Rehabilitation services are fundamental in enhancing patients' functional independence and play an integral role in patient flow across the health care continuum. The provision of effective rehabilitation services requires a diverse range of health professionals, services and external agencies to work together and overcome system challenges such as separate funding, administration and reporting structures (NSW Health Rehabilitation Redesign Project, Final Report – Model of Care)
- The model for service provision in Eurobodalla will be underpinned by the NSW Agency for Clinical Innovation *NSW Rehabilitation Model of Care* which outlines distinct care settings of rehabilitation: rehabilitation provided to people in acute care settings; rehabilitation provided in purpose built rehabilitation facilities as an inpatient; and care provided in ambulatory settings, such as day hospital, outpatient clinics and home based care.
- Geriatric Evaluation and Management will be provided as an inpatient and outpatient service. The inpatient unit will be collocated with the rehabilitation unit and provide specifically tailored care to people with complex conditions associated with ageing, cognitive dysfunction, chronic illness or disability.
- Ambulatory care will include:
    - Splinting
    - Hand therapy
    - Out of hospital rehabilitation
    - Lymphedema clinics
    - Cardiac and pulmonary rehabilitation
    - Continence service and catheter care
    - Falls prevention
    - Assessment for equipment prescription and funding applications, and home modifications (all ages)
    - Activities of daily living (ADL) assessment and retraining
- The service will work with residential aged care (RAC) facilities to upskill RAC staff to progress care plans while people stay in appropriate care.
- Specialist rehabilitation services such as the Southern Area Brain Injury Service (transitional living unit) and Rural Spinal Outreach will continue to be provided from other NSW Hospitals.

Palliative care

- Demand for palliative care is expected to grow in line with increased life expectancy and an ageing population in Eurobodalla. Additionally, it is anticipated that internal referrals will increase from Eurobodalla health teams supporting people with end stage chronic illnesses like renal failure, end stage cancer, chronic obstructive pulmonary disease, and heart failure, dementia and neurodegenerative diseases such as motor neurone disease.
- Palliative care in Eurobodalla will continue to be delivered in the setting of patient choice where possible, using an integrated approach with clinicians providing a level of care which aligns with the skill set defined by their role and within the parameters of national benchmarks.
- Growth in service demand has been anticipated with the proposal for and provision of specialist nursing position enhancements.
- The palliative care specialist team will be supported by medical specialists, and dedicated specialist allied services including occupational therapy and social work.
- Clients will have access to full a multi-disciplinary team (MDT) either in a clinic, community or inpatient setting.
- Team case discussions will enable development of individualised MDT care plans for all new and unstable/deteriorating clients

- Palliative care suites will be available which can provide respite for families and carers as well as end of life care. Provision of space for family members to stay in the room is required.
- The model for service provision will be underpinned by the NSW Agency for Clinical Innovation 'Palliative and End of Life Care - a Blueprint for Improvement' in addition to the Palliative Care Service Development Guidelines – January 2018.

Key principles of this model for Eurobodalla will include:

- Patient, carer and family centred care.
  - Care that is respectful of, and responsive to, the preferences, needs and values of patients, carers and family members
- Care is based on need.
  - The needs of the patient, their family and carer are the basis on which services are provided, rather than for example on the basis of resources, diagnosis, age or geography.
- Patients, carers and families have access to local and networked services to meet their needs.
  - Care is multidisciplinary. Gaps in primary and specialist services are identified and addressed so that people may have access to comprehensive services as close as possible to home.
- Care is evidence-based, safe and effective.
  - As service provision matures all providers have access to information and education which supports their scope and ensures the provision of best practice and the highest quality care.
- Care is integrated and co-ordinated.
  - All palliative and end of life care providers work together through networks and alliances towards seamless, effective and efficient service provision. The right care is provided by the right person at the right time.
- Care is equitable.
  - All clinical or population groups have access to care within their communities.

Projected need, justification and modelling

- As Eurobodalla has a high percentage of older people the need for sub-acute care is projected to increase significantly. Currently both sites are providing sub-acute services.
- ***Rehabilitation*** currently accounts for 4.1 bed usage in Batemans Bay and 10.9 beds in Moruya, a utilisation of about 15 beds overall.
  - Working on a 90% occupancy for rehab this indicates a current need for 17 beds. Projections to 2031 show a need for 36 beds (at 90% occupancy).
  - Non admitted patient services will be key in the provision of this service
- ***Maintenance*** has up until now been kept to a minimum since growth in available RAC places in the mid-2000s.
  - However the projection tool is showing a need for one bed to cater for future demand.
- ***Palliative care*** is provided equally at both sites with about 1 bed in Batemans Bay and 1.5 beds utilised in Moruya.
  - Projections to 2031 show a need for 6 beds (at 90% occupancy): although this number appears high, with consideration of the ageing population and the absence of a Hospice within Eurobodalla, these inpatient beds need to be factored into the infrastructure requirements.
  - Non admitted patient services will be key in the provision of this service
- Base case scenario modelling is available at Section 8.3.3.

Table 46: Sub-acute – projected bed requirements (scenario)

Rehab	2015	2021	2026	2031
Episodes	321	523	786	923
Bed Days	3,678	7,859	10,249	11,986
Beds	11	24	31	36
Palliative Care	**2015**	**2021**	**2026**	**2031**
Episodes	131	199	223	259
Bed Days	701	1,513	1,666	1,821
Beds	2	5	5	6
Maintenance	**2015**	**2021**	**2026**	**2031**
Episodes	11	33	41	43
Bed Days	46	343	373	358
Beds	0	1	1	1

Source: Health Activity Projections Platform and Analytics (HealthAPP)

- To allow for the greatest flexibility for the demand in sub-acute, the sub-acute inpatient stream will be designed as one unit with **40 beds plus 3 day only chairs:**
  - 7 beds will be specifically designed to cater for palliative and maintenance patients but may be used for rehab as required
  - 33 beds for rehab and GEM combined
  - 3 beds day only rehabilitation chairs.
- Necessary resources for rehab and GEM for both inpatients and outpatients will be factored into the build e.g. gym, exercise and therapy space and equipment, ADL kitchen, patient assessment bathroom, clinic and consult rooms, common dining and lounge room and accommodation for bariatric clients etc.
- In addition, space for health staff who provide the care for the **20 beds for Transitional Aged Care** (Commonwealth funded community places) is required.

Functional infrastructure requirements

- The sub-acute inpatient stream will be designed as one unit with 40 beds plus 3 day only chairs.
- Necessary resources for prehab, rehab and GEM for both inpatients and outpatients will be factored into the build e.g. gym, exercise and therapy space and equipment, ADL kitchen, patient assessment bathroom, clinic and consult rooms, common dining and lounge room and accommodation for bariatric clients etc.
- In addition, space for health staff who provide the care for the 20 beds for Transitional Aged Care (Commonwealth funded community places) is required.
- Non admitted patient services will be key in the provision of this service and related space required to provide consult/clinics and interviews will be captured in the ambulatory section of the modelling.

9.7 Child, Youth and Family Care Stream

By 2031 the services provided to children, youth and their families/carers will be brought together under the Child, Youth and Family Care stream. Teams will provide continuity of care across the continuum for children and their families/carers from prenatal care to youth.

Services within these streams include:

- Child and family services
- Paediatric services
- Maternity and neonatal services

The child and family stream should be collocated with a central reception which links and directs patients to appropriate services, including mental health and drug and alcohol services.

Child and family services

Service descriptor and high level model of care summary

- Provides education, guidance and support to parents in the care of infants (0-5 years) and young families. Home visits and clinic services are available in the Eurobodalla Shire.
- Additional support is provided through new parent groups or on an individual basis. Sleep and settling programs are also provided for management of children 0-3 years.
- Universal Health Home Visiting (including bio-psychosocial assessment – for example, pregnancy history, family medical history ,family social history, screening for domestic violence, Edinburgh Depression scale, 1-4 week infant health record assessment, infant-parent interaction)
- Parent support clinics focused on ongoing feeding, settling, parent support, education and health promotion
- Targeted follow up of level 2 families, including 6 to 8 week/6 to 8 month and 18 month biopsychosocial assessment
- Involvement in case management of level 3 families- for example, participation in protective planning meetings with FaCS
- Sustained home visiting/contact with specific target groups (MESCH)
- Primary health assessments of children on the Out of Home Care health program.
- Initiatives as directed by the state and federal governments at any time will also support the children's care e.g. NSW State Wide Infant Screening Hearing Program – SWISH and StEPS the Statewide Eyesight Preschooler Screening.
- Childhood immunisation will be provided by authorised nurse immunisers to vulnerable and targeted groups. The majority of immunisations will be delivered by GP practices. School based immunisation clinics will continue as directed by the state and national policies.
- Programs specifically targeting Aboriginal children e.g. Building Strong Foundations and New Directions (Allied Health) will be delivered by the Aboriginal Health Service.
- Allied health services will be available to children 0-17 as per mandated legislation and policy and where intervention will have a high to moderate impact on health outcomes. Allied health will provide support for review and management at crucial points of development according to evidence based best practice in each discipline e.g. school readiness, speech impairment, medically diagnosed food allergies.
- Early intervention services with a focus on functional, cognitive and behavioural assessments – up to 5 years, will be provided with support of paediatric specialist and child psychologist from a family therapy group room or appropriate community/school/home setting, using an outpatient multidisciplinary model.

Projected need, justification and modelling

Forms part of the NAP modelling. See Section 9.9.

Functional infrastructure requirements

- Clinic and work area allocations will be required as well as access to group rooms and large education and meeting room spaces.
- Strategically located outreach services will require appropriate consult, treatment, therapy, and interview spaces.
- Child friendly and safe environment including age appropriate waiting areas.

Maternity and neonatal services

Service descriptor and high level model of care summary

- These services will align with the Maternity and Neonatal Capability Framework, NSW Health. It is intended that the maternity and neonatal service will gradually increase from the current Maternity level 3 service to a level 4 and Neonatal level 2 to level 3 service. This will be in line with the proposed expansion of the predominantly outpatient paediatric service (with limited

but dedicated inpatient capacity and paediatrician) and staggered increase in both surgical capacity and intensive care services and related workforces. This increase in service capacity would complement the other maternal services within the LHD which service comparable geographical areas. It provides greater scope for safe, local care whilst promoting localised capability and workforce expertise.

- The future Eurobodalla Maternity Service will offer continuity of care through a caseload midwifery model supported by Midwifery Group Practice (MGP) with two teams each catering for the needs of approximately 180 women. This model is consistent with models being implemented across SNSWLHD.
- MGP will enable women to be cared for by the same midwife (primary midwife) supported by a small group of midwives throughout their pregnancy, during childbirth and in the early weeks at home with a new baby. Midwifery care will focuses on women's individual needs.
- Midwives will work in collaboration with allied health professionals and primary health care providers (child and family nurses and/or general practitioners) and ensure women are transitioned from the maternity service accordingly.
- Medical support will be provided using a mixed medical model of VMO Obstetrician, GP Obstetricians, GPs and CMOs according to the needs of the mothers and baby. Neonatal resuscitation will be provided by an on-call medical officer.
- It is envisaged that this service will increase in time to provide additional capacity to manage higher risk pregnancies in collaboration with appropriate networked services to a level 4 maternity service according to the Maternity and Neonatal Capability Framework.
- Additionally, the increased capacity of the nursery and shared care arrangements with the paediatric services will ensure the earlier return of neonates currently admitted in Special Care Nurseries in Sydney and ACT to provide care closer to home.
- Telehealth and related technology linking Eurobodalla to higher level services for support and expertise will be fundamental to the provision of this service as will networked agreements between ACT NICU/NCU, SCHN and NETS.
- Perinatal mental health services will be provided via the Eurobodalla Mental Health team in addition to local and state-wide telehealth services.
- The service will co-locate Tresillian and Gidget Foundation services within the maternity unit to expand the care available for families post-birth.
- 'Safe Start' (which identifies and supports women and families with a range of social and emotional issues during pregnancy and following birth) will support the maternity MOC along with the Aboriginal Maternal Infant Health Strategy (AMIHS).
- The Baby Friendly Health Initiative (providing a breastfeeding-supportive environment) will be an entire health service initiative led by the child, youth and family care stream.

Projected need, justification and modelling

- With the number of child bearing women not projected to greatly increase over the next 10 years the HealthAPP indicates that the demand for maternity beds will decrease in time. However, given changes in the regional maternity service provision such as the closure of the near-by Milton Hospital Maternity service (ISLHD) and the potential option to maintain higher risk pregnancies in Eurobodalla, this trend could change.
- The activity projections indicate that 3 beds will be sufficient by 2031, however an additional bed is required as a flexible use space for perinatal mental health and services including use by Tresillian under the proposed service agreement for Eurobodalla.
- It is suggested that a 4 bed unit with 2 birthing rooms will be adequate to meet the projected demand.
- The nursery will have two spaces (staffing potentially shared with the paediatric unit as clinically indicated) and another 2 retrieval spaces that can also be flexible to manage returned SCN babes from tertiary services to complete care.

- The small unit will be collocated with the paediatric ward for emergency neonatal responses and create staffing efficiencies across the services as clinically appropriate.
- Ambulatory services relating to this stream will be captured in the NAP modelling however will require space for clinic, education rooms and group meeting rooms.

Table 47: Maternity – ESRG/ projected bed requirements – base case

	2015		2021		2026		2031	
	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days	Episodes	Bed Days
731 - Qualified Neonate	18	66	20	123	17	105	17	105
721 - Antenatal admission	161	199	119	177	109	158	103	147
722 - Vaginal delivery	220	537	196	482	183	409	172	349
724 - Postnatal admission	19	42	14	31	15	33	14	31
723 - Caesarean delivery	79	267	70	283	66	251	64	227
Grand Total	497	1,111	419	1,095	390	956	370	859
Obstetrics bed days		1,045		972		851		754
beds @ 75% occupancy		3.8		3.6		3.1		2.8

Source: Health Activity Projections Platform and Analytics (HealthAPP) less chemo, unqualified and renal dialysis

Functional infrastructure requirements

- 4 Obstetric beds
- 2 Neonate beds (plus + 2 retrieval/flexible spaces for returned neonates)
- 2 Birthing rooms
- Flexible consult/clinic space, education and group meeting rooms.

Paediatric services

Service descriptor and high level model of care summary

- This service will form part of the networked paediatric model for SNSWLHD Figure 7.
- Eurobodalla Paediatric Service is expected to increase to a level 3 paediatric medical services and level 3 paediatric surgery.
- This service will address the significant paediatric outpatient demands noted within the region whilst also providing a relatively small but flexible paediatric inpatient service.
- The paediatric service will be closely located to the maternity unit to allow for shared care of neonates returning home from tertiary services between paediatric and maternity and Paediatrician access.
- The service will include nominal inpatient beds that are medical, surgical, close observation capable. An additional bed will be included for the stabilisation of mental health presentations which is private, safe, adolescent friendly, easily observed with external toilet access and family space.
- There will be Emergency Department (ED) observation beds/short stay under the care of the paediatric ward team and MOs to provide paediatric expertise for the significant paediatric population presenting for head injury observations, trial or fluids, asthma stretching, awaiting transfer, post sedation.
- Nursery beds with shared care with maternity (2 + 2 retrieval space/returned babes from tertiary SCN's)
- Ability for one neonatal bed to have mother accommodated for parenting skills/feeding.
- Ambulatory services including
  - Nurse led paediatric clinics

- Acute review clinics post discharge
- Public Paediatric Outpatient clinics
- HITH
- Early intervention services
- Multidisciplinary clinics
- Allied health clinics
- Partnership with Aboriginal medical services in Eurobodalla and outreach programs
- Care coordination for children with complex needs
- Paediatric support from Child, Infant and Family Tertiary Service (CIFTs) in the region and potential outreach.

- Networked with a hub in SNSWLHD, ACT Health or Sydney Children's hospital network as clinically indicated with appropriate telehealth and IT infrastructure for higher needs.
- Paediatric surgery according to the Paediatric Capability Framework (level 3) - above 8 years
  - Allows for some emergency and elective surgery depending on local anaesthetic and surgical skill and training plus available Paediatrician support. (Position paper- Surgery in Children, Royal Australian College of Surgeons, March 2016 Ref No FES-PST-005)
  - Public paediatric dental lists requiring general anaesthetic could be a short stay option for Eurobodalla with an overwhelming need in the area not being met. This service could be provided for all children LHD wide. Current options ACT private and Sydney – neither are feasible or accessible for all.
  - ENT, including myringotomy (grommets) surgery is in significant demand in SNSWLHD. Eurobodalla could potentially work towards increasing capacity for this niche service for the District.
  - Potential to increase both dental and ENT capacity via visiting specialists to provide these niche District wide services from Eurobodalla.
- Workforce requirements and related strategies for the proposed level 3 paediatric services have been explored during the model development and potential revenue opportunities considered to ensure relative sustainability of the service.

Projected need, justification and modelling

- In 2031, it is expected that there will be 6,743 paediatric ED presentations in Eurobodalla. This forms 21% of all anticipated ED presentations, a number of which could benefit from an ED stepdown model of service with paediatric expertise.
- In 2016/17, only 25.4% of the 585 Eurobodalla paediatric patients were provided care in Eurobodalla hospitals. This relates to the lack of dedicated paediatric services in Eurobodalla currently and the inability to admit beyond 48hrs under current arrangements.
- During the same period, another 16.8% were admitted in both SERH and Goulburn facilities. Whilst it is difficult to predict accurately, it is anticipated that with an increase paediatric service in Eurobodalla, these patients would be provided for in Eurobodalla.
- Similarly, a portion of the 26.5% currently attending ACT Health could potentially return to Eurobodalla for general paediatric care according to the capability of the service. This would be expected to grow over a period of time.
- Those requiring sub-speciality care in ACT and also those attending Sydney Children's Hospital Network would not reverse to Eurobodalla. However, patients in these cohorts could benefit from coordinated earlier, staggered discharges from tertiary facilities and also intermittent care/respite as close to home as possible.
- Using the base case, HealthAPP indicates the need for 1.3 paediatric beds in Eurobodalla by 2031.

- Scenario modelling to reflect complete reversals is not possible due to the absence of updated and detailed ACT data, however it is anticipated that the demand for beds in the paediatric unit would increase from the initial base case.

Table 48: Paediatric Projections – base case– Less neonates at 75% occupancy

Data	2015	2021	2026	2031
Episodes	119	189	181	197
Bed Days	206	342	320	350
Beds at 75% occupancy	0.8	1.2	1.2	1.3

Source: Health Activity Projections Platform and Analytics (HealthAPP) Nov 2017

- Therefore, to support minimum safe staffing and provision of necessary but flexible services, the combined Paediatric bed configuration is recommended as below.

Functional infrastructure requirements

- 6 bed flexible paediatric unit
  - 2 Inpatient beds
  - 1 flexible MH stabilisation bed/space
  - 3 ED stepdown/short stay
- Close proximity of Paediatric and Maternity services to manage shared nursery.
- Requirements for child friendly and child safe acute, inpatient and outpatient services.
- Flexible consult/treatment rooms with telehealth and IT infrastructure
- Paediatric observation areas, including access to outdoor areas.
- Access to group rooms
- Space that enables a parent/carer to stay with their child while hospitalised.

Youth services

Service descriptor and high level model of care summary

- Targeted youth health services will continue as part of the Mental Health Specialist Services for Children/Adolescents, Drug and Alcohol service, sexual health and sexual assault services and generalist counselling
- Service delivery for the CAMHS will comply with the MHD&A model of care to ensure best practice
- Networked partnerships will be strengthened between the LHD and relevant organisations, including Headspace Narooma (and proposed Headspace Batemans Bay).

Projected need, justification and modelling

Forms part of the NAP modelling

Functional infrastructure requirements

Flexible/consult/interview/clinic space will be required

9.8 Critical Care Stream

The critical care stream incorporates the emergency service and an integrated Close Observation Unit (COU) which will in the future develop to an intensive care service justified by demand and supported by capability and networked agreements with higher level facilities. Specific stroke pathways and models of care are under development in collaboration with networked partners.

Close observation unit

Service descriptor and high level model of care summary

The current COU in Eurobodalla is functioning at a level 3 service with efforts made to increase capability and staff capacity to cater to a higher acuity of patients safely. This has been done

following a risk assessment and in collaboration with ACI and the SNSWLHD critical care subject matter experts.
It is anticipated that the future COU will replicate the Agency for Clinical Innovation (ACI) Model of Care:

- The Close Observation Unit (COU) in Eurobodalla will continue to provide care to adults requiring a higher level of patient monitoring and observation than on the general ward, with medical care managed by each patient's admitting consultant.
- Staffing capability will be increased according to workforce requirements of the service level to support higher acuity patients, ensure quality and safety and provide training and support to junior staff as part of succession planning.
- The COU will consider the key principles of the ACI model to ensure the Eurobodalla COU incorporates leadership, workforce, education, clinical support and protocol documentation to effectively deliver safe, quality care in a close observation environment.
- The service will ensure:
    - 24 hour access to a medical officer.
    - Patients will have a medical management plan including process for escalation of care and transfer reviewed daily.
    - Daily medical review and care planning documented.
    - Access to allied health appropriate to case-mix and clinical load.
    - Referral pathways to Aboriginal health services.
    - Quality and risk management programs.

Projected need, justification and modelling
As per the combined method below

Functional infrastructure requirements

- To ensure that any new infrastructure is future-proofed adequately, the functional design should consider the proposed transition from the CoU to a closed collaborative integrated model CoU/ICS level 4 and built according to facility guidelines.
- As per the combined requirements below

Intensive care service (ICS)

Service descriptor and high level model of care summary

- In order to support the increased clinical service provision across Eurobodalla Health Service, there is a need to consider a future ICS that meets the Agency for Clinical Innovation's (ACI) Model of Care for a level 4.
- The ICS is a core service that will allow other services, including surgery, within the Eurobodalla to be delineated as level 4. This will improve Eurobodalla's self-sufficiency in surgery and medicine.
- The ACI model recommends Level 4 Intensive Care Units operate under a closed collaborative model, with coordination of individual patient care being the responsibility of the intensivist or designated critical care specialist, with the support and input of the admitting consultant and team.
- Providing a level 4 ICS in Eurobodalla will address the current need to transfer patients requiring critical care support for single organ failure, as well as accommodate the needs of persons currently kept in the high dependency unit.
- As a closed collaborative integrated model, the ICS will cater for cardiac patients requiring coronary care.
- Stroke-ready beds will also be included in the ICS - with over 70 strokes recorded in 2017 there is a need for a local stroke service and the service will be developed using evidence and best practice principles, according to the Stroke Foundation's Clinical Guidelines. The service will

operate with a multidisciplinary team and will be networked to a tertiary unit through the use of information technology.

- The designated Intensive Care Director and Nurse Unit Manager have overall responsibility for leadership and governance of the Intensive Care Service, at the facility level.
- Allied health professionals will play an important role in the ICS with regards to patient care and family welfare, access to after-hours allied health clinicians may be required for certain clinical situations.
- Current Critical Care Network Agreements are under negotiation across SNSWLHD with a number of tertiary facilities under consideration to provide support and higher level care – South West Sydney, ACT Health, Illawarra Shoalhaven LHD.
- The service will be closely networked to the level 4 Eurobodalla rehabilitation service to support appropriate stroke assessment and management. Functional network requirements will be clarified at an LHD level.

Projected need, justification and modelling

Modelling:

- In 2016/17 Eurobodalla Health Service coded 41,914 hours as spent in High Dependency Unit (HDU). The service provided is for non-invasive ventilation, low dose inotropes, cardiac monitoring, fluid resuscitation, intensive nursing care, invasive pressure monitoring. Data indicates that all ICS care is provided elsewhere (27,101 hours in 2016/17).

Table 49: Total hours HDU provided within Eurobodalla Health Service + total ICU hours provided to Eurobodalla residents in any hospital.

	2014/15		2015/16		2016/17	
	Total Hours HDU	Total Hours ICU	Total Hours HDU	Total Hours ICU	Total Hours HDU	Total Hours ICU
Total provided in EHS	41,651	0	41,876	0	41,914	0
Total provided for Euro residents anywhere	42,457	26,936	42,639	25,233	41,912	27,101
Difference	806	26,936	763	25,233	-2	27,101

Source: Flowinfo v 17.0

- One method of estimating the number of COU/ICS beds required for a level 4 facility would be to take the HDU hours provided in Eurobodalla (41,914 hours) plus a percentage of ICS hours provided elsewhere (13,332 ICU hours); not all will be able to be treated within a level 4 facility, children will still be treated in the Sydney Children's Hospital Network; Eurobodalla could treat all those currently flowing to Shoalhaven and about 50% of the remainder. This would equate to 7 beds with an occupancy of 85%.
- Applying the expected growth rate for acute activity in Eurobodalla over a ten year period from 2017 to 2031 of about 43%, this gives an estimate of **10 beds required for COU/ ICS**.
- Taking the above into account plus the proposal to manage stroke patients within this unit (for best use of skilled staff and to alleviate the need for a 'small' separate stroke unit) and to alleviate the need for a separate COU; it is proposed that Eurobodalla Health Service will have a 10 bed COU/ICS providing services as per role delineation Level 4: immediate resuscitation and short term cardiorespiratory support for critically ill patients, invasive mechanical ventilation and simple cardiovascular monitoring for up to 24 hours, and emergency stabilisation and support for paediatric patients prior to transfer.

Table 50: 2016/17 – Eurobodalla residents HDU and ICU hours.

LHD Of Hospital Name	Total Hours - HDU	Total Hours - ICU
A.C.T.	0	18,342
Illawarra Shoalhaven	690	1,081
Mid North Coast	56	0
Northern Sydney	231	182
Other Private	0	2,409
South Eastern Sydney	114	1,706
South Western Sydney	72	0
Southern	40,579	
St. Vincent's Health Network	29	41
Sydney	126	1,203
Sydney Children's Hospitals Network	0	1,518
Western Sydney	0	267
Grand Total	41,912	27,101

Source: Flowinfo v 17.0 – Small number flows not addressed as these flows will continue

Functional infrastructure requirements

- 10 bed COU/ICS combined Unit
- Access to an on-site helipad will be a vital link for aeromedical services.
- Moruya Airport is a key functional connection with tertiary services by facilitating fixed wing ambulance transport and retrieval. Functional relationships between the airport and any new build are important. Therefore, a 'drive through' loading/unloading facility may be installed at the airport so patients aren't exposed to weather.
- The COU/ICS should be in close proximity to related services on a hot floor to ensure rapid patient transfer and expertise to provide urgent support and back up as required.

Emergency Department

Service descriptor and high level model of care summary

- The Emergency Department (ED) for the Eurobodalla is expected to provide for about 33,000 presentations by 2031 including 6,743 paediatric presentations.
- The ACI has developed models of care for emergency departments of level 3 and above. The Eurobodalla ED will operate at a level 4 and will use the ACI MOC to develop appropriate models. Older patients have special needs compared to other groups in EDs and current models of ED care are mostly designed for the acutely ill and injured patient rather than a medically complex and functionally impaired senior. Eurobodalla will pursue credentialing Eurobodalla Health Service for Geriatric Emergency Medicine with the Australasian College for Emergency Medicine (ACEM).
- There is an influx of tourists to the current emergency departments in December and January and most weekends, with 70% of the summer presentations being triage levels 4 and 5. The models will take these seasonal changes into account and the service will work with the Primary Health Network to provide alternative GP access.
- The Eurobodalla Health Service will continue to improve the experience of mental health consumers and drug and alcohol clients in the emergency department, and to strengthen the role of the Triage and Emergency Care Service (TECS). The ED will be gazetted.
- The model of care will provide for strong links to other services to ensure access as required e.g. sexual assault, sexual health, trauma counselling and support, grief/loss/adjustment counselling, falls/trauma in the elderly, aged care, wound care, Integrated Violence Abuse and

Neglect Services (IVANS) and liaison psychiatry. The ED will also provide clear transfer pathways to minimise delays for people requiring transfers to the ICS, surgery, acute wards or HITH etc.

- People present to EDs via various modes of transport and often for services that could be provided within a GP clinic. Eurobodalla Health Service will be proactive in promoting alternative GP services to the community, particularly in the high tourist seasons, to reduce the GP type presentations to the emergency department.
- The Eurobodalla Health Service will also work with the Ambulance service to help reduce ambulance transports to the ED. The implementation of ambulance officer protocols that allow officers to set up appointments with health provisional for non-urgent cases has the potential to reduce ED presentations.
- The Eurobodalla Health Service will need to continue to deliver excellent service in the meantime. Providing an excellent service to the growing numbers of ED presentations is challenging over two smaller departments. As an interim solution, consolidating high acuity ED services to one site would allow the service to provide a better clinical staffing model where senior clinicians could work alongside each other.
- Eurobodalla Health Service will review appropriate feedback means, including the Your Experience of Service survey to engage consumers to provide assessment of their experience of services. Evidence gathered through these means will impact on future service provision.

Projected need, justification and modelling

Modelling

- Emergency presentations are expected to increase from 30,677 in 2021 to 33,087 by 2031 with an expected 29% being admitted (22%, 3 year average 2014/15 to 2016/17).
- The (3 year) average time spent in ED for non-admitted was 2.02 hours and 5.02 hrs for admitted patients with about 93% of people presented between 6am and 12 midnight.
- The estimated treatment spaces are calculated using the formula for peak occupancy period for admitted and non-admitted patients based on 85% occupancy.

Eurobodalla total admitted $\frac{33087*.93*.29/365}{18/5.02}/.85 = 8.02$

Eurobodalla total non-admitted $\frac{33087*.93*.71/365}{18/2.02}/.85 = 7.92$

- It is estimated that for every 15,000 presentations there is a need for one resuscitation space. Therefore, the projected resuscitation bays are estimated at 2.6 by 2031.
- This has been rounded to 3 and justified by the below:
    - The aged population profile and high level of chronic and complex diseases in the region dictates that the presentations to the ED are often complex with increased LOS.
    - Work processes and limited resources in regional EDs (especially after hours) often dictate the need for staff to conduct a multitude of tasks often outsourced in metro services contributing further to delays in LOS.
    - Given the locality and current level of service provision, Eurobodalla Health Service transferred approximately 90 patients/month via NSW Ambulance and another 11 aeromedical retrievals in 2016/17. These are often stabilised and remain in resuscitation areas awaiting transfer out blocking access for a significant period of time.
    - The facilities in Eurobodalla currently have 2 resuscitation bay often at capacity during peak holiday periods and notably due to frequent multi person MVAs along the Princes Highway.

Functional infrastructure requirements

Table 51: ED Functional Space Requirements

	Euro		Spaces required
Projected attendances 2031	33,087		Euro
No. admitted	9,535	Admitted	8.02
% admitted	29	Non-admitted	7.92
Current arrival pattern		Total	15.94
% between 6am and 12 midnight	93%		
Current LOS admitted	5.02		
Current LOS non-admitted	2.02		

- It is projected that Eurobodalla will require 16 treatment spaces including:
  - General acute treatment areas
  - 3 resuscitation bays
  - 2 paediatric flexible spaces
  - Isolation room, and sexual assault consult/clinic room.
  - Fast track that streams from triage patients with minor illnesses and injury to a designated area of treatment. With the high volume of tourists (particularly in the summer months) people will continue to flow to the ED with minor ailments and injuries
  - The design will also accommodate negative pressure rooms and a decontamination area.
  - A co-designed safe assessment room will also be included as per the *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities*. Pathways to support patients presenting with mental health issues and/or behavioural disturbances are be outlined in the District Mental Health Plan.
- For privacy and ease of access the ambulance access will be separate from the public access. The ED waiting and patient triage areas will be separate from the main entry of the facility.
- An onsite helipad for emergency retrievals requires undercover all weather access to the emergency services.
- Strategically located outreach services to provide care for minor injury and illness will require appropriate consult, treatment, therapy and interview spaces.
- Infrastructure requirements including layout will need to address safety issues concerning vulnerable patients.

9.9 Community Health

Service descriptor and high level model of care summary

- Community health and ambulatory services are not a discrete care stream. Community-based nursing and allied health will be an integral part of all care streams in the future Eurobodalla Health Service.
- This section is required to capture the NAP modelling and estimated space requirements for the future services.
- These services will be provided in the main facility with community and outreach services provided across multiple communities to ensure care is provided as close to home as necessary. Outreach centres are not separated in this model but rather combined to understand the need in its entirety.

Projected need, justification and modelling

- Current demand for all non-admitted patient services reports 155,430 OOS in 2017/2018. It should be noted that this data includes non-admitted patients for Eurobodalla services, many of which are provided in alternative care settings (home, Residential Aged Care facilities etc).
- As such only 75,682 OOS have been included in the NAP projection tool used to estimate space requirements for outpatient and community services/clinics for the future.

- Further to this, the current infrastructure, growth areas and outreach services have also been clarified where possible.

Current infrastructure

- Current spaces are an estimate only as it is difficult to calculate the precise number of clinical areas for a number of reasons including shared office/clinic spaces and external clinic areas outside the Eurobodalla Health Service.

Batemans Bay	Moruya	Narooma
13 bookable spaces used for treatments, clinics and interviews	16 + 17 clinic/ consult	8 bookable spaces used for treatments, clinics and interviews
Gym	1 Gym	1 conference/ training room
	1 ADL kitchen	1 open office space
	1 Paeds room	

Key services identified for potential growth

The below services have been flagged for growth beyond estimated CAGR. However, projected increases in CAGR have been estimated conservatively noting the difficulty in predicting accurately and the potential for changes during this impending period whilst the hospital is constructed.

IHPA Tier 2 Clinic Type	Local Clinic Name
Alcohol and Other Drugs	Alcohol & Other Drug Allied Health / Pain Management Allied Health / Nursing Unit Pharmacotherapy Allied Health/ Nursing Unit
Breast	Breast Allied Health / Nursing Unit
Cardiac Rehabilitation	Cardiac Rehabilitation Allied Health / Nursing Unit
Endocrinology	Diabetes Allied Health / Nursing Unit
Nephrology	Nephrology Medical Consultation Unit Nephrology Allied Health / Nursing Unit Renal Supportive Care Medical Consultation Unit
Mental Health	Older Persons Child and Adolescent Adult
Occupational Therapy	Occupational Therapy Allied Health / Nursing Unit
Palliative care	Palliative Care Medical Consultation Unit Palliative Care Allied Health / Nursing Unit
Post-acute care	Post-Acute Care Allied Health / Nursing Unit
Social Work	Social Work Allied Health / Nursing Unit
Wound Management	Wound Management Allied Health / Nursing Unit

The outreach centres in major towns

- Outreach services have been included in the NAP modelling. However, important to note these services are dispersed across a number of towns and will also have specific infrastructure requirements.
- It is anticipated that outreach service provision will increase in line with the ageing resident population.

Outreach Service	Location
Care Navigator	Clinic
Child and Family Nursing	Home, Clinic
Community Nursing, including Palliative Care, Vascular access and PICC, Wound Care	Home, Clinic, RACF
Dental	School, Clinic

Diabetes Education	Home, Clinic
Falls Prevention	Community, Home
Immunisations	School, Clinic, Workplace
McGrath Breast Care Nurse: funded position	Clinic, Community
Medical Outreach Indigenous Chronic Disease Program	Community, Home
Nurse Practitioners: Palliative Care and Aged Care	Home, Clinic, RACF
Occupational Therapy, also Palliative Care	Home, Clinics, Community
Palliative Care Specialists	Home, Clinic, RACF
Physiotherapy	Home, Clinic, Community
Renal Care	Home, Clinic
Renal Supportive Care, including Social Worker, Dietitian, Nurse Practitioner	Home, Clinic
Rural Spinal Outreach: not provided by EHS	Clinic
Sexual Health	Clinic, Community
Social Work	Home. Clinic
Speech Pathology (HEBEL)	Clinic. Home, Preschools
Transitional Aged Care Program	RACF, Home
Midwifery/ Neonatal/ Perinatal	Home, Clinic
Rehabilitation Physician	Clinic
SWISH	Clinic

The Guideline for Planning Non-Admitted Patient Services and the Non-Admitted Service Planning Tool provided by the Ministry of Health have been used to conduct the modelling. The Non-Admitted Service Planning Tool uses current reported activity in the NAP data mart to extrapolate projections according to SRG growth relating to each service.
The data quality for the NAP across SNSWLHD and also Eurobodalla Health Service has improved but note the following:

- Did not attend (DNA) patients are not consistently reporting within the current information systems. It is anticipated that particularly highly vulnerable groups (Mental Health, Sexual Assault and such) would have significant rates of DNA.
- Detailed breakdown of new and returning patients within each service was not captured based on global data challenges. An average appointment time was used to combine both.
- Increased service demand was difficult to estimate according to SRGs.

Method

Review Data	Review Output
2017/2018 NAP data sourced from information management systems.	Remove Tier 2 Clinics: • CT, MRI, imaging • Chemo • enteral nutrition • excluded data • MDCC • pathology • telehealth
75,432 OOS identified as relevant for the outpatient, community health service and clinic area.	Zero spaces for services which have now ceased.
Check 'Invalid/ not Reported' sessions and include as advised.	Add specimen collection space to support linkages to pathology.
Input CAGR for SRGs with no inpatient equivalent, based on average for Eurobodalla	Calculate rooms based only on 'In Person' treatment spaces.
Estimate proposed impact of new models of care added as a CAGR percentage in consultation with managers/clinicians.	

Add MH separately noting exclusions from NAP information management systems used.	
Average new and repeat consultation appointment times in consultation with managers/clinicians.	

Functional infrastructure requirements

- Using the above methodology it is estimated that Eurobodalla Health Service will need to accommodate approximately 98,628 OOS in 2031.
- It is projected that there will be a need for a total of 63 individual spaces (mixed treatment, consultation, interview rooms etc) and a further 7 group rooms by 2031.

Table 52: Non Admitted Functional Space Requirements

	Base OOS 2018	Projected OOS 2031	Projected Spaces 2031
Individual sessions	70,296	91,680.28	62.78
Group sessions	5,386	69,47.27	6.10
Total	**75,682**	**98,627.55**	**63 + 7**

Source: NAP data accessed May 2019; Non-Admitted Service Planning Tool

It is expected that configuration of spaces will be addressed during infrastructure planning, with the following notes:

- The following are not included in the above calculations and will need to be considered:
  - Workspaces for staff, dependent on agreed ways of working, staffing profile and flexible use spaces.
  - Additional support spaces including observational spaces, wound care, audio booth, gym, ADL kitchen.
  - Access to services and appropriately zoned waiting areas should be considered according to service type especially for:
    - Vulnerable groups (paediatric, domestic violence, MH &DA),
    - Immunosuppressed patients (oncology patients)
    - Disabled, elderly and patient with complex and chronic conditions
    - Outside space for care options (paediatrics, MH patients) and staff areas
- Most individual spaces will be flexible and include a mix of consultation rooms and treatment rooms/bays. Equipment and design should be fit for purpose according to clinical needs.
- A proportion of these will potentially need to be dedicated spaces due to specific clinical usage and equipment requirements (HITH, fracture clinic, wound clinic, dental, audio booth, specimen collection and mental health).
- Group rooms should have functional linkages to related services and spaces and provide necessary equipment and storage to facilitate mixed use services.
- All assume functional linkages to related services and spaces noting patient flows and models of care during multidisciplinary services (clinics for example)
- Establishment of an outpatient clinic would need to be supported by the provision of a substantial increase in on-site parking.

Eurobodalla Health Services clinics with expected growth

IHPA Tier 2 Clinic Type	Local Clinic Name
Alcohol and Other Drugs	Alcohol & Other Drug Allied Health / Pain Management Allied Health / Nursing Unit Pharmacotherapy Allied Health/ Nursing Unit
Breast	Breast Allied Health / Nursing Unit
Cardiac Rehabilitation	Cardiac Rehabilitation Allied Health / Nursing Unit
Endocrinology	Diabetes Allied Health / Nursing Unit
Nephrology	Nephrology Medical Consultation Unit Nephrology Allied Health / Nursing Unit

	Renal Supportive Care Medical Consultation Unit
Mental Health	Older Persons Child and Adolescent Adult
Occupational Therapy	Occupational Therapy Allied Health / Nursing Unit
Palliative care	Palliative Care Medical Consultation Unit Palliative Care Allied Health / Nursing Unit
Post-acute care	Post-Acute Care Allied Health / Nursing Unit
Social Work	Social Work Allied Health / Nursing Unit
Wound Management	Wound Management Allied Health / Nursing Unit

9.10 Mental Health, Drug and Alcohol Care Stream

Service descriptor and high level model of care summary

- Eurobodalla MHDA forms part of the District service and as such aligns with the plan and escalation strategies as outlined in the SNSWLHD Mental Health Drug and Alcohol Specialist Services Clinical Service Plan.
- As a result, Eurobodalla Health Service will be equipped to respond to the needs of people with mental illness and drug and alcohol problems, aligning with the principles of stepped care, recovery oriented practice, and trauma informed care.
- All services in SNSWLHD, including Eurobodalla will work towards models of care that:
    - Centre on needs of consumers
    - Involve consumers, carers and staff in model redesign
    - Are holistic and provide services where mental and physical health needs are seen together
    - Include clear pathways to connect hospital and community services to ensure individual consumers are linked into services
    - Optimise opportunities for therapeutic ward activities and allied health support
- In addition, the services will:
    - Support the expansion of the peer worker workforce and facilitate adequate training for peer workers through the Certificate IV in Peer Work
    - With the input of consumers and their families/carers, review the use of inpatient facilities by children and adolescents
    - Continue community based in reach to the wards of the general hospitals to enable clients to be managed closer to home (where this is appropriate)
- The SNSWLHD, in partnership with COORDINARE South Eastern NSW Primary Health Network and the Illawarra-Shoalhaven LHD, has developed a South Eastern NSW Regional Mental Health and Suicide Prevention Plan, which is intended to provide a blueprint for collaborative action for mental health service development over the five years to 2023, to reduce the impact of mental illness and suicide within the region.
- Members of the Eurobodalla community with MHDA concerns will have access to skilled clinicians, and receive age specific care that is interwoven throughout the Eurobodalla Health Service. This will be delivered through a multidisciplinary team including MHDA staff, Eurobodalla health service staff, police, ambulance, social community services and the newly created Headspace at Narooma and Batemans Bay (announced).
- MHDA staff will be proactive in responding to the care needs of the community, providing assertive services in the home, where appropriate, and thereby promoting self-agency for consumers, clients and carers in their recovery journey.
- Management of unwell mental health patients admitted for acute medical conditions will include a referral to mental health services for a liaison psychiatry assessment and development of a comprehensive mental health management plan.
- Patients admitted for mental health issues and assessed as low risk (who do not need to be admitted to a mental health unit), and those admitted for high risk detoxification from alcohol

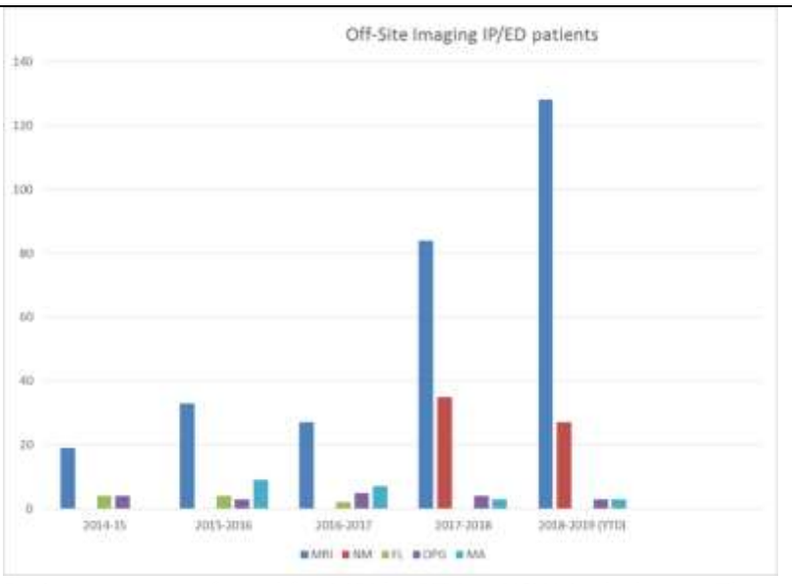
and other drugs will be referred to the MHDA service for assessment and development of comprehensive management plans. • Mental Health safe and appropriate areas will be included as part of the functional design. • Community mental health alternatives will be promoted where possible with appropriate support according to the 'Living Well Strategy', South Eastern New South Wales Regional Mental Health and Suicide Prevention Plan and SNSWLHD Mental Health Drug and Alcohol Specialist Services Clinical Service Plan. • Mental health consumers requiring higher level acute or subacute services will be transferred to the Mental Health Inpatient Units in SERH or Goulburn. • Additional work to refine the Model of Care for Mental Health in Eurobodalla will be expanded in the near future. • Drug and Alcohol services will continue to use a harm minimisation approach with clients to reduce the harms associated with problematic substance use in line with the draft Intergovernmental Committee on Drugs National Drug Strategy 2016-2025. As a small specialised service, we will continue to work in collaboration with other primary care providers, volunteer and not-for-profit services. Priorities for services are: ○ Increasing access to treatment services, including more addiction medicine services ○ Increasing access to, and compliance with, pharmacotherapy for drug dependence ○ Intervention to high risk groups ○ Decreasing the risk of overdoses ○ Further developing D&A partnerships with other service providers
Projected need, justification and modelling Forms part of the NAP modelling
Functional infrastructure requirements • Infrastructure requirements are included as part of the Community Health stream. See section 9.9 for reference. • MHDA clinicians will require space for face-to-face and telehealth consultations, and medical clinics (including OTP clinics for clients with complex conditions).

9.11 Clinical Support

Clinical support services will mirror the projected increase in service provision within Eurobodalla Health Service, supported by an increase in role delineation and updated models of care.

Radiology

Service descriptor and high level model of care summary Providing radiology from one site will be more efficient and provide a better service. Both current departments are small and disjointed.
Projected need, justification and modelling • To provide adequate imaging support for the future clinical direction of the Eurobodalla Health Service and ensure appropriate consideration of infrastructure needs (immediate and future) in initial planning phase and reduce expensive retrofits, Eurobodalla proposes the continuation of a level 4 Radiology Department. • This is intended to be a standard department with consideration of the below additional requirements. **MRI** • Growth of MRI is notable since access to a local facility (in the Moruya township) became available in 2017.



- Patients are transferred for MRI by PTV or NSW Ambulance. The ratio is estimated at 70/30 PTV/Ambulance.
- MRI is growing and becoming an important clinical tool.
- MRI is beneficial for children as there is no radiation dose. In children's hospitals or hospitals with MRI CT is rarely used except in trauma.
- As funding models change in the outpatient arena (i.e. more Medicare items are becoming available for MRI) MRI is becoming a more standard diagnostic tool and this is then reflected in referrals of hospital patients from ED and wards. Currently some studies are completed on CT (due to access issues) that should be done on MRI as MRI provides better image quality. This includes pancreas imaging, scaphoid imaging (a bone in the wrist) and angiography for stroke patients in particularly for progress studies due to higher image quality and lower radiation dose.
- Currently all patients travel to private rooms from Moruya and Batemans Bay hospitals. This is time consuming and expensive and provides a very poor patient experience with patients often requiring anti-nausea medication for the journey.
- There is currently no after-hours access to MRI which results in delayed diagnosis for patients especially those presenting on a weekend. This can result in poorer outcomes, increased LOS and increased transfers to the ACT for diagnostic tests. Installation of CT on site 18 months ago has resulted in a significant decrease in ambulance transfers to the ACT and more appropriate and timely diagnosis in the emergency department.
- MRI is an important tool in the diagnosis treatment and management of stroke patients and with our aging population in the Eurobodalla MRI use will grow. MRI provides high quality diagnosis with no radiation risks.
- Goulburn Is planning for an MRI service in the new facility and SERH have an expansion pad for future development. It is important that the Eurobodalla plans for future MRI service with as a minimum, shell space for future MRI. With shell space available there will be potential to partner with the private sector to develop the service if public funds are not available in the short term.

Fixed Fluoroscopy

- Fixed fluoroscopy is a standard inclusion in level 4 hospitals in SNSWLHD and across NSW Health. Both Goulburn and SERH have fixed fluoroscopy.
- Fixed fluoroscopy enables full support for surgical and gastroenterology services enabling barium studies to be performed. Fixed fluoroscopy is also required for urology services which are expanding. Fixed fluoroscopy is currently only available in SERH.

- Fixed fluoroscopy is an important diagnostic tool in stroke assessment to assess swallowing in partnership with speech pathology. Stroke is a growing clinical presentation in Eurobodalla and currently swallowing assessments cannot be done locally further degrading the patient experience.
- A fixed fluoroscopy unit allows for full interventional radiology to be performed as per a level 4 hospital and has the potential to develop a basic angiography service if required in the future.
- Fixed fluoroscopy also supports cardiology enabling insertion of pacemakers in the radiology department as well as PICC lines etc. which will be a requirement as we move towards level 3 cardiology services.
- A fixed fluoroscopy can be used as a second general X-Ray room as well as for X-Ray overflow patients removing the need for 2 X-Ray rooms reducing overall costs. SERH unnecessarily installed 2 X-Ray rooms and a fixed fluoroscopy room which has resulted in over capitalisation. Based on current workloads the new facility will require 2 X-Ray rooms and as above one of these is best to be fixed fluoroscopy.

Orthopantomogram (OPG)

- The Eurobodalla is the only site not to have OPG services in SNSWLHD. OPG supports oral health and ED. OPG is an important diagnostic tool in trauma and is the modality of choice for paediatric mandibular trauma – currently we use CT which is much higher dose of radiation. Outpatient OPG services (supporting oral health and external dentists/GPs) are also an excellent source of private revenue. Previous discussions with oral health indicate approximately 10 referrals per week.
- **Important to note:** Fixed fluoroscopy and OPG do not require any additional staffing above our current staffing levels with current shift structures in place. MRI does require additional staffing but could be justified by activity.

Ultrasound services

- The current ultrasound service is at a capacity and a second ultrasound room and staff member will be required in the new facility to cope with expected increases in demand from expanded services especially surgical, paediatric and urology.
- Additional workloads beyond 2 rooms would result in a need to extend hours on existing equipment.

Cardiology services

- The proposed increase in cardiology service for the Eurobodalla Health Service will impact on medical imaging
- There is potential to collocate Nuclear Medicine on site for gaited stress tests currently done in private rooms and which will increase with cardiology available
- Fixed fluoroscopy as above will be a requirement if pacemakers are being inserted
- A third dedicated ultrasound room for echocardiography with appropriately skilled staff will be required and ideally located with stress testing.
- A higher end 320 slice CT is required to enable cardiology and current CT service to work as one. The higher ends unit is needed to 1) perform gaited CT studies to time scanning with each heart beat and 2) to enable fast scanning and higher patient throughput. Increased CT volumes from cardiology will require 2 radiographers in CT in business hours.

Functional infrastructure requirements

It is anticipated that the following requirements are in place for radiology:

- 2 X-ray rooms
  - 1x fixed x-ray
  - 1x fixed fluoroscopy/ x-ray flexible room

- 2 mobile X-ray
- 1 or 2 Mobile Fluoroscopy (theatre/Image Intensifier)
- 1 OPG (Orthopantomogram) space to support dental and oral health services under general anaesthesia.
- 2 ultrasound rooms
- 1 CT room to allow for 320 Scanner
- Expansion space for MRI
- Cardiology spaces, including stress testing and echocardiography (ultrasound) room
- 2 Reporting rooms
- Proximity to ED and other related services essential.
- Nuclear Medicine space for future cardiology development (may be offsite)
- Space for cardiologist

Pharmacy

Pharmacy currently operates at a level 4 role delineation. To enhance the service to support an increase in activity, a proportional increase in space and staffing profile be required for both pharmacists and technicians/assistants.

Pathology

Currently the pathology service is provided for level 3 services. Initial consultations with NSW Health Pathology indicate that a level 4 service is achievable through a combination of laboratory space, point of care services, collection facilities and networked pathology.

Considerations for service provision include:

- Current pathology laboratory in Moruya Hospital is end-of-life and at capacity, with the non-core layout impairing the efficient use of resources
- A larger, contemporary open plan core laboratory will improve efficiencies to include specimen and staff workflows, to ensure fast access to patient results is maintained into the future.
- The location of the pathology department will be in close proximity to ED to ensure result performance targets are met and that patients can be managed expeditiously, particularly during the peak holiday season when resources are fully stretched.
- The current close relationship between the laboratory and the ED eliminates the need to install a Pneumatic Tube System (PTS). However, if this physically close relationship with the ED is not maintained, a PTS must be included to ensure fast access to patient results is maintained.
- A combined collection centre, either co-located with the laboratory or in a combined ambulatory care setting with shared amenities, will also be required to support the community. If the collection centre is not co-located with the laboratory, it should be linked to the laboratory by a PTS to improve patient care and reduce labour costs of manually delivering specimens to the laboratory.
- Provision will be made to accommodate Point of Care Testing devices throughout the critical care areas of the hospital, including ED, maternity and operating theatres, as the scope of this technology develops further into the future.

Community Health Central Intake

- Throughout 2018, the Central Intake Service for community health embedded new referral practices. Over the coming years, the service will work with consumers, local community health service staff and managers to identify areas of expansion, which will positively impact on patient experience and outcomes, and achieve efficiencies for local services.
- The service is located in Queanbeyan and does not require space in the new building.

9.12 Service Enablers

Workforce

- The required workforce for each service has been reviewed against current staffing, proposed changes in role delineation levels, models of care and therefore, future workforce requirements (see Workforce Plan, Eurobodalla in compendium).
- Current role delineation levels across all of the Eurobodalla Health Service have been reviewed against the formally stated. Variances have been captured in Section 7.4. This assessment illustrates that indeed the proposed change in role delineation level is less significant than it appeared when the plan was first reviewed in 2018.
- The future Eurobodalla Health Service will require a mixed model across all staffing cohorts to maintain rosters, ensure access to expertise and provide opportunities for succession planning.
- Medical models will include the shift from GP VMO to General Physician/Specialist lead models in collaboration with GP VMOs and Registrars. It is envisaged that Eurobodalla will require the following Physicians: Cardiologist, General Medicine, Geriatrician, Endocrinologist, Oncologist, and Paediatrician. Note that these could also be shared across facilities to increase efficiencies and greater provision of services in SNSWLHD.
- Nursing models and flexible strategies to staff appropriately and safely and ensure integration of services.
- Allied Health to ensure range of expertise across required streams according to need.
- Attention to corporate and administrative staff to provide support to expanding services across new facilities.
- Networked arrangements, visiting services, escalation processes and use of digital technologies will further increase capacity within Eurobodalla and provide necessary support to services.

Education and Training

- Aligning with the NSW Health Leadership Framework and available professional development opportunities for staff from HETI, the Health Service will engage clinical and non-clinical staff in upskilling and career advancement.
- The level 4 service and its higher level clinicians will allow the service to offer accredited training programs for a range of disciplines. Current relationships with universities and TAFE will continue, to ensure medical, nursing and allied health student placements. The District will also continue to build relationships with tertiary and networked health services to ensure staff remain up to date with the competencies required for level 4 services.
- A nurse educator and an allied health educator will oversee the whole of health education program with locally based Clinical Nurse Educators, FACEMs and physicians providing in-service education, bedside teaching and simulations with individual services. Access to mobile simulation labs will be negotiated with service providers to ensure regular update of skills and competencies.
- To enable education and training a number of education rooms will be required along with a simulation centre/clinical training space.
- The ED will also benefit from an education space to access simulation and education resources that can be used ad-hoc in the clinical environment. Functional requirements will need to include space to run simulation sessions, education and in-services, and storage for simulation equipment.
- In addition, the Health Service, aligned with the Organisational Development and Recruitment and Retention strategies for the District, will promote a “grow your own” model, engaging the population from within the LGA with training and development opportunities and pathways into health careers:
    - Scholarships for Tertiary and Post Graduate study
    - School Based Traineeships
    - Cadetships
    - Holiday work and clinical placements

- Potential scope for student-based models of care.

Health Information Management

- A portion of records have very long retention periods (some up to 30 years) before destruction can occur. Compounding this has been the moratorium on no destruction of records enforced during the Royal Commission into Institutional Responses to Child Sexual Abuse. This directive is still enforced by the NSW Premier's Department.
- Facilities and services must be able to meet the requirements set out in the State Records Act and the relevant standards issued by State Records NSW.[13] Storage solutions need further consideration i.e. for either an onsite purpose built storage room or an off-site company who specialise in record management.

Information technology

Information Technology will play an ever increasing role in the provision of health services. All services will rely on IT to provide platforms for secure communication, monitoring, electronic medical records and medications.

- SNSWLHD will pursue increased digitisation of health service delivery as part of the SNSWLHD and Murrumbidgee ICT plan that intends to facilitate work processes and support models of care both in the hospital, outpatient and home environment for patients.
- Future developments in the telehealth space will increase access to services noting workforce constraints and the lack of critical mass to support services in regional areas whilst also reducing travel requirements for patients to regional and tertiary facilities.
- The inclusion of telehealth functionality within the health service should be coupled with appropriate environments and safe spaces for patient and family interviews.
- In addition to this, formalised networked arrangements and consistent technologies will be required to ensure reliable and appropriate support and clinical expertise can be provided to Eurobodalla Health Service as required.
- A District Virtual Care Strategy will be implemented to embed technology in models of care and redevelopments that aligns with the current ICT plan for SNSWLHD and Murrumbidgee LHD.
- As part of this, the District will engage in consultation with eHealth NSW to ensure that facilities have capacity for data sharing, and flexibility in technology for linkages to General Practice. Technology requirements and timelines for implementation will be finalised in consultation with General Practices as part of an Integrated Care Strategy to drive the coordinated delivery of out-of-hospital services to the local community.

Mortuary

A single mortuary is recommended with:

- Body holding capacity for up to **twelve bodies** (can be stackable for space reduction) including a separate area for stillborn babies and neonates (with expansion space for an additional three body holding capacity in future). Provision will need to be made for managing the storage of decomposing bodies and deceased bariatric patients (up to 300 kg).
- Viewing room for families, relatives, and carers of the deceased. The viewing room should be able to accommodate groups of people and the environment should be calming, reassuring and respectful of cultural sensitivities of the users.
- Culturally sensitive waiting room with access to an outside area. The mortuary design needs to recognise and cater for different cultural rituals.
- The mortuary will have direct access to external car parking for discrete body transfer or collection. The transfer path to the mortuary needs to be carefully considered, particularly for services such as the emergency department, intensive care service and all inpatient units.

[13] NSW Government State Archives and Records

Equipment loan pool

- Patients are encouraged to source their own equipment
- A small equipment loan pool is available for palliative care and TACP patients and will be available where necessary to enable safe discharge from hospital.
- The service will require equipment and sufficient storage space.

Patient Transport

- Secure parking for patient transport vehicles along with health service fleet vehicles is required.

Domestic and Catering Services

- The domestic and catering services are contracted services operated by HealthShare NSW. Requirements for these services will need to be factored into any enhancements.

Cafe

- A co-location of services and therefore staff would provide for a viable business opportunity. The development of an eatery would provide not only a kiosk facility for staff, but is seen by visitors and patients as a pleasant place to 'wait' or to take a patient out of their 'inpatient' space for a friendly 'cuppa', putting something normal back into the hospital experience.
- The café would ideally be located with an outdoor garden space for quiet reflection and comfort and would need to comply with NSW Health's "Healthy Choices in Health Facilities" policy framework.

Staff dining

- A staff dining area, with access to outdoor areas is important to help provide a conducive work environment, facilitate integration and provide an area for team building events which are essential for maintenance of good staff morale.

Quiet reflective space

- A quiet reflective space/room, connected to the outdoors is required in a suitable location to allow for quiet time and reflection.
- The area needs to be easily accessible by patients and their families/carers.

Chaplaincy/Pastoral care

- A pastoral care space is required with access to a small debrief room.

Volunteers' space

- Volunteers play a key role in health services. In recognition of their work an office space and access to meeting rooms is required to allow programs to grow both in number and in scope of work.

Storage

- Storage areas for all services and streams must be considered.

Parking

- Parking is already at a premium at both sites. Secure parking for staff, work vehicles and appropriate access and parking for patients and visitors is a high priority when identifying physical asset solutions for service provision.
- Needs to consider distance, access and navigation noting the fragility and aged population.
- Ease of access to outpatient services should be considered in infrastructure planning.

Security

- Security is a significant challenge for health services. Infrastructure should maximise security using Crime Prevention through Environmental Design principles and should be informed by the latest evidence.

9.13 Accommodation Requirements

There are requirements for meeting and education spaces, office spaces and overnight accommodation for a number of groups. The importance of accommodating these groups cannot be underestimated in providing the services to the community. The infrastructure required for this will be determined in the building planning stage.

- Student/new grad and staff overnight accommodation
- Family/carers accommodation
- Administration office accommodation
- SNSWLHD District staff office accommodation
- Bookable large and small meeting and education rooms
- Hot desks for visiting professionals.

9.14 Overview of infrastructure requirements

The following table outlines the indicative infrastructure requirements to accommodate the future services of Eurobodalla Health Service in 2031.

Table 53: Current, projected and proposed Eurobodalla Health Service Infrastructure configuration

Beds/spaces	Current beds 2019		Projected 2031		Proposed		Comments
	ON	DO	ON	DO	ON	DO	
Medical/surgical							
Surgical	56	11	11	10	11	10	Surgical + Procedural
Medical + Surgical			87		9		Flexible beds
Medical					48		
HITH		8			12	8	20 total - 12 virtual + 8 chairs
ICU/COU	8				10		ICU/COU Combined unit
Renal		12*		18*		15*	
Oncology		8*		12*		10*	
Paediatric	In general ward		2		2	4	2 IP, 1 flex/MH safe, 3 ED stepdown/short stay
Obstetrics							
Maternity bed	7		4		4		
Neonatal care			2		2	2	2 + 2 retrieval/return SCN spaces
Birthing room	2*				2*		
Sub-Acute services							
Rehabilitation/ GEM	21		36		40	3	Combined rehab. & palliative care
Palliative Care			7				
TACP		15*			20*		
Totals	**92**	**19**	**149**	**10**	**138**	**27**	
Total O/N and Day Only Beds	**111**		**159**		**165**		
Emergency Department							
Emergency bay		8		14		13	Includes SAR, FastTrack, consult and isolation spaces Additional TECS base room.
Resuscitation bay		2		2		3	
Theatres							
Operating theatre + procedure room		4		3		3	2 full theatre/1 theatre sized procedure theatre
Ambulatory Care							
Oral chair		4		5		6	
Ambulatory Care	54			77		63 + 7	Plus access to gym, audio booth, ADL's kitchen, wound clinic, MHDAA consult spaces
Older persons							Ensure consult and procedure space
Clinical support							
Pathology		1		1		1	
Radiology		2 sites		1		1	Capacity for X ray, fixed fluoroscopy, OPG, US, CT,MRI, cardiology, 2 reporting rooms
Pharmacy		1		1		1	
Mortuary							Holding capacity for up to twelve bodies
Training Facilities						Req	
Accommodation						Req	Student, new graduate, staff, visiting specialist, carer, family
Office spaces						Req	Workspaces for local and District staff

*not counted in bed count.