

Regional Telecommunications Review Submission

Submitted by: Ruth Firstbrook, Director Corporate and Community Services

District Council of Loxton Waikerie.

T: [REDACTED]

E: [REDACTED]

Topics identified by District Council of Loxton Waikerie Council:

1. Significantly poor and patchy mobile phone coverage, noting specific black spots such as;
 - 1.1. South Waikerie/Maggea
 - 1.2. Karoonda road as a main connector route for grain transportation
 - 1.3. Mindarie mineral sands mine
 - 1.4. Loxton south, Paruna/Brown's Well areas
 - 1.5. Businesses located 5-7 km from the townships are not easily able to access broadband without significant cost

2. District Council of Loxton Waikerie is currently working with both Chambers of Commerce to support engagement with the digital economy and online marketing, but current services are restricting economic development.

3. The Committee were advised that the SA Government Country Health Plan (draft Loxton and Districts 10 Year Health Plan attached).

Objectives are reliant on a centralised service in Berri supported by partner hospitals in each town, which would also link with major teaching hospitals in Adelaide.

The 10 Year Health Plan notes that *adequately resourced tele-medicine will need to be available.*

Section 8.4. Information Technology.

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

The trial of E-Records for health is shortly to commence, and effectively Loxton will be disadvantaged by not being connected to the NBN

Whilst the other towns in the region will take advantage of the initial roll out of the NBN, Loxton is an NBN blackspot area and will not come online with the rest of the region. These particular issues for Loxton will significantly compromise the ability to link with the rest of the region and Adelaide in taking advantage of digital health services.

The Committee requested that District Council of Loxton Waikerie make a submission to the Regional Telecommunications Review regarding this matter.

After a 10 Year drought and continuing debate over water accessibility, the region is attempting to reinvent itself to be less reliant on primary production and diversify into other industries. Tourism has been identified as a major plank in diversification and growth for the Loxton area. To provide online bookable services, and an opportunity to connect smaller operators with a larger tourism hub, is reliant on higher bandwidth, which would be delivered by the NBN.



Loxton and Districts
10 Year Local Health Service Plan

2010 – 2019

Loxton and Districts Health Advisory Council
Loxton District Hospital
Country Health SA Hospital Inc



Government
of South Australia

SA Health

10 Year Local Health Service Plan

Loxton District Hospital

2010 - 2019

Table of Contents

1. Executive Summary	3
2. Catchment summary	5
3. Needs Analysis summary	8
4. Local implications of Statewide plans	12
5. Planning Principles	13
6. Service Delivery Plan	14
6.1 Core Services to be Sustained.....	14
6.2 Strategies for new / expanded services	19
7. Key Requirements for Supporting Services	20
7.1 Safety & Quality	20
7.2 Patient Journey	21
7.3 Cultural Respect.....	22
7.4 Engaging with our community	23
7.5 Local Clinical Networks	24
8. Resources Strategy	25
8.1 Workforce.....	25
8.2 Infrastructure	27
8.3 Finance	27
8.4 Information Technology.....	28
8.5 Risk Analysis	28
9. Appendix	29
9.1 Leadership Structure.....	29
9.2 Methodology.....	29
9.3 Review Process	30
9.4 Glossary	30

Date: 30 June 2010

Draft Plan

Thirty three local health plans have been developed across country South Australia by the Health Advisory Councils and local health services and will be released in stages, enabling the final plans to strengthen pathways across the networks of health services. They aim for an integrated country health care system in which all health care facilities across country South Australia play an important role in supporting the health of their local communities.

Country Health SA will work with the Health Advisory Councils to find local solutions and share resources to enable the final release of this plan.

1. Executive Summary

The Loxton District Hospital provides a range of accident and emergency, acute inpatient, elective surgery, birthing, aged care, mental health, community services, and various associated and clinical support services to the community of Loxton and the surrounding catchment. The resident population of the Loxton catchment ranges from 7,131 for its core services to 9,898 for its more specialised services (ABS 2006 Census). People from Aboriginal and Torres Strait Islander backgrounds represent 1.8% of the total population. The structure of the core population is relatively consistent with country South Australia. The highest proportion of the population (27%) is in the 45-64 year age group whilst the 65 and over age group is slightly higher proportionally when compared with the rest of South Australia.

Country Health SA including senior staff from Riverland Health Services, the local liaison officer employed to assist with the development of the Plan, and the Planning Projects Team have supported the development of the Loxton 10 Year Local Health Service Plan. The Loxton and Districts Health Advisory Council (HAC) has undertaken an important role in leading and analysing the community and stakeholder feedback and providing oversight of the local planning process. Throughout May and early June 2010, a draft plan was endorsed and released by the Loxton and Districts Health Advisory Council for further community and stakeholder feedback. This 10 Year Local Health Service Plan has been considered and endorsed by the Loxton HAC.

The community, staff and stakeholder feedback was collected by the Health Advisory Council between September and November 2009 through a variety of methods including surveys in key public locations, schools, focus group sessions and individual interviews with various key stakeholder groups. Specific strategies were used to gain input by Aboriginal community members including questionnaires distributed via the Peelies Bus (mobile Aboriginal health service), and focus groups with Aboriginal men's and women's groups and Aboriginal health workers. Information from consultations which occurred in relation to the Berri General Hospital redevelopment, has also been included as part of the analysis.

Themes which emerged through community consultations include the need for local hospital and health services be maintained and improved; focus on the recruitment and retention of all health professionals; transport and travel options within Loxton districts and across the region be improved; comprehensive aged care services both home based and residential are retained and improved; mental health services are expanded and access is improved; a range of cancer care is provided locally; better information and coordination of all health services is achieved; more preventative approaches are undertaken; and health service funding is reflective of the catchment area needs.

Throughout December 2009-February 2010, senior staff from the Riverland Health Service undertook the needs analysis by reviewing community, staff and stakeholder feedback, Health Service Profile data and other information, and local/State/National strategic plans and directions. This process incorporated a SWOT analysis (strengths, weaknesses, opportunities, threats) to determine future priorities and collation of evidence which support these priorities.

Key evidence which supports identified future priorities includes an increasing ageing population, rates of chronic disease / risk factors; statewide planning directions for people to access safe services as close to home as possible within the available resources; lack of accessible community transport options locally; and identification of priority health needs by the community and clinicians.

The primary focus of the Plan is to sustain and strengthen its existing core services. This is in the context of planned extensions to the range of care provided at the Berri Country General Hospital which will support health services provided at all Riverland Health Units including Loxton. Key directions for future enhancement and development include:

- Improved access to and community awareness of accident and emergency services.
- Supporting workforce requirements both medical and nursing, including ongoing training and education.
- Supporting and strengthening the Aboriginal workforce

- Increasing the focus on wellbeing and population health initiatives such as early intervention and targeting vulnerable and at risk groups in the community.
- Expanding the GP Plus strategy programs and improve discharge planning to increase access to services in the community or home.
- Providing services closer to home including low care chemotherapy which is interconnected with best practise support from statewide services, metropolitan oncology services and the Country General Hospital in Berri.
- Exploring the ability to implement midwifery models of care.
- Expansion of chronic disease self management programs.
- Expansion of mental health services for older people.
- Adequate support, cooperation and development of service strategies are established to meet the demands of an ageing community.
- Increase in coordination and collaboration to work across the continuum of care for rehabilitation.
- Adequately resourced tele-medicine units.
- Improving the wellness of local Aboriginal communities through staff development, career pathways, culturally appropriate services, supporting the Peelines Bus and continuing to strengthen Aboriginal community engagement.
- Working collaboratively in the region to develop increased transport and travel options.

2. Catchment Summary

Introduction

The township of Loxton is situated in the Riverland region of South Australia within the District Council of Loxton Waikerie, approximately 252 kilometres north east of Adelaide, and 21 kilometres south of the Berri Country General Hospital. The catchment area for the Loxton Hospital's core services such as the emergency service, acute inpatient and community and allied health, encompasses the Loxton Waikerie - East Statistical Local Area (SLA).



Reference: <http://www.abs.gov.au/>

The catchment area for the Loxton Hospital's more specialised services such as obstetrics and elective surgery, encompasses a broader catchment to the south and west.

Population

The resident population for Loxton's core catchment is 7,131, and 9,898 (ABS 2006 Census) for the broader catchment. People from Aboriginal and Torres Strait Islander backgrounds comprise 1.8% of the total population compared with 3.1% across country South Australia. Approximately 3.9% of the population speak a language other than English at home, consistent with the average across country South Australia. The community of Gerard sits on the outskirts of the Riverland on the banks of the Murray River. There are approximately 90 residents in the community with 2% that are non-indigenous.

The structure of the core population is relatively consistent with country South Australia. The highest proportion of the population (27%) is in the 45-64 year age group, followed by 25% in the 25-44 year

age group. When compared with country South Australia, a slightly higher proportion of the Loxton catchment is in the 65 and over age group, and slightly lower in the 15-24 year age group. The projected population for the catchment area is estimated to increase by 5.7% by the year 2021. The average fertility rate for the catchment is 2.14. This is above replacement level and higher than the South Australian rate (1.82). The indirect standardised death rate for the catchment is 5.9, slightly lower than the average for South Australia (6.1).

The Riverland region attracts approximately 270,000 overnight visitors and 240,000 domestic same day visitors per annum. Information recorded by the Riverland Information Centre indicates that visitation to the area increased more than 90% in the 12 months to June 2009.

Table 1: Loxton catchment population

	No.	%	Specialised catchment area	%	Country SA %	SA total %
Total Population	7,131		2,767			
Males 3,608		50.6%	1,420	51.3%	50.2%	49.2%
Females 3,523		49.4%	1,347	48.7%	49.8%	50.8%
0-14 years of age	1,473	20.7%	545	19.7%	20.4%	18.5%
15-24 years	752	10.5%	242	8.7%	11.4%	13.3%
25-44 years	1,813	25.4%	634	22.9%	25.1%	26.7%
45-64 years	1,942	27.2%	853	30.8%	27.3%	26.1%
65-84 years	1,010	14.2%	439	15.9%	13.9%	13.4%
85 years and over	141	2.0%	54	2.0%	1.8%	2.0%
Aboriginal and Torres Strait Islander people	125	1.8%	27	1.0%	3.1%	1.7%
CALD (Speaks a language other than English at home)	278	3.9%	57	2.1%	3.9%	12.2%

Source: 2006 ABS Census

Socioeconomic factors

The catchment area has been identified as outer regional and, based on the ABS socioeconomic index of relative disadvantage, is considered to have a moderate level of disadvantage. Median individual, family and household incomes in the Loxton catchment are slightly below South Australian averages. The prevalence of chronic disease for people aged 16 years and over in the Riverland region (including arthritis, asthma, cardiovascular disease, diabetes, diagnosed mental illness and osteoporosis) is slightly lower than country South Australia. The Riverland region demonstrates slightly higher risk factors than country South Australia for risky alcohol consumption (short and long term), overweight, physical inactivity and smoking.

The Riverland region is located on the River Murray. The largest industry is horticulture with products including wine grapes, citrus, stone fruit and almonds. Agriculture comprises up to 27% of total employment in the Loxton region, followed by 11% in health care and social assistance, 11% in retail trade, and 10% in manufacturing. Education and training also makes a significant contribution to the region's economy with 20 primary, 5 secondary and 8 private schools, the Flinders University Rural Clinical School and a Technical and Further Education (TAFE) presence in each major town across the Riverland. The Riverland region has been identified for exceptional circumstances due to the prevailing drought.

Compared with some more isolated areas in country South Australia, the Riverland region has reasonable access to local and interstate transport options. Several bus services operate daily services between towns in the Riverland, and to Adelaide. The Riverland Community Transport Scheme operates a community passenger service for people who have no access to other means of transport for medical appointments. A public taxi service operates in Loxton.

DRAFT

3. Needs Analysis Summary

Needs Analysis Process

A needs analysis was conducted as part of the strategy for the planning process. The needs analysis sought to combine data from community, key stakeholders, health professionals, statistics and statewide plans. This information was then used to undertake a SWOT analysis (identification of strengths, weaknesses, opportunities and threats) for relevant service categories. Local priorities and key enablers were also identified.

The Loxton HAC undertook the community engagement activities through a health survey. Key stakeholders and service providers were also given the opportunity to provide comments regarding health services. The processes used and groups consulted are outlined in Appendix 9.2.

Needs Analysis – Significant Findings

Although maintenance and enhancement of current services are essential and addressed in the 10 Year Local Health Service Plan, the findings which contributed to the **priority service areas** for Loxton are:

Accident and Emergency

- Clinician and community feedback have identified the need to support workforce requirements, both medical and nursing, and the need for ongoing training and education particularly in triage and assessment skills.
- Community feedback and clinician feedback identified the need for greater community education regarding accident and emergency service provision and processes.

Acute Care

- The need to increase the focus on wellbeing and population health initiatives such as early intervention and targeting vulnerable and at risk groups in the community has been identified by state and countrywide strategic directions and local community and clinician feedback. To achieve this there is a need to:
 - Expand and improve collaborative approaches and links with community based services.
 - Have a greater focus on client/family centred care.
 - Have a greater focus on Primary Health Care approaches.
 - Improve care coordination.
 - Expand GP Plus strategy programs to reduce hospital length of stay, improve discharge planning and reduce unnecessary admissions.
 - Provide nurse/allied health led clinics that focus on wellness and prevention.
 - Increase early intervention and target vulnerable and at risk groups in particular the economically and socially disadvantaged.
- Local community and clinician feedback reinforces the strategic direction to provide services closer to home including chemotherapy and like services.
- Statewide directions in the chronic disease management and local clinician feedback supports the expansion of self management programs and GP Plus strategies.
- Local community and clinician feedback reinforces the strategic direction to improve coordination of care and individualised client centred approaches which maximise privacy and dignity, promote physical and mental function and increase consultation and participation.

Maternity and Birthing

- Local community and clinician feedback reinforces the strategic direction to improve coordination of care and client centred approaches by exploring the ability to implement midwifery models of care.
- Exploring the possibility of a nurse practitioner in midwifery has been identified by clinician feedback and reinforced by community feedback through the need for changes in care coordination and is supported by country and national strategic directions.

Rehabilitation

- Statewide directions for Country General Hospitals and local community and clinician feedback support the development of a regional rehabilitation service which incorporates inpatient, home-based, centre-based day therapy and outpatient rehabilitation supported by a multidisciplinary team.
- The need to increase the focus on wellbeing and restorative approaches has been identified by state and countrywide strategic directions and local clinician and community feedback which will require education and dissemination of information on services available and the expanded usage of programs that aim to support people at home.
- State and countrywide strategic directions and local community and clinician feedback recognise that increased rehabilitation services locally will require an expanded workforce, and an increase in coordination and collaboration to work across the continuum of care.

Aged Care

- Local community and clinician feedback have highlighted the need for the expansion of mental health services for older people in particular the need for a social worker position regionally.
- The demands an ageing population will place on health services has been identified by state and national strategic directions and well supported by local clinician and community feedback. It is therefore essential that adequate support, cooperation and development of service strategies are established to meet these demands.
- Local community and clinician feedback reinforces the strategic direction to improve coordination of both residential and community care and individualised client centred approaches which maximise privacy and dignity, promote physical and mental function and increase consultation and participation.
- The need to increase the focus on wellbeing and restorative approaches has been identified by state and countrywide strategic directions and local clinician and community feedback which will require education and dissemination of information on services available and the expanded usage of programs that aim to support people at home.

Mental Health Services

- State and countrywide strategic directions, provisions of the new Mental Health Act from 1st July 2010 and local clinician and community feedback have identified the need for:
 - Improved capacity for early identification.
 - Collaboration with appropriate services.
 - Targeting vulnerable and at risk groups in the community.
 - Adequately resourced tele-medicine units will need to be available.
- Statewide directions for Country General Hospitals and the rates of mental health have emphasised the need for a Limited Treatment Centre and step down beds/mental health intermediate care in future planning.

Community Health – GP Plus Strategies

- Statewide directions in the chronic diseases and local clinician feedback supports the expansion of self management programs, GP Plus strategies in all Riverland towns.
- Reorientation of services to achieve a greater focus on primary health care, early intervention and health promotion, an increase focus on restorative approaches and an increased ability to provide nurse/allied health led clinics that focus on wellness and prevention are all supported by statewide directions, clinician and community feedback.
- The demands the ageing population will place on health services has been identified by state and national strategic directions and well supported by local clinician and community feedback. It is therefore essential that adequate support, cooperation and development of service strategies are established to meet these demands.
- The state and national focus, well supported by international research and direction in early intervention and childhood development, along with clinician and community feedback have reiterated the need for expanded early childhood services locally.

Allied Health

- Statewide directions from Country General Hospitals and local community and clinician feedback support improved professional development opportunities by working with CHSA clinical leadership and an increased regional workforce in light of potential service expansion with the Berri Country General Hospital redevelopment.
- An increased focus on wellbeing and population health initiatives such as early intervention and targeting vulnerable and at risk groups, in particular the economically and socially disadvantaged in the community has been identified by state and countrywide strategic directions and local community and clinician feedback.
- Statewide directions in the chronic diseases and local clinician feedback supports the expansion of self management programs, GP Plus strategies in all Riverland towns.
- The state and national focus well supported by international research and direction in early intervention and childhood development along with clinician and community feedback have reiterated the need for expanded early childhood services locally.

Aboriginal Health

- Local community and clinician feedback reinforced state and national strategic directions to reduce the gap in health outcomes for Indigenous Australians. Analysis of Aboriginal health needs in the Riverland has identified a burden of physical, spiritual, social and emotional illness related to disadvantage across social determinants of health. Aboriginal communities across the Riverland identified health issues including maternal, child and infant, transport and access, drug and alcohol, youth, chronic disease and mental health. The methods identified to assist in improving the wellness of local Indigenous communities are:
 - Training for mainstreaming services – designated cultural awareness training officer across all of health and human services in the Riverland.
 - Expand chronic disease self management programs..
 - Support for the new designated patient journey liaison officer position
 - Expand maternal and infant health programs.
 - Expand women's and men's health programs.
 - Support for GP/RN/Allied health on Peellies Bus.
 - Explore ability to improve career pathway for Aboriginal health workers – links to further education and training.
 - Establish a new Indigenous reference group.
 - Assist to get Aboriginal Health Advisory Committee (AHAC) functioning and provide education and training to members.

Oral Health

- Community feedback and the linkages between good oral health and general health has emphasised the need for increased access to dental services.

The needs analysis identified that there are several generic **key enablers** that are required to be incorporated across all service categories and embedded in the draft 10 year Plan to ensure current services can be maintained and enhanced and proposed new services can be achieved. These key enablers are:

Workforce

- Support for new approaches to recruitment and retention.
- Support for and provision of training and education.

Transport and travel options

- Work collaboratively in the region to develop increased transport and travel options.
- Improve education and information dissemination of transport and travel options.

Culturally appropriate services

- Meet the needs of the Indigenous and culturally and linguistically diverse communities (CALD).
- Extensive education and training for mainstream services.

Collaboration – intra and inter agency

- Increase focus on working collaboratively.
- Processes to support inter and intra agency collaboration.

Information Technology

- Adequately resourced tele-medicine units will need to be available.
- Explore introduction of common electronic client records.
- Point of Care technology.

Security and access

- Adhere to standards and procedures.

Safety and Quality

- Adhere to standards and procedures.

Infection Control

- Adhere to standards and procedures.

Interpreter service

- Adequate use and access to interpreter services.

Linkage with Flinders University Rural Clinical School and other universities

- Rural based higher education (undergraduate and postgraduate) courses.
- Collaboration with training and education programs and facilities.
- Support with collaborative research and evaluation.

Leadership

- Supportive stable leadership.
- Advocating for client centred care.
- Prioritise community wellbeing approaches.

4. Local Implications of Statewide plans

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

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

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

- Multi-disciplinary teams across and external to the public health system.
- Patient focused care.
- Care as close to home as possible.
- Teaching and research integrated in service models.
- Integrated service model across the continuum of care.
- Streamlining access to specialist consultations.
- Increasing use of tele-medicine.
- Improving services for Aboriginal health people, which for this region may be enhanced by establishing an Aboriginal community controlled health service for this whole region.
- Focus on safety and quality.
- Recruiting and developing a workforce to meet future service models.
- Engaging closely with consumers and community.
- Developing the infrastructure to meet future service models.
- Clinical networking and leadership.
- Connecting local patients with pathways to higher level care needs.
- Reducing progression to chronic disease for at risk populations.

Strategies within the Statewide Clinical Service Plans which support the achievement of local needs have been integrated through the 10 Year Health Service Plans.

5. Planning Principles

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

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

6. Service Delivery Plan

6.1 Core Services to be Sustained

Service Category	Service Description	Target Group	Directions over next 10 years
Community Health & GP Plus Services	<ul style="list-style-type: none"> Local primary health care and health promotion initiatives, Domiciliary Care services, day care, general counselling, and specific GP Plus strategies 	Residents of the catchment with focus on: <ul style="list-style-type: none"> Children Youth Disabled Frail Aged Aboriginal people CALD people 	<ul style="list-style-type: none"> Expansion of GP Plus strategies across all Riverland Health Units and consideration of expanded workforce needs Expand the diabetes services to extend beyond treatment focused to enhanced preventative approaches Expand access to chronic disease management programs, including self management programs¹ Integrate child health services with access to the visiting paediatrician Expand provision of pre-admission clinics and Fit for Surgery practices Reorientation of services to achieve a greater focus on primary health care, early intervention and health promotion² Increase focus on restorative approaches³ Increase ability to provide nurse/allied health led clinics that focus on wellness and prevention
Allied Health	<ul style="list-style-type: none"> Access to allied health services via cluster services 	Residents of the catchment with focus on: <ul style="list-style-type: none"> Children Youth Disabled Frail Aged Aboriginal people CALD people 	<ul style="list-style-type: none"> Improved professional development opportunities/upskilling by working with CHSA clinical lead positions Improved strategies for recruitment and retention of allied health/physiotherapy staff Expand early childhood intervention services Increase collaboration between acute and allied health staff
Aboriginal Health	<ul style="list-style-type: none"> Access to centre based and community based services including Chronic Disease Support Group, Men's Group and health screenings Information and health promoting education via the mobile Peelies Bus across the cluster Transport to health appointments, support to 	Aboriginal people in the catchment with focus on: <ul style="list-style-type: none"> Children Youth Frail Aged 	<ul style="list-style-type: none"> Explore increasing the number of and access to career pathways for Aboriginal health workers Expand chronic disease self management programs⁴ Support the new designated patient journey liaison officer position Expand Aboriginal maternal and infant health programs Expand women's and men's health programs

¹ Chronic Disease Action Plan for South Australia 2009-2018

² Strategy for Planning Country Health Services in South Australia

³ Health Services Framework for Older People 2009-2016

⁴ Chronic Disease Action Plan for South Australia 2009-2018

	<p>link with mainstream health services, Indigenous specific and primary care services</p> <ul style="list-style-type: none"> • Provision of maternal and infant education and support services including immunisation and health screenings 		<ul style="list-style-type: none"> • Facilitate increased range of continuum of health care providers participating on Peelines Bus • Establish a new Indigenous reference group across the Riverland • Assist to get AHAC functioning and provide education and training to members
Emergency Service	<ul style="list-style-type: none"> • 24 hour, 7 day/week emergency triage and assessment; emergency trauma and resuscitation, emergency surgical procedures, emergency mental health service • Appropriately staffed and supported by nursing and medical staff • Treatment for/management of appropriate (non-life threatening) conditions • Inpatient diagnosis, monitoring and treatment of appropriate conditions 	All residents and visitors to the catchment	<ul style="list-style-type: none"> • Maintain and continue to enhance the existing 24 hour, 7 day/week emergency services. • Explore potential for greater range of GP Plus programs to operate in Loxton • Work closely with the community to raise awareness about how emergency and after hours services are accessible • Establish telelink facilities in emergency area • Seek resources to undertake minor developments to make work practices more efficient
Acute Inpatient Care	<ul style="list-style-type: none"> • Admissions for management of minor (lower risk) assessments and treatments; Intermediate care including recuperative care, low risk acute medical, same day or overnight surgery, mental health, birthing, chemotherapy • Access to General Practitioner Practice service to provide both acute illness management and general practitioner consulting for less severe illnesses • Admissions for more complex and higher risk treatment and procedures • High Dependency Unit 	All residents and visitors to the catchment	<ul style="list-style-type: none"> • Maintain and continue to enhance the existing 24 hour, 7 day/week acute inpatient services. • Improve ability to provide primary health care approaches, reduce unnecessary admissions and care coordination through GP Plus programs, links and collaboration with GP and community based services, and improved discharge planning • Strengthen capacity to accommodate low care chemotherapy, which is interconnected with best practise support from statewide services, metropolitan oncology services and the Country General Hospital in Berri, and other same day care upon completion of observation area • Expand nursing skill sets and models to include a greater range of specialty areas • Expand chronic disease self management programs⁵
Elective Surgical	<ul style="list-style-type: none"> • Operating theatre staffed and equipped to support a range of lower risk and appropriate surgeries 	Residents of the catchment with focus on: <ul style="list-style-type: none"> • Frail Aged • Aboriginal people • CALD people 	<ul style="list-style-type: none"> • Maintain the existing elective surgical capacity • Examine capacity for surgery services from the Country General Hospital in Berri to be provided locally in Loxton • Enhance extended care requirements (including community care and allied health services) to support patients returning home post surgery earlier
Maternal & Birthing Services	<ul style="list-style-type: none"> • Antenatal and postnatal care including access to community midwifery services and 	All women having babies, and their	<ul style="list-style-type: none"> • Maintain the existing 24 hour, 7 day/week on call midwifery and GP obstetrics services, including the birthing unit⁶

⁵ Chronic Disease Action Plan for South Australia 2009-2018

	<ul style="list-style-type: none"> parenting programs Admissions for maternal and neonatal care Shared care programs 24 hour 7 day/week low risk single births including theatre and staffing for emergency and elective caesarean sections 	<p>families</p> <p>Focus on:</p> <ul style="list-style-type: none"> Aboriginal women CALD women 	<ul style="list-style-type: none"> Provide infant mental health training available to staff and parents Explore the possibility of a nurse practitioner See 6.2 for further directions
Medical Specialist Services	<ul style="list-style-type: none"> Medical specialist services providing treatment and procedures 	All residents in the catchment	<ul style="list-style-type: none"> Maximise access to visiting and resident specialist services available regionally Maximise access to increasing visiting and resident specialist services as part of building the Berri Country General Hospital⁷ Enhance extended care requirements (including community care and allied health services) to support patients returning home Explore opportunity to access expanded range of activity at the Berri Country General Hospital
Mental Health	<ul style="list-style-type: none"> Primary mental health care Shared care management with local GP Local admissions for mental health including respite and short stay options Specialised assessment for low complex, voluntary patients including admission to general wards 	<p>All residents and visitors to the catchment.</p> <p>Focus on:</p> <ul style="list-style-type: none"> Adult Aboriginal people Older persons Youth Disadvantaged groups 	<ul style="list-style-type: none"> Establish Local Mental Health Network Implement the provisions of the new Mental Health Act (2009) from 1st July 2010, to provide greater local responsive mental health services Strengthened primary mental health care services through improved partnerships with general practice and other primary care providers Continue local voluntary admissions for mental health care Improved access to specialist mental health services through increased visiting services and utilisation of telehealth network for video conferencing consultations and assessments⁸ Support training and education for staff and community Expand use of Rapid Intensive Brokerage Support (RIBS) to reduce stay in hospital Provide infant mental health training available to all health care workers and parents Maximise access to expanded specialist mental health services as part of building the Berri Country General Hospital

⁶ Standards for Maternal and Neonatal Services in South Australia 2009

⁷ Strategy for Planning Country Health Services in South Australia

⁸ South Australia's Mental Health and Wellbeing Policy

Rehabilitation	<ul style="list-style-type: none"> • Admissions for recuperative and maintenance care • Access to community/home based rehabilitation support • Centre based day therapy • Geriatric rehabilitation service 	<p>All residents in the catchment.</p> <p>Focus on:</p> <ul style="list-style-type: none"> • Frail Aged • Aboriginal people • CALD people 	<ul style="list-style-type: none"> • Increase allied health support, coordination and collaboration⁹ • Expand ability to work across the continuum of care • Build pathways with the specialist rehabilitation therapy centre within the Berri Country General Hospital • Expand ability to promote nurse practitioners and nurse led clinics for therapy • Expand usage of Transitional Care Package programs • Explore the use of access to community based Internet rehabilitation programs • Increase use and links with gyms
Respite Services	<ul style="list-style-type: none"> • Access to residential and hospital respite 	<p>All residents in the catchment.</p> <p>Focus on:</p> <ul style="list-style-type: none"> • Frail Aged • Aboriginal people • CALD people 	<ul style="list-style-type: none"> • Improve the alignment between ACAT Assessment and ACFI Assessment tool • Improved coordination of home based respite and residential respite on regional level to ensure respite availability is maximised
Aged Care	<ul style="list-style-type: none"> • Home and community Domiciliary Care services • Inpatient admissions for elderly, including respite care • Low care residential aged care • High care residential aged care 	<p>All residents of the catchment.</p> <p>Focus on:</p> <ul style="list-style-type: none"> • Frail, elderly, their carers and family 	<ul style="list-style-type: none"> • Maintain the existing range of residential and community based aged care services¹⁰ • Extend package models of care to support people in their home • Support older people to recover from illness and injury through restorative approaches • Improve outdoor surroundings and physical activity opportunities at residential facility • Improve the alignment between ACAT Assessment and ACFI Assessment tool • Maintain and enhance the provision of residential care services
Palliative Care	<ul style="list-style-type: none"> • Access to palliative care beds including support for more complex medical care • Access to special interest GP palliative care and multi-D support teams 	<p>All residents in the catchment</p>	<ul style="list-style-type: none"> • Increase access to palliative care packages • Strengthen capacity to accommodate same day palliative care upon completion of observation area¹¹ • Increase opportunities and methods to provide family support and education
Clinical Support Services	<ul style="list-style-type: none"> • Point of care testing • Access to pharmacy services • Access to basic and general x-ray and ultrasound capabilities 	<p>All residents and visitors to the catchment</p>	<ul style="list-style-type: none"> • Maintain the existing range of radiology, pharmacy and pathology services • Expansion of access to point of care testing • Increase access to electronic resources – such as electronic

⁹ Statewide Rehabilitation Service Plan 2009-2017

¹⁰ Health Services Framework for Older People 2009-2016

¹¹ Palliative Care Services Plan 2009-2016

	<ul style="list-style-type: none"> • Access to emergency O negative blood 		<p>protocols for care (policies and procedures) and Excelcare and Proact programs</p> <ul style="list-style-type: none"> • Explore implementation of existing learning systems • Maintain local exercise stress testing • Explore opportunities for new health testing capacities
Oral Health	<ul style="list-style-type: none"> • Inpatient low technology specialist services 	All residents in the catchment	<ul style="list-style-type: none"> • Build links with SA Dental Service and private dental services • Explore orthodontic specialists for the broader Riverland region • Explore dental training opportunities in line with the Parallel Rural Community Curriculum model

DRAFT

6.2 Strategies for new / expanded services

Service objective: To provide a women centred maternity model of care for all pregnant women that supports a family orientated concept and strengthens the value of birthing women and children in the community

Target Group: All pregnant women who intend birthing at Loxton, with a focus on identified target groups

Critical milestones: Business plan endorsed, Model established

Outcomes Strategies		Time Frames
<ul style="list-style-type: none"> • Broader choice of maternal care service models for women and families 	<ul style="list-style-type: none"> • Continue to work with local GP obstetricians to maintain a midwifery service at Loxton Hospital Complex • Continue to meet the standards set out in the Standards for Maternal and Neonatal Services in South Australia 2010 • Explore potential model requirements and greater scope of midwifery practice in conjunction with midwives, medical officers, regional obstetrician and other key stakeholders • Develop a sustainable workforce recruitment, development and retention strategy to support the model • Identify process for educating and informing community of options/choices • Develop a business case to secure ongoing funding for the agreed model • Increase collaboration with FURCS - to establish links with metropolitan and training facilities and integrate learnings into rural based midwifery courses • Establish clinical pathways for all midwifery clients • Increase community midwifery services • Expand Aboriginal maternal and infant health programs which increases in-community antenatal, postnatal services and culturally appropriate birthing services and Aboriginal maternal and infant care training 	TBC

7. Key Requirements for Supporting Services

7.1 Safety & Quality

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

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Continual improvement and patient-centred approach underpinning service delivery	<ul style="list-style-type: none"> • Flexible, adaptable and committed to clients and care provided • Integrate acute, community health and aged care in accreditation • Continue to audit triage times • Implement the Australian Charter of Health Care Rights • Implement strategies to improve the State and National Patient Safety priority areas • Transition to one accreditation provider from April 2010 which will integrate acute, community health, mental health and aged care in accreditation • Adherence to the Aged Care Act 1997 is monitored through the Aged Care Standards and Accreditation program for CHSA Riverland Aged Care sites • Audit programs in place to ensure client satisfaction 	<ul style="list-style-type: none"> • Improve access for disadvantaged groups including mental health, lower socioeconomic, elderly, health professionals, young children • Increase flexibility of service provision and allocation of time to provide quality services • Reorientation of services to achieve a greater focus on primary health care, early intervention and health promotion • Enhance clinician involvement in clinical governance leadership • Work to ward the implementation of the National Open Disclosure Standard in all health facilities
Integrated access across the health system	<ul style="list-style-type: none"> • Access the iCC network for clinical support and guidance • 24 hr access to consultant/specialist medical staff • Access to perinatal practice guidelines which ensure the provision of evidence based care • Access to state wide obstetric / neonatal retrieval service 	<ul style="list-style-type: none"> • Further expansion of statewide and Country Health SA clinical networks • Expand relationships with the Country General Hospital in Berri • Improve the use of knowledge, information management and technology to increase the quality and safety • Explore accreditation specific for ACAT • Contribute to a regional focus and commitment to disaster planning and management • Explore alternate arrangements for sterilisation of equipment with resources ordered in as required • Implementation of a new consumer feedback monitoring tool as part of a SA Health program

7.2 Patient Journey

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

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Access to safe and quality care near home	<ul style="list-style-type: none"> Build upon the Peelines Bus and Gerard clinics 	<ul style="list-style-type: none"> Advocate for improvements in accessible community transport options locally, to outlying towns in the catchment, across the Riverland and to Adelaide Explore, in partnership with the Country General Hospital in Berri the range of activity that could be repatriated back to the Riverland
Provide a smooth and supported journey when people do need to travel to access services	<ul style="list-style-type: none"> Strengthen access to discharge planning 	<ul style="list-style-type: none"> Work closely with other health services in the Riverland to ensure equity of access to regional health services Support for the new designated patient journey liaison officer position Contribute feedback / solutions to improve the Patient Assistance Transport Scheme for residents of the catchment Improved coordination of care for local patients being transferred to a metropolitan site, or for those with difficulty accessing the Country General Hospitals Explore electronic common client record to assist care coordination

7.3 Cultural Respect

Objective: Improve the ability of Aboriginal health services and mainstream services to be culturally appropriate
Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Health services provided for Aboriginal people in a culturally sensitive and respectful way	<ul style="list-style-type: none"> • Support Aboriginal health staff to utilise their existing relationships in the community to make stronger connections with the Health Service • Increase the uptake of Aboriginal Health Impact Statements 	<ul style="list-style-type: none"> • Establish cultural awareness training for mainstream service delivery staff across all of health in the Riverland • Establish Aboriginal liaison officer role • Encourage ongoing collaboration between Aboriginal health and mainstream services • Build a holistic approach in mainstream health services for Aboriginal health clients • Strengthen understanding and communication of cultural differences • Support for flexible culturally appropriate processes • Consider the merit of having Aboriginal health located in the community rather than attached to health services • Employ and train more Aboriginal people across all levels of the workforce
Sustainable engagement with the Aboriginal community	<ul style="list-style-type: none"> • Contribute to the reorientation of the Riverland Aboriginal Health Advisory Group (AHAG) through the provision of education and training to members 	<ul style="list-style-type: none"> • Establish a new Indigenous reference group – see Riverland Indigenous Community Health Plan • Support the Aboriginal Islander Health Action Group • Contribute to capacity building of the Aboriginal community

7.4 Engaging with our community

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

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Strong awareness in community of services	<ul style="list-style-type: none"> • Maintain and support diverse community support groups 	<ul style="list-style-type: none"> • Build awareness in the community of what services and processes can be expected locally, particularly after hours emergency services • Education and dissemination of information on services available in the local community and more widely across the Riverland to both community and service providers • Provide more education and training to the community on health services and healthy habits
Health service needs of the community are understood	<ul style="list-style-type: none"> • Support the Loxton Health Advisory Council to implement their ongoing role of engaging with their community and local stakeholders • Support the Riverland AHAG to implement their ongoing role of engaging with the Aboriginal community and local stakeholders 	<ul style="list-style-type: none"> • Improve processes to listen and act on community views • Engage more volunteers • Increase consultation and participation with clients / family within service delivery

7.5 Local Clinical Networks

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

Outcomes	Existing Strategies Sustained	Strategies for the Future
Formal ties with statewide and Country Health SA clinical networks	<ul style="list-style-type: none"> • Maintain access to Statewide Clinical services such as iCCnet SA cardiologist for urgent remote consults • Continue to improve links with the statewide retrieval teams • Increase links and provision of Child and Family Health services 	<ul style="list-style-type: none"> • Build partnerships with specialist clinical services in Adelaide to ensure Riverland clients are receiving best care
Formal ties with health service organisations in the region	<ul style="list-style-type: none"> • Continue to contribute to regional approach to delivery to increase diversity of services offered in the Riverland • Continue to work closely with the Riverland Division of General Practice on Advisory Groups, clinical programs, workforce development and to enable effective engagement with GPs 	<ul style="list-style-type: none"> • Improve coordination and linkages between intra and inter agency services, including time and process for engagement and rapport • Improve communication and learning opportunities with SA Ambulance Service, visiting specialists, non-government organisations • Explore strategies for a combined communication strategy to raise awareness of services available between service providers
Reciprocal relationships between local partners	<ul style="list-style-type: none"> • Build on strong links with existing services locally • Strong relationship between the GP practice and health service (supportive culture) • Dedicated and committed medical centre supporting hospital services • Maintain good processes for sharing information and case managing clients holistically 	<ul style="list-style-type: none"> • Improved interface between hospital, GP, residential aged care, community and other agencies • Expand and improve links and collaboration with community based services to better work across the continuum of care • Strengthen relationships between GPs and state funded programs

8. Resources Strategy

8.1 Workforce

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

Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Highly skilled and qualified workforce	<ul style="list-style-type: none"> • Support stable, knowledgeable, motivated, experienced and well trained workforce • Improved professional development opportunities/up skilling by working with CHSA clinical lead positions • Strengthen education and training for workforce • Explore workforce development needs and opportunities associated with building up the Country General Hospital in Berri • Maintain and strengthen education plan to support emergency medicine • Maintain annual program for supporting undergraduate, postgraduate and TAFE/VET students, as well as a graduate nurse program • Support nurses specialising portfolios in midwifery, wound management, continence, manual handling, clinical education and facilitation, falls prevention, cardiac emergency, immunisation, infection control, OH&S and quality • Maintain all standards of staff resources and skill and competence utilising operating suite 	<ul style="list-style-type: none"> • Develop and lead change management strategies to support the implementation of workforce development initiatives • Develop ongoing workforce development strategies to respond to an ageing workforce, loss of experienced clinicians, the need for succession planning • Increase education and training for primary health care models of care • Monitor staff workloads, expectations and demands • Improve access to Continual Professional Development irrespective of location • Build flexibility in staffing models to support part time needs of staff • Recruit staff who have a broad range of skills and experience

<p>Integrated workforce recruitment and retention</p>	<ul style="list-style-type: none"> • Strengthen links with RDGP, Flinders University, Medical Practices to encourage student placements and registrar program • Continue to encourage diversity of work for exposure to a broad range of conditions and variety of care/treatment • Strong positive culture of support between medical and nursing workforce • Maintain a good working environment for visiting specialists • Continue to work closely and support Riverland Division of General Practice to provide education and development opportunities regionally 	<ul style="list-style-type: none"> • Work collaboratively to fill GP, allied health and mental health staff shortages • Explore partnerships with FURCS simulation centre, research and evaluation, training and education, rural based midwifery course • Explore models to share staff across regional programs, service sectors and teams to enhance continuity of care, gain an appreciation of other roles and encourage staff work variety • Facilitate collaboration between all levels and disciplines of staff • Enhance induction and orientation for new staff to local practices • Explore nurse practitioner and physician assistant models in the future • Support clinicians commitment to maintaining on-call rosters • Improve management and process to recruit and retain specialists • Build on existing strengths and knowledge within the practices and hospitals
<p>Increased accessibility for Aboriginal people to be employed in the Health Service</p>	<ul style="list-style-type: none"> • Support actions from previous Flinders Program care planning training for staff 	<ul style="list-style-type: none"> • Explore ability to improve career pathway for Aboriginal health workers including access to further education and training • Establish portfolios for Aboriginal health workers to assist them to have specialist areas • Develop a relationship with the Aboriginal Health Council of SA, Registered Training Organisation, for continued training and development for current and future Aboriginal Health Workers • Link with current COAG initiatives • Put care planning for chronic disease clients into practice

8.2 Infrastructure

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

Outcomes	Existing Strategies Sustained	Strategies for the Future
Infrastructure and equipment that meets standards and supports existing and future service delivery	<ul style="list-style-type: none"> • Preventative maintenance programs • Minor works planning • Capital works planning 	<ul style="list-style-type: none"> • Streamline layout in the Emergency Department with increasing equipment requirements and to better manage mental health emergency presentations • Prioritise redevelopment needs and develop business cases for priority needs to pursue funding opportunities • Explore opportunities to enhance dignity, privacy and client centred care for residential and hospital facilities • Determine how the Berri Country General Hospital redevelopment can support more capacity and capability in the region

8.3 Finance

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

Outcomes	Existing Strategies Sustained	Strategies for the Future
Sustainable funding to achieve the planned service profile	<ul style="list-style-type: none"> • Maximise the use of GP Plus programs – Transitional Care Package, Rapid Intensive Brokerage Support, Country Home Link, Palliative Care packages 	<ul style="list-style-type: none"> • Provide access to flexible recurrent funding / revenue arrangements • Develop processes and supports to maximise potential to access new funding opportunities to meet the priorities of the region • Plan resource needs to meet changing demand for services in the future

8.4 Information Technology

Objective: Increase access to communication and information technology systems to strengthen health care
Critical milestones: NA

Outcomes	Existing Strategies Sustained	Strategies for the Future
Safer practice	<ul style="list-style-type: none"> Implement the Electronic ACCR from June 2010 Strengthen access for medical computer in casualty 	<ul style="list-style-type: none"> Build adequate data and IT infrastructure to interface with variety of programs and share care and information Build data reporting systems to ensure that program monitoring accurately describes achievements.
Patient journeys reduced		<ul style="list-style-type: none"> Investigate web based care plan supported by appropriate IT infrastructure Establish telehealth facilities, particularly within the emergency area

8.5 Risk Analysis

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

Outcomes	Existing Strategies Sustained	Strategies for the Future
Successful implementation of the service directions identified in the 10 Year Health Service Plan	<ul style="list-style-type: none"> Maintain Risk Register Continue to achieve hospital and health service accreditation Facilitate continuous quality improvement in future analysis and implementation of this plan 	<ul style="list-style-type: none"> Develop an implementation, monitoring and review strategy for the 10 Year Health Service Plan early identification of risks Ongoing contribution and participation in the CHSA Risk Management policy framework Ongoing participation and contribution to other CHSA nominated Risk Management activities

9. Appendix x

9.1 Leadership Structure

The Riverland has 5 local health units operating, all managed by the Director of Riverland Health services and supported locally by a Director of Nursing. The Loxton and District Hospital has developed a 10 Year Local Health Service Plan as part of the strategy for planning which has been led by the Director of the Riverland Health Service. The regional executive team undertook the role of a steering group and employed a local liaison officer to assist this process.

9.2 Methodology

The draft Loxton 10 Year Health Service Plan has been developed in alignment with the planning principles and process set out in the Strategy for Planning Country Health Services in South Australia, released by the Minister for Health, 17th December 2008. This process brought together data and evidence from local communities, health professionals, statistics and statewide plans to develop 10 year Plans. The data collected from these sources was used to develop a needs analysis which provided a comprehensive SWOT (identification of strengths, weaknesses, opportunities and threats) for each service category included in this 10 year Plan.

A range of people were engaged to accomplish this strategy. A Project Planning Team was established in CHSA which developed local service profiles, assisted Health Advisory Councils with community engagement strategies and undertook a review of statewide plans which all contributed to the draft 10 year Plan.

The Loxton Health Advisory Council (HAC) undertook the community engagement activities through a health survey. The community were surveyed through a variety of different methods including distribution of surveys in key public locations, schools, focus group sessions and individual interviews with various key stakeholder groups. The HAC created and distributed a brochure outlining their role and how to provide comment on health services. A combined Riverland HAC meeting was also held to share their community consultation findings and identify regional priorities – the region received a total of 1,102 survey responses from both individual and group sessions. Service providers were given the opportunity to provide comments regarding health services. A regional survey was distributed to all health service staff seeking their views, a total of 39 staff surveys were returned. The key stakeholders from both Loxton and the Riverland which were approached in this process included Day Activity Centre, senior citizens, aged care homes, primary schools, Loxton High School, TAFE, kindergartens, Riverland Division of General Practice, Loxton Medical Clinic, Ladies Auxiliary, church groups, sporting clubs, service clubs, Life without Barriers, Riverland Domestic Violence Group, Headspace, Riverland Futures Taskforce, cultural groups – through the Multicultural Forum, South Australian Police, and South Australian Ambulance Services.

The Peelies Bus (mobile Aboriginal health service) was used to distribute questionnaires to the Aboriginal community. Other consultations included information from the Peelies Bus evaluation undertaken in April 2009, a focus group with the Aboriginal Chronic Diseases Group, the Aboriginal Women's Group, the Aboriginal Men's Group and interviews with local Aboriginal health workers. Information from the consultations that occurred for the Berri General Hospital redevelopment has also been included in this needs analysis. Processes for ongoing engagement related to the strategy for planning are outlined in an Aboriginal Impact Statement which is being compiled.

The data from the community consultations was comprehensively analysed for frequency of issues and key themes and a report outlining the findings is available. The following is an excerpt from the Executive Summary of the report regarding the Loxton and District community views. The people of the Loxton and Districts community have overwhelmingly communicated to the HAC the expectation that:

- The local hospital and health service be maintained and improved – including maternity, accident and emergency and acute care.

- There is a significant focus on the recruitment and retention of health professionals, including doctors, specialists, nurses and allied health professionals.
- Transport and travel options within Loxton districts and across the region be improved.
- Comprehensive aged care services both home based and residential are retained and improved.
- Mental health services are expanded and access is improved.
- A range of cancer care is provided locally.
- Better information and coordination of all health services is achieved and more preventative approaches are undertaken.
- Hospital and health service funding is reflective of the catchment area that use the services by Loxton hospital and health services.

9.3 Review Process

A process to determine how this Plan will be monitored and reviewed, including timeframes, will be developed throughout the consultation stage. Feedback on this process is encouraged.

9.4 Glossary

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACCR	Aged Care Client Record
ACFI	Aged Care Funding Instrument
AHAC	Aboriginal Health Advisory Committee
CALD	Culturally and Linguistically Diverse
CHSA	Country Health South Australia
FURCS	Flinders University Rural Clinical School
GP General	Practitioner
HAC	Health Advisory Council
iCCnet	Integrated Cardiac Assessment Regional Network
RDGP	Riverland Division of General Practice
SWOT	Analysis of strengths, weaknesses, opportunities and threats