Health
Murrumbidgee
Local Health District

Coolamon Ganmain

Health Service Plan

October 2022

Version 1.5

DOCUMENT ADMINISTRATION

REVISION HISTORY

Version	Feedback from	Changes Incorporated Date range
V1.0	Coolamon Steering Group, Managers	Clarified information, endorsed
V1.4	MLHD Executive	Endorsed 18/10/2022
V1.5	Community feedback	
V1.	MLHD Board	
V1.	Manager Service Planning	
V2.0	LHAC, Coolamon-Ganmain MPS staff Coolamon Shire Council MPHN NSW Ambulance Coolamon Medical Services NGOs, and general public (via MLHD website), NSW Ministry of Health	
V2.1	Workforce Planning	
V2.2	Endorsed by MLHD Executive	
V2.2	Endorsed by MLHD Board	
V2.3	MoH Issues Log	
V2.4	MoH	
V2.5	MoH	
V2.5.1	MoH	

Table of contents

Executive Summary

Coolamon Ganmain Multi-Purpose Service (MPS) is a facility within Murrumbidgee Local Health District (MLHD). Murrumbidgee Local Health District (MLHD) was formed on 1 January 2011. It is one of seven Rural LHDs in NSW. The MLHD covers 21 Local Government Areas (LGA's) spread across 125,561 square kilometres. It includes 47 geographically spread health facilities including a number of community health centres.

Coolamon is the largest town in the Coolamon Shire Council (LGA). Coolamon is located approximately 460 km south-west of Sydney and 482 kilometres north-east of Melbourne. It is situated in the centre of the Riverina region, 40 km drive from Wagga Wagga and two hours from Albury. Coolamon Ganmain MPS is the only health facility in the local government area.

This Service Plan has been developed to identify appropriate services for the community for the next 10 years. Service planning is underpinned by State and District strategic directions, strategies and policy and MLHD planning principles. Planning is informed by the catchment population profile, and political, economic, technological, legal and environmental factors.

A redevelopment of Coolamon Ganmain MPS is one of the top five capital projects identified in the Murrumbidgee Local Health District (MLHD) Asset Strategic Plan. A Service Plan is a prerequisite for capital infrastructure investments. An analysis and rethinking of service models is required to inform capital development. This ensures future demand is met, and models of care maximise health outcomes and operational efficiencies.

The catchment area for the Coolamon Ganmain MPS for planning purposes is defined as the Coolamon Shire Council. This catchment is based on existing flow patterns. The estimated residential population in July 2021 was 4,385. The proportion of people over 70 is projected to rise. The 2021 Census reports that 3.2% of residents identify as Aboriginal or Torres Strait Island peoples (ATSI) and 85% of residents were born in Australia.

"Stand out" features impacting on health in the Coolamon Shire Council are:

- Increasing older population particularly 85 years and over
- Increase in young families
- Potentially Preventable Hospitalisations
- Coronary Heart Disease
- Chronic Obstructive Pulmonary Disease
- Smoking
- Injury including fall-related injury
- Diabetes
- Mental health and suicide

The catchment population is projected to increase slightly in the next 10 years. Changing population demographics will have a significant impact on the future demand for primary health/ health education services, chronic disease management, acute/ sub-acute care and aged care services.

Coolamon Ganmain MPS is an F3 Multipurpose Service (with Commonwealth Funded Aged Care)[1], with 2 inpatient beds, 12 high care residential aged care beds, a level 1 emergency department, community health services and clinical/non-clinical support services. Most services operate at a role delineation level of one or two (Appendix 1). The health service

[1] NSW Hospital Peer Groups 2016 Information Bulletin, NSW Ministry of Health

does not provide surgical or maternity care. Higher level services are provided at Wagga Wagga Base Hospital (WWBH), as the Major Group one, B1 Hospital in MLHD.

Coolamon Ganmain MPS is part of the Temora Cluster, in a hub and spoke model with Temora and West Wyalong Hospitals. Outreach is provided to small communities within the Coolamon Shire Council Local Government Area (LGA). Some services from around the region also provide outreach to the Coolamon Shire Council community.

Services include:

- Inpatient medical.
- High care residential aged care.
- Aboriginal Health.
- Mental Health and Drug and Alcohol.
- Community Health.
- Clinical support services – pathology, and pharmacy; and
- Nonclinical support services.

There is additional aged care provided in Coolamon by Coolamon Shire Council. Allawah Lodge Aged Persons Hostel is a small not-for-profit residential aged care facility providing home care services. The facility is land locked with the Coolamon MPS. Close partnerships exist with the Murrumbidgee Primary Health Network (MPHN), Non-Government Organisations (NGO's) and other human service providers.

A review of resident flows was completed as part of this Plan to understand where residents go for services and where people come from who use the services at Coolamon Ganmain MPS. The majority of people accessing services at Coolamon Ganmain MPS are from Coolamon Shire (92% separations (visits) and 93% bed days).

Residents of Coolamon Shire access approximately a third of total service demand at Coolamon Ganmain MPS (13% separations, 18% of bed days - excluding chemotherapy, renal dialysis and unqualified neonates). The total bed demand for Coolamon Shire residents for services provided anywhere in 2019/20 was 15 beds per day (excluding renal dialysis, chemotherapy and unqualified neonates and emergency treatment). Coolamon Ganmain MPS accommodated the equivalent of an average of 2 beds per day. The demand for the additional 13 beds is spread across multiple facilities, with the main providers being WWBH, private services, Temora, and Sydney hospitals.

The main flows of Coolamon Shire residents to WWBH are historically for rehabilitation, psychiatry – acute, respiratory, orthopaedic services and non-subspeciality medicine. The main flows to private services were for orthopaedic, psychiatry – acute, non-subspeciality medicine, obstetrics, cardiology, and respiratory services. Renal dialysis is mainly sought at WWBH. Chemotherapy is exclusively provided at private services.

Inpatient activity has remained very highly utilised in the past five years, with occupancy being between 97%-126% over this period, and trending upward. The 65 years+ group make up 23% of the community and use a disproportionately higher percentage of local hospital services (79% of bed days and 73% of separations).

Emergency department presentations have shown minor fluctuations, but are largely steady, however their acuity has increased with more triage 2 and 3 presentations. The ED presentations from 2016/17 to 2019/20 shown in the table below have fluctuated from five to seven presentations per day.

A further breakdown of the activity in 2019/20 by Enhanced Service Related Group (ESRG) indicates the highest bed days were recorded for:

- Maintenance.
- Palliative Care – Cancer Related.
- Respiratory infections/inflammations.
- Cellulitis.
- Heart failure and shock.
- Chronic obstructive airways disease.
- Surgical follow up.
- Respiratory infections/inflammations.

Activity is generally spread 60/40 across acute and subacute care. Palliative and maintenance care are the subacute care types at Coolamon Ganmain MPS. Bed days have increased by 71% for sub-acute services from 2016/17 to 2020/21.

There is one GP practice in Coolamon Shire but no after-hours GP service. Same day appointments are generally available for urgent issues. There are 4 doctors at the practice (including Registrars). All have or are working towards visiting rights to the hospital.

Future service need incorporates a review of inpatient, emergency, and support services with plans to reverse some activity flows from Wagga Wagga services, particularly for lower-level step down acute care. Coolamon Ganmain MPS has been identified as an expansion opportunity given:

- The small current bed base, with high usage,
- Increasing rates of hospitalisation of Coolamon Shire residents,
- Coolamon Shire residents being sent elsewhere for care,
- Improving district patient flows and access to high level acute and complex care at Wagga Wagga Base Hospital
- Opportunities to cater for long stay infection management, and
- Increased access to maintenance care for Coolamon and surrounds residents.

Coolamon Ganmain MPS is well placed to manage an increase in acute inpatient activity, supported by level increased level 2 role delineated core services. Enhanced services at Coolamon Ganmain MPS will decrease reliance on WWBH for step down care ultimately increasing access to higher acuity care in the district.

Future inpatient services will continue to provide acute and sub/ non-acute services in line with role delineation levels. Development of outpatient and ambulatory care services is required to provide contemporary integrated models of care to abate constantly increasing demand for avoidable hospitalisation.

The existing facility has a disjointed layout and lacks appropriate space to introduce additional ambulatory care/ outpatient services. There are separate buildings preventing efficiencies offered by colocation. The current space does not meet Australasian Health Facility Guidelines.[2]

Service recommendations to meet projected demand and models of care include:

- Role Delineation Level 2 Emergency Department.
- A 12 bed Residential Aged Care Service.
- 20 inpatient beds including a shared quiet room for family caring for palliative care patients.
- Home like living spaces in line with Living well in MPS models.
- Wellness Centre with education and group therapy services incorporating.
    - Enhanced community health services and clinics.

[2] https://healthfacilityguidelines.com.au/full-guidelines

    - Ambulatory care (Hospital in the Home (HITH) or similar model; and
    - Outpatient services.
- Mental Health and Drug and Alcohol program delivery.
- Aboriginal Health program delivery.
- Level 2 radiology service.
- Level 2 pathology service; and
- Level 2 pharmacy service.
- Staff accommodation (5 required).

The recommended configuration is based on projected service need and shown in the table below.

Coolamon Bed/Space Table

Areas	**Existing**	**Proposed**
ED		
ED resuscitation bays	1	1
ED acute treatment bay enclosed	1	1
ED isolation room	0	0
ED triage room	0	1
ED interview – used also for MH assessments and low stimulus/quiet (not a safe assessment room)	0	1
ED treatment/consult room (outpatient/community use) with telehealth space	0	1
Total ED spaces	**2**	**5**
Inpatient beds		
Inpatient beds –	2	20 (4 subacute and 16 acute)
Residential Aged Care	12	12
Total inpatient beds	**14**	**32**
Speciality Spaces (excluding inpatient beds)		
Birthing room	0	0
Large Maternity assessment room – able to be used as birthing room	0	0
Neonatal Nursery –	0	0
Operating theatre/Procedure room	0	0
Support Spaces		
Family room with kitchenette (palliative care) with ADL features	0	1 – model to increase access for multiple palliative care patient families. Can be used as Aboriginal liaison room preferably with access to outdoor views/space. Kitchen features to have activities of daily living function.
Interview/ meeting room	0	1 – on edge of ward or in main entrance area
Education space for Nurse Educators	0	1 – location to be confirmed (ward or Wellness Centre)
Clinical Support		

Areas	Existing	Proposed
X-ray service	no	yes
Ultrasound service	no	yes
CT service	no	no
Pharmacy	yes	yes
Pathology	no	Yes –outpatient collection room
Wellness Centre – not including workforce office and support areas		
Outpatient/ Community Health general consultation/treatment/interview rooms	1 community nursing space, 1 child and family space and 1 MHDA, 0 outpatient, CH currently from staff offices	4 – mix of consult/ treatment/ interview
Group room large – used for cardiac and pulmonary rehabilitation, community exercise and falls prevention groups,	1 large in chronic care building	1 large - in Wellness Centre (up to 40 participants) – requires exercise circuit equipment (able to be sectioned off by operable wall) and loose exercise equipment + walking track for gait assessments + storage for equipment, tables and chairs. Requires audio-visual/teleheatlh equipment
Large meeting room Used for operational meetings, education – see scheduling doc	0	1 in Wellness Centre (20 people)
Small meeting rooms Used for smaller operational meetings, Hospital Auxiliary etc	0	2 in Wellness Centre – to meet the needs of increasing non admitted projects/programs and associated staff (7-10 people)

Coolamon Options Considered

New model of care or service development	Justification
Increase inpatient acute beds to 16 based on health app projections.	Accommodate local people close to home
4 beds additional required for subacute activity.	Accommodate local palliative and maintenance clients and regional maintenance clients
Wellness centre and hospital avoidance model	To be added to focus on prevention, and early intervention
Medical Imaging	Addition of a baseline service to accommodate increased inpatient activity. Prevents local consumers being transferred and admitted for care and imaging.
Increase in Residential Aged Care Beds	Maintain aged care beds but no increase. Aged care is not the core business of the MLHD and there are private operations in the LGA looking to expand. MLHD is not wanting to compete for the same residents and impact viability.
Staff Accommodation	Critical infrastructure for the future. Offers have been made to new staff and then declined because housing could not be found.

Operating theatre or day procedure space	Capacity in nearby district facilities is not fully utilised. There is not enough local demand to support the service. Investigated options for ophthalmology, dental and minor orthopaedic but were not viable.
Maternity Service	Capacity in nearby district facilities is not fully utilised. There is not enough local demand to support the service.
Inpatient Rehabilitation service	Does not align with the Rehabilitation strategy. There is capacity in other regional facilities. It was noted that deconditioning of long term/long stay clients is an issue and Allied Health consults may be needed to address this.
Brain Injury Service	Does not align with the Rehabilitation strategy. There is capacity in other regional facilities.
Urgent Care Centre	Activity is increasing and it was decided to continue the range of services in a full 24 hour Emergency Department

1. Context of Service Plan

Local health districts have a responsibility to effectively plan services over the short and long-term to enable service delivery that is responsive to the health needs of its defined population. Generally, local health districts are responsible for ensuring that relevant government health policy goals are achieved through the planning and funding of the range of health services which best meet the needs of their communities (whether those services are provided locally, by other local health districts, specialty networks or other service providers).

Local Health Districts and Specialty Health Networks (LHDs/SHNs) undertake a range of planning as part of usual business processes, examples of these include clinical services, workforce, asset, financial, business and broader strategic planning.

A clinical services plan (CSP) provides sufficient information to describe a service or services and how these will need to be delivered into the future to reflect changing health needs of the community and ways of providing care. A CSP is a robust document and is essential in supporting the scope of potential investment priorities identified in the LHD/SHN Asset Strategic Plan. It is important to understand that a CSP does not indicate any commitment to a specific capital investment.

A CSP should outline how services will develop or evolve over a 5 and 10 year period to meet community health needs. As models of care and service delivery, technology and workforce change over time, the detail of the strategies in the plan will evolve, and plans should be reviewed and updated accordingly at appropriate intervals. Usually, the CSP is formally requested by the NSW Ministry of Health, as a CSP is required prior to commencing facility planning including Business Case development. If a CSP is used as the basis for infrastructure investment, it is to be submitted to the Ministry of Health for endorsement after being approved by the LHD/SHN and prior to commencing infrastructure/investment planning, as shown below.

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Source: Health Infrastructure

This Service Plan responds to District wide planning for Strategic Asset Management. Planning aims to provide the right service in the most appropriate setting for the patient's needs. This is achieved through improved service integration, and partnerships with other service providers, across care settings. This planning looks at opportunities to review flows from Coolamon to surrounding communities, Wagga Wagga services, private, and capital city services.

Coolamon- Ganmain MPS service planning aims to identify appropriate services for the community within the context of MLHD planning principles as follows:

- Equity – individuals have equal opportunity to achieve their best level of health.
- Access – Services are available, acceptable and affordable.
- Sustainability – balance ongoing needs with workforce availability and budget; and
- Ownership – communities are encouraged to own and manage their health and actively participate in their health care.

A redevelopment of Coolamon Ganmain MPS is one of five capital investment priorities for the District, outlined in the MLHD Strategic Asset Management Plan.[3] Existing infrastructure is unable to accommodate the models of care required to meet future service demand.

DATA

There are certain assumptions in service planning that are useful to point out. It is important to note that not all the Coolamon Shire Council population flows to Coolamon Ganmain MPS. The Coolamon Shire Council data set most accurately reflects the past activity and is used for making planning assumptions for the future. Future planning should not reflect only current occupancy but needs to consider local use patterns and trends in population for relevant age groups. This is especially true for isolated facilities and in communities where there is a single provider. Population health data offers insights into the region and broader trends locally, so the current Coolamon Shire Council and MLHD wide data is used as a baseline. At the time of writing the data from the 2016 census was used. The 2021 Census was released after the draft document had been completed. The data update has been considered and population forecasts will not impact planning assumptions significantly, they are not the basis of decision making. It should also be noted that due to the dramatic impacts of the Covid-19 pandemic the 2019/2020 and 2020/2021 data will largely be considered an anomaly and whilst reviewed is a data outlier.

POLICY FRAMEWORK

Service planning is underpinned by State and District strategic directions, strategies and policy. It is influenced by the catchment population profile, and political, economic, technological, legal and environmental factors. Planning is forward thinking, providing scope for future changes to incorporate service innovations, enhanced technology and models of care.

Planning for Coolamon Ganmain MPS aligns with *State and MLHD strategic directions*. The following priorities are to be reflected in strategic and operational plans for MLHD:

Premier's Priorities relating to Health

- Improving Service Levels at Hospitals – '81% of patients through emergency departments

[3] MLHD Asset Strategic Plan 2021

within four hours.'
- Improving outpatient and community care and
- Towards zero suicide deaths in NSW by 20% by 2023[4].

State Priority

NSW Health *Future Health*[5] outlines the roadmap for NSW Health over the coming decade**.** It provides the strategic framework and priorities for the whole system from 2022 – 2032 and will position the NSW health system to continue to meet the needs of patients, community and workforce.

It aims to deliver on NSW Health's vision for a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled.

The report identifies four main matters that will need to be addressed in the future. These include:

- The importance of involving patients in their own care, helping them to make their own decisions about the health outcomes that matter most to them
- The value of collaboration and partnerships, and how we can enhance this
- The potential of virtual care tools such as Telehealth in our future health systems and what it means for both patients and clinicians
- The need for more choice of care settings in the future – in the community, in the home and virtually[6].

The overarching vision for MLHD facilities and infrastructure is aligned to the NSW 20 Year Health Infrastructure Strategy as follows:

- MLHD facilities are sustainable, safe and pleasant for consumers and staff, with flexibility to meet projected service demand and support emerging models of care

Elements that support this vision include:

- demographic and social shifts
- expectations and benefits of personalised and consumer focused health services
- technological and digital innovation
- continuing advances in medical research

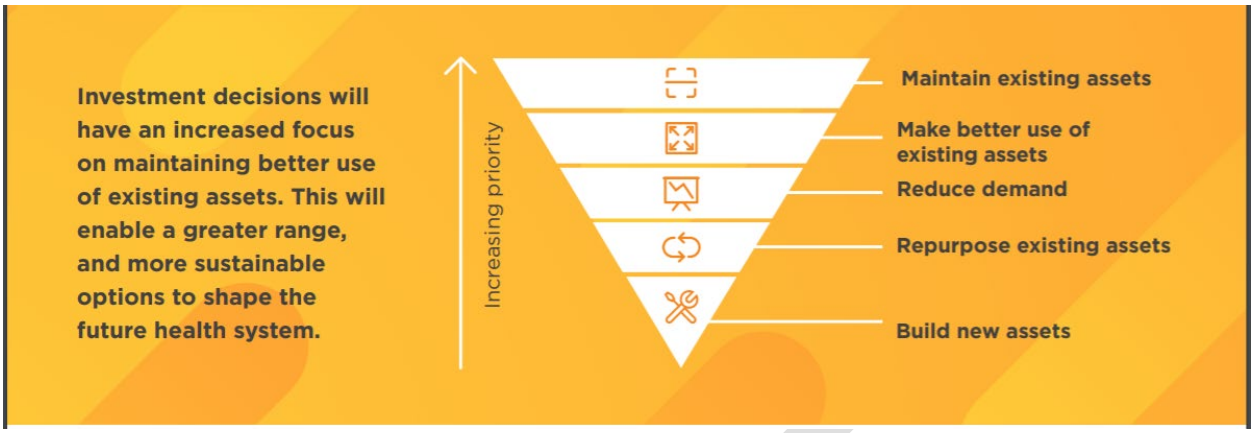
Master planning for any facility upgrades should therefore incorporate a 20-year horizon. The focus for infrastructure investment decisions at the State level is shown in the figure below.

[4] https://www.health.nsw.gov.au/priorities/Documents/strategic-priorities.pdf

[5] Future Health: Guiding the next decade of health care in NSW 2022-2032 health.nsw.gov.au/about/nswhealth/Documents/future-health-summary pdf

[6] Et al p. 4

NSW Infrastructure Investment Decision Strategy. Priority for infrastructure investment decisions



Source: NSW 20 Year Health Infrastructure Strategy

The NSW Rural Health Plan is undergoing a review but will align with Future Health with a focus on rural and regional health care needs.

MLHD has a Service Agreement with the Ministry of Health to deliver the directions of a number of the key influencing plans such as Young People and Families 2014-2024; Living Well, A Strategic Plan for Mental Health in NSW 2014-2024; First 100 Days Framework; NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025, End of Life and Palliative Care Framework 2019-2024; NSW Women's Health Framework; NSW Men's Health Framework; Strategic Framework for Suicide Prevention in NSW 2018-2023 and the Integrated Care Strategy. The Service Agreement outlines key accountabilities.

The Integrated Care Strategy vision is for seamless, effective and efficient care provided through different health care providers and with an emphasis on community-based services. It aims to respond to all aspects of a person's health and is particularly targeted at supporting people with long term conditions and complex health needs.

The MLHD Strategic Plan Exceptional Rural Healthcare 2021-2026 outlines the vision, focus and investments required to deliver excellence in connected health care for our communities in partnership with others.

It identifies for strategic directions MLHD will be focusing on:

- Holistic health and wellbeing
- Lifting health outcomes
- Locally led reform
- Workforce at its best

The MLHD Clinical Services Framework (CSF) 2021-2026 aims to assess the challenges and detail the priorities and future directions for clinical service development and delivery for the next five years. It outlines future priorities, strategic directions and recommendations for services across MLHD and individual hospitals[7].

It identifies several clinical services strategic priorities as follows:

- Increase wellness and care in the community and home
- Enhance networked services and processes to improve experience and outcomes
- Optimise workforce resources

[7] MLHD Clinical Services Framework 2021-2026 Draft v1.3 p. 6

- Optimise use of existing infrastructure for safe sustainable care delivery
- Optimise service innovation through research and advances in technology

Local Plans

In addition to health policies and plans, health service planning for Coolamon region must be cognisant of regional plans and Local Government plans. The Riverina-Murray Regional Plan outlines a vision for the region which 'is for a sustainable future, with strong, resilient local communities capable of responding to changing economic, social and environmental circumstances.' The Coolamon Shire Council LGA has developed a Community Strategic Plan as part of the integrated planning and reporting process. These plans express the communities' aspirations and how they are achieved, internally and in partnership with a variety of organisations. Potential partnerships include philanthropic organisations, Local Government, State and Commonwealth Government.

Health service availability and health employment opportunities are critical enablers to maintaining vibrant communities in the rural context. Services must reflect the needs of the population, be viable and sustainable. The health service works in close partnership with human services providers to ensure a linked-up service for disadvantaged people and people requiring mental health prevention or specialist services. There are further opportunities to strengthen partnerships, including broader participation by services in interagency meetings and integrated care strategies.

Factors Impacting Service Delivery at Coolamon-Ganmain MPS

Coolamon Ganman MPS will require significant upgrades and reconfiguration to deliver contemporary models of care. A recommended facility redevelopment of Coolamon Ganman MPS is one of the top five priorities in the MLHD Asset Strategic Plan (ASP).

The Coolamon-Ganmain MPS is land locked in its current location. This makes expansion and renovation challenging. The contours of the land also limit potential improvements. The current ED does not meet current health facility guidelines and is very cramped, especially if a resuscitation is occurring. Inpatient bed numbers are insufficient, dated and not best suited to current models of care. The aged care space is quite clinical and home like improvements are needed. This is very difficult within the limits of the current building. This also limits access to outdoor spaces for residents.

Over time there have been changes in service provision at the hospital. Relocation of services into non-purpose-built areas, have led to poor functional relationships. Access at the front of the hospital is problematic given the steep access to the front door, and security challenges with lack of an air lock. A lack of privacy for both inpatients and patients accessing the Emergency Department (ED) from the ambulance entry is a key concern. Patient privacy is impacted and delays for ongoing interventions occur due to the lack of space. Good functional relationships are a feature of well- designed infrastructure to support delivery of care. Capacity is an issue in both the inpatient and ED spaces, as are the lack of medical imaging. This means local patients are often transferred to other facilities for care that could be provided in their own community. An opportunity to create a hub or centre of excellence for sub-acute/maintenance care, acute step down and long stay clients exists to support patients from the Coolamon region to receive care closer to home.

Staff comfort and efficiency is impacted by aged infrastructure and this impacts on recruitment and retention. Rural workforce enhancement is a key strategy of the NSW Rural Health Plan and a constant challenge for rural LHD's. Coolamon has historically had good recruitment and retention of clinical staff however national staff shortages and local housing shortages have resulted in staffing challenges. These staffing challenges extend to other professions across the hospital including food services, cleaning, administration and asset staff.

A new ambulance station in Coolamon has seen an increase in acuity and volume of clients into the emergency department. Limitations of department space can make care challenging for staff.

Proximity to wagga for staffing and outreach services is helpful. Opportunities to expand inpatient and outpatient services is more feasible because of the proximity to wagga for staff and easy travel for staff.

The NSW 20 Year Health Infrastructure Strategy and MLHD Clinical Services Framework (CSF) 2021-2026 draft V1.3 identify infrastructure that is fit for the future as a key enabler for health service delivery. Coolamon Ganmain MPS will require significant upgrades and reconfiguration to deliver contemporary models of care and improve integration of services.

MLHD has undergone significant e-health upgrades in the past 10 years. Improved bandwidth was a core component as an enabler for Electronic Medical Record (EMR) implementation. EMR was rolled out in Coolamon in 2015, while Community Health Outpatient Clinics (CHOC) rollout occurred in 2016. Medication management followed soon after enabling digital prescribing, dispensing and administration of medication for patients and residents. This electronic advancement has allowed for remote review and prescribing allowing flexible care that can be delivered from doctors more remotely.

This has had positive impacts on sharing of information for connected care delivery. Further enhancements using updated platforms, particularly for Telehealth, will see greater access to specialty services.

A Patient Flow Unit has been established across MLHD, which is supporting rural sites with patient management and appropriate patient transfers in conjunction with the critical care component linked through ED cameras. The Critical Care Support Service has provided additional support for GP's and Nurses in rural health service emergency departments. Virtual nurse assist is a remote nursing consult service for staff looking for assistance with appropriate triage and assessment. Coolamon is a trial site for this new program commencing October 2022.

Hospital in the Home (HITH) access was raised during the consultation phase for this Plan. MLHD currently has two sites with HITH programs: Wagga Wagga and Griffith. There are opportunities to explore the viability of providing a HITH service in smaller health facilities such as Coolamon. Community, visiting allied health staff and mental health staff have challenges accessing consult and treatment spaces. The available rooms are not within the MPS so interaction between hospital and community staff is limited, integrating under one roof strengthens relationships. The introduction of new and expansion of current outpatient

and outreach services are two major strategies aiming to keep people with health conditions particularly chronic and complex conditions at home. Space requirements need to be considered during the facility planning phase.

Consumer understanding of the health and aged care services needs improvement - the need for increased consumer targeted education on available services and how to access them and how to navigate the My Aged Care portal.

Population growth, demographic changes and changes in the disease burden mean that the increasing volume of demand is outpacing the population growth rate, especially in mental health, diabetes and other chronic diseases. In addition, the complexity of demand is increasing due to an increase in the number of co-morbidities. People are living longer with the complexity of care they need increasing.

1.1 BACKGROUND

The Coolamon- Ganmain MPS provides 2 inpatient acute beds 12 residential aged care beds, a level 1 emergency department, medical services, community health, visiting allied and mental health and drug and alcohol, visiting Aboriginal Health, clinical support services and non-clinical support services.

SERVICE LOCATION AND TRANSPORT

Coolamon-Ganmain MPS is in the Murrumbidgee Local Health District (MLHD). The township of Coolamon is in the Coolamon Shire Council. The Coolamon Shire Council Local Government Area (LGA) covers a total area of 2,433 square kilometres. Coolamon Township, located near the communities of Ganmain and Ardlethan in southeast NSW, is a centre for the small communities of Marrar, Matong and Beckom. Closest major communities are Wagga Wagga located 41 kilometres (kms) to the southeast, Junee 41 kms to the east and Narrandera 60 kms to the west.

The MLHD was formed on 1 January 2011. It is one of seven Rural LHDs in NSW. The MLHD covers 21 Local Government Areas spread across 125,561 square kilometres (below). It includes 47 geographically spread health facilities including a number of community health centres. Most of the LHD is considered inner regional or outer regional in terms of remoteness. The largest towns are Wagga Wagga, Griffith and Deniliquin. Albury is generally part of Albury Wodonga Health; however, some MLHD health services continue to be provided in this community.

NSW Local Health Districts (LHDs)

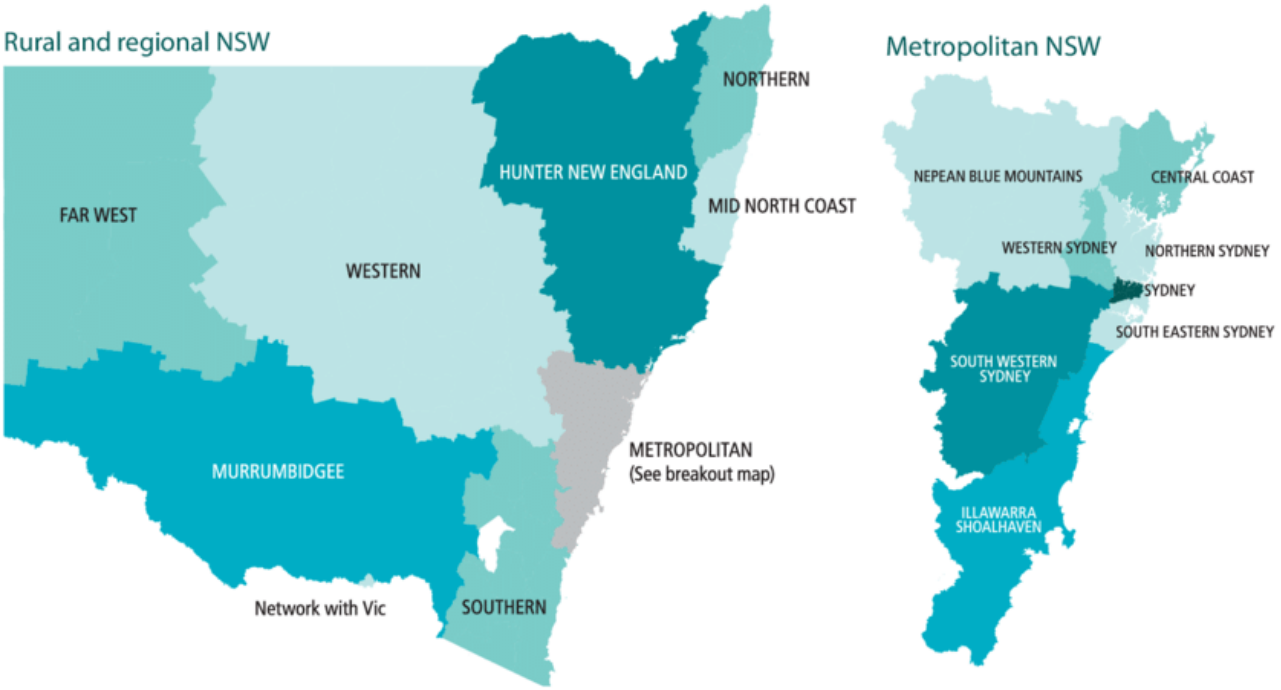
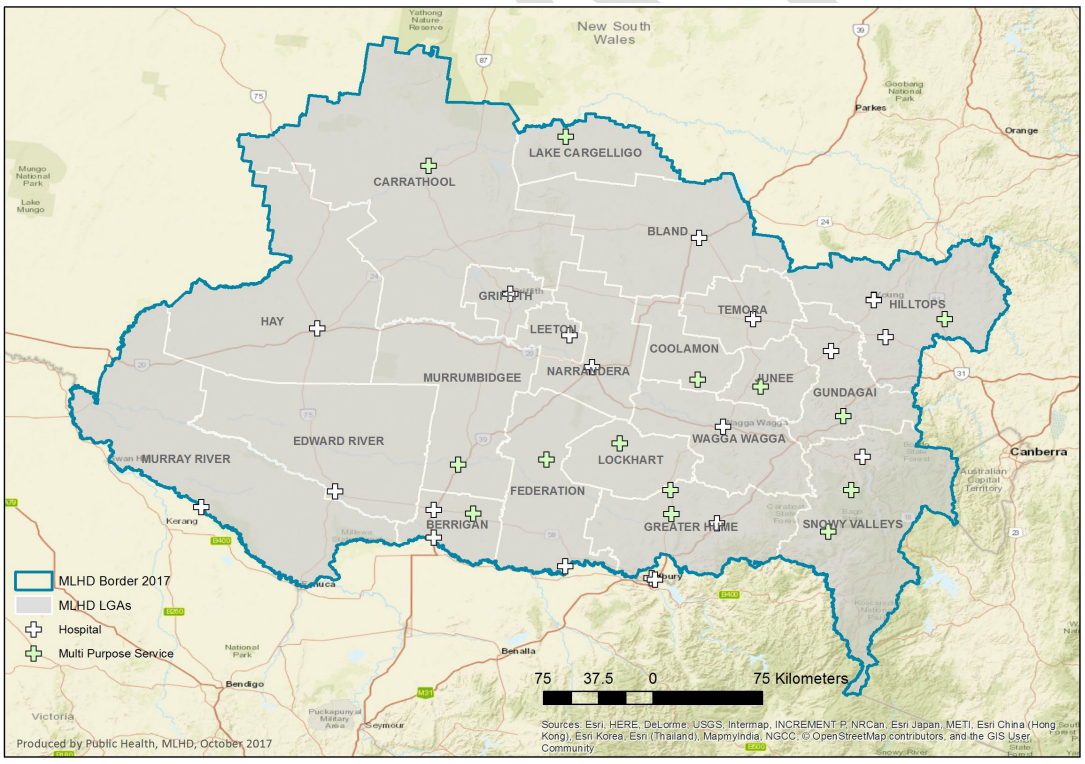


Figure 3: Murrumbidgee Local Health District

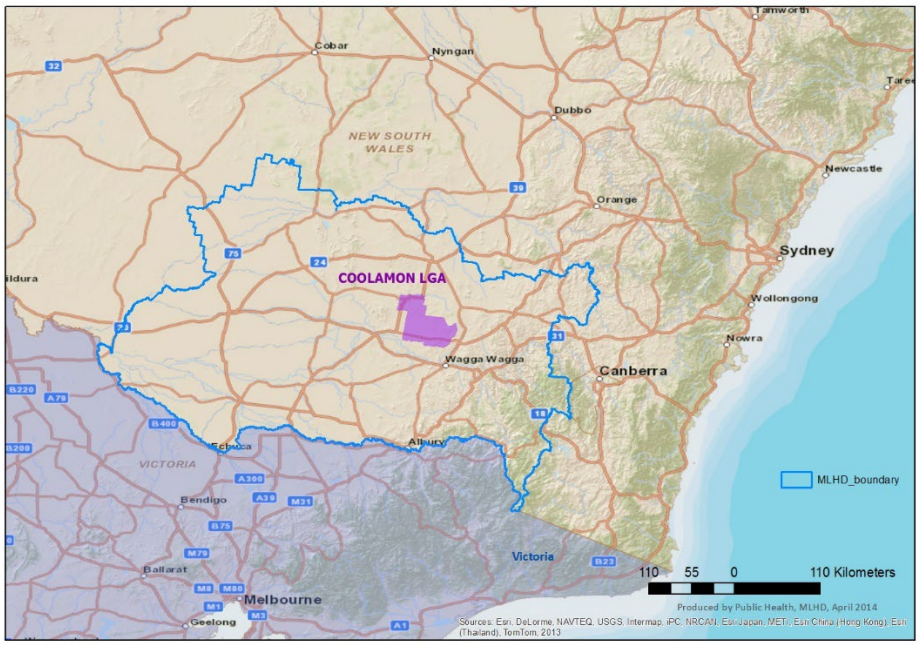


Source: Public Health, MLHD, created using Esri ArcGIS software.

The Coolamon Ganmain MPS is situated in the township of Coolamon which is the largest town in the Coolamon Shire Council (LGA). Coolamon is located approximately 460 km south-west of Sydney and 482 kilometres north-east of Melbourne. It is situated in the centre of the Riverina region, 40 km drive from Wagga Wagga and two hours from Albury. While

Canberra is geographically close, the shortest route still makes it a three-hour drive from Coolamon.

MLHD showing the Coolamon Shire Council in relation to capital cities.



Source: Public Health, MLHD, created using Esri ArcGIS software.

Coolamon is located nearby to the main arterials of the Sturt and Olympic Highways. The half hour commute back into Wagga Wagga gives Coolamon residents good linkages to the Hume Highway, Newell Highway and the Sturt highway. This gives easy access northeast to Canberra and Sydney, and south to Albury and onwards to Melbourne.

Distance from Coolamon Township to nearest cities and towns

Town	Distance from Coolamon (Kilometres)	Approx travelling time (driving hours)
Junee	39	0:31
Wagga Wagga	40	0.29
Temora	61	0:43
Narrandera	61	0:43
Albury	170	2:00
Canberra	264	3:00
Sydney	470	4:58
Melbourne	480	5:00

Rural public transport options are limited. Bus timetables are limited, services are mostly on the NSW Trainlink Griffith to Goulburn Line with connections to other services. Access to Wagga Wagga via Allen's Coaches could be used to access health services, there are 19 services per week, although weekend and holiday schedules vary. There are a range of return service times throughout the day, including early morning until evening.

There is a range of specific community transport options by private providers and Coolamon Shire Council.

Wagga Wagga is a large regional city and as such is a hub for public transport connections out to other regional communities and to capital cities along the east coast with ease.

2.2 CATCHMENT COMMUNITY AND SOCIO-DEMOGRAPHIC PROFILE

Data assumptions in this plan were based on the 2016 ABS Census. The 2021 Census was released after the draft document had been completed. The data update has been considered and population forecasts will not impact planning assumptions significantly, they are not the basis of decision making.

The median age of the population in 2017 was 43.5 years for Coolamon, older than the median age for NSW 37.5 years and Australia at 37.3 years. The proportion of the population aged 65 years or older was 22.4 per cent in Coolamon compared to 15.4 per cent in Australia and 15.9 per cent in NSW (table below).

The 2016 ABS Census reports that 3.2 per cent of Coolamon's residents identified as Aboriginal or Torres Strait Islander (137 people, approx. 20 people over 50 years). Eighty-five per cent of Coolamon's residents were born in Australia, and 2.2 per cent spoke a language other than English at home. England, New Zealand and Scotland were the major overseas countries of birth.

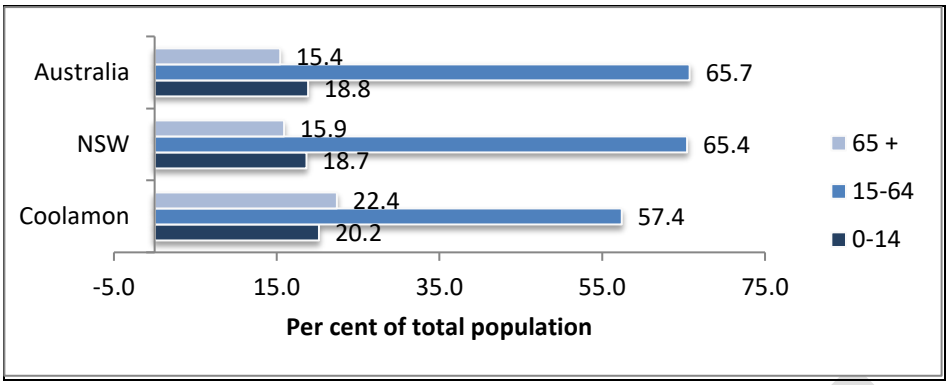
Summary demographic characteristics Coolamon LGA and NSW

Area	Males #	Females#	Total#	Aboriginal population 2016*		Median age 2017#	0–14 years#		65 years and over#		70 years and over#	
	N	N	N	N	%		N	%	N	%	N	%
Coolamon	2183	2207	4390	137	3.2	43.5	888	20.2	982	22.4	718	16.4
NSW					2.9	37.5		18.7		15.7		10.7
Australia					2.8	37.3		19.1		14.7		10.2

Source: #ABS Estimated Resident Population June 30, 2017, for NSW and Australia (Aug 2018), *Aboriginal data from 2016 ABS Census, Quikstats.

Coolamon LGA has proportionally more older people and slightly more children than NSW and Australian averages (below). This age structure is typical of other rural LGAs in the area.

Age distribution comparison Coolamon catchment, NSW, Australia, 2017



Source: ABS Estimated Resident Population June 30, 2017, August 2018.

POPULATION CHANGE

Population growth from 2013 to 2017 for Coolamon LGA has indicated an average annual increase of 16 people with a net increase of 62 people in 5 years.

Population projections for Coolamon LGA indicate a reasonably stable total population (Table below). The proportion of older people, however, increases over time with those aged 70 years or over making up 16.4 per cent of the population in 2016 rising to 19.3 per cent in 2026.

Coolamon LGA population projections

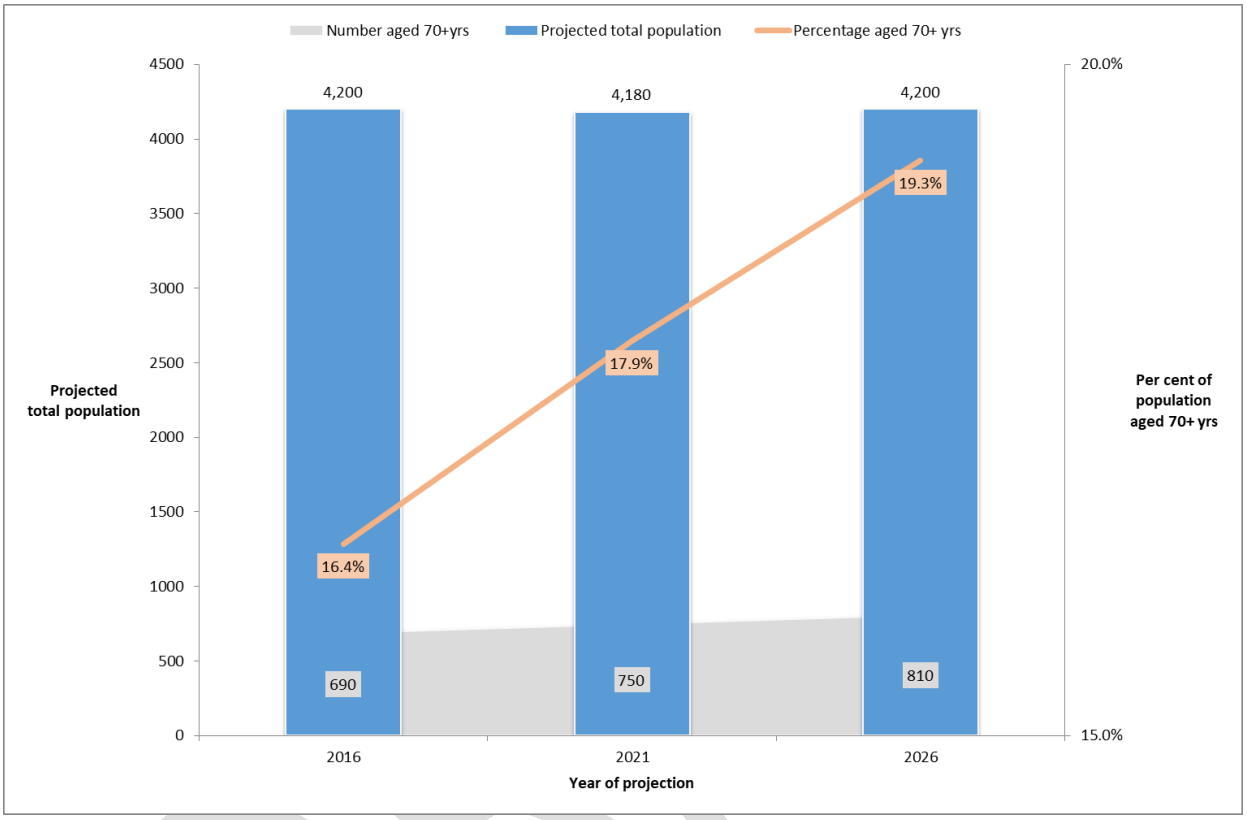
Projection year	**2016**			**2021**			**2026**		
Age	F	M	P	F	M	P	F	M	P
0-4	120	120	240	130	130	260	130	140	270
5-9	150	130	280	130	130	260	140	140	280
10-14	140	170	310	140	130	270	130	130	260
15-19	140	140	280	120	140	260	120	110	230
20-24	100	90	190	100	100	200	90	90	180
25-29	120	100	220	110	90	200	100	90	190
30-34	100	80	180	130	100	230	120	100	220
35-39	100	100	200	110	90	200	130	110	240
40-44	110	110	220	110	100	210	110	100	210
45-49	130	140	270	110	110	220	110	110	220
50-54	140	150	290	130	140	270	110	120	230
55-59	180	140	320	140	150	290	130	140	270
60-64	120	140	260	170	140	310	140	150	290
65-69	130	120	250	110	140	250	170	130	300
70-74	140	100	240	120	110	230	110	130	240
75-79	90	100	190	120	90	210	110	100	210
80-84	70	60	130	80	80	160	110	70	180
85+	80	50	130	90	60	150	100	80	180
Total	2,160	2,040	4,200	2,150	2,030	4,180	2,160	2,040	4,200
Total 65+	510	430	940	520	480	1000	600	510	1110
% 65+	23.6%	21.1%	22.4%	24.2%	23.6%	23.9%	27.8%	25.0%	26.4%

Total 70+	380	310	690	410	340	750	430	380	810
% 70+	17.6%	15.2%	16.4%	19.1%	16.7%	17.9%	19.9%	18.6%	19.3%

Source: NSW Department of Planning and Environment, (2016), note: projected figures are rounded to the nearest 10.

The projected increase in those aged 70 years and over from 2016 to 2026 is 120 people (Figure below).

Population projections for Coolamon LGA, all ages and 70+ years 2016 to 2026.



Source: NSW Department of Planning and Environment, (2016), note: projected figures are rounded to the nearest 10.

These changing population demographics will have a significant impact on the future demand for services related to ageing; primary health/ health education services, chronic disease management, and acute/ sub-acute care. Demand for paediatric services are likely to remain constant.

Indigenous Population

Usual Resident Population of Aboriginal people in the Coolamon LGA for 2016, was 137 which was 3.2 per cent of the total population compared to 2.9 per cent in NSW and 2.8 per cent in Australia, with approximately 20 Aboriginal people aged 50 years or over. In the 2016 Census the median age of Aboriginal people in Coolamon was 16 years, younger than the Coolamon median age of 43.5 years and younger than the NSW Aboriginal median age of 22 years. The median household income for Aboriginal people was $1062/week compared to the total Coolamon LGA household median of $1169/week. In NSW the median household income for Aboriginal people was $1214/week and for all households $1486/week.

Cultural and Linguistic Diversity (CALD)

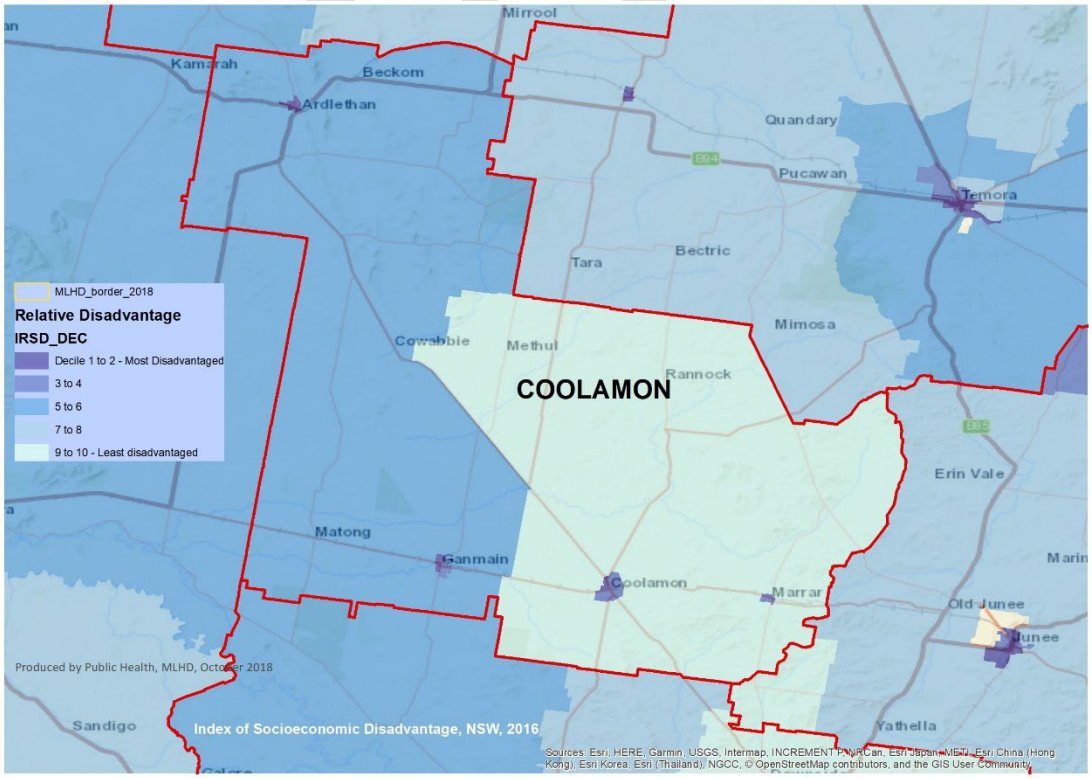
In the 2016 Census, 84.8 per cent of persons usually resident in Coolamon were born in Australia, 2.2 per cent of the population (36 people) spoke a language other than English at home. Languages reported were German, Dutch, Burmese, Wiradjuri and French.

Socio-Economic Status

The health and wellbeing of individuals and communities is strongly linked to socio-economic factors where it is well documented that those who are socio-economically disadvantaged have poorer health. The Australian Bureau of Statistics Index of Relative Socio-economic Disadvantage is a score calculated on the percentage of the population in a particular area (such as LGA) with certain characteristics related to disadvantage (e.g., low income, high unemployment, low skilled jobs, and fewer qualifications). The scores for all areas across Australia are then put in order, given a ranking and divided into 10 groups (deciles), with Decile 1 being the 10 per cent most disadvantaged areas, and Decile 10 the 10 per cent least disadvantaged areas.

The Coolamon LGA is just above the median level of disadvantage of LGAs in Australia, with a disadvantage Decile of 6, meaning it has fewer disadvantaged households than around 52% of Australian LGAs. Nine per cent of the Coolamon population are categorised as living in the 10 per cent most disadvantaged areas in Australia, this is generally in the townships (below). The Australian Standard Geographic Classification category based on Accessibility/Remoteness Index of Australia (ARIA+ 2011) indicates that Coolamon LGA is classified as "accessible" (University of Adelaide www.spatialonline.com.au/ARIA_2011).

Socioeconomic Disadvantage by SA1, Coolamon LGA, 2011



Source: Public Health, MLHD, created using Esri ArcGIS software and ABS SEIFA data 2016, Feb 2019.

LOCAL INDUSTRIES

The 2016 ABS Census reports the Coolamon area unemployment rate as 5.5 per cent (Australia 6.9%, NSW 6.3%) with an estimated labour force of 1,827. Of the employed people in Coolamon, 7.3% worked in Other Grain Growing. Other major industries of employment included Grain-Sheep or Grain-Beef Cattle Farming 6.3%, Local Government Administration 3.2%, Sheep Farming (Specialised) 2.9% and Higher Education 2.8%.

PENSION SUPPORT

In 2016, 7.2 per cent of the 0- to 64-year-old population of Coolamon Shire were Health Care Card holders (239 people); 30.0 per cent of people aged over 15 years were Pension Concession Card holders (1028) and 9.6 per cent of those aged 65 years or over were Seniors Health Card holders (98). The proportion of the population receiving combined pension categories was higher than NSW (below) indicating that a large proportion of the Coolamon LGA is welfare dependent.

Income Support Recipients June 2016, Coolamon LGA and NSW

	Coolamon LGA		NSW
Pension type	**Number**	**% of eligible population**	**Per cent of eligible population**
Age	665	65.4	67.6
Disability support	175	7.4	5.2
Female sole parent	48	5.0	3.7
Unemployment	156	6.6	4.8
Unemployment long term	132	5.6	4.0
Young people 15 to 24 yrs on unemployment benefit	20	4.6	3.0
Welfare dependent and other low-income families	96	8.8	9.9
Health Care Card holders (Less than 65 years)	239	7.2	6.4
Pension Concession Card holders (15 years and over)	1028	30.0	21.9
Seniors Health Card holders (65 + persons)	98	9.6	8.3
Health concession card holders	1267	29.4	23.6

Source: Social Health Atlas of Australia, Data by Local Government Area from Centrelink, PHIDU, June 2016, accessed Feb 2019.

Disability

On Census night August 2016, 223 people in Coolamon were classified as having profound or severe disabilities with 416 people providing unpaid assistance to persons with a disability. There were approximately 112 people under 65 years of age living in the community with a profound or severe disability and 107 aged 65 years or over (below).

Profound or Severe Disability 2016 Coolamon number and percentage.

Disability status 2016	Coolamon		NSW
	Number	%	%
Unpaid assistance to persons with a disability (aged 15+ yrs)	416	21.1	11.6
People with a profound or severe disability (includes people in long-term accommodation), All ages	223	5.8	5.6
People with a profound or severe disability and living in the community, All ages	223	5.8	4.9
People with a profound or severe disability (includes people in long-term accommodation), 0 to 64 years	112	3.7	3.0
People with a profound or severe disability and living in the community, 0 to 64 years	112	3.7	3.0
People with a profound or severe disability (includes people in long-term accommodation), 65 years and over	107	12.5	19.1
People with a profound or severe disability and living in the community, 65 years and over	107	12.5	14.9

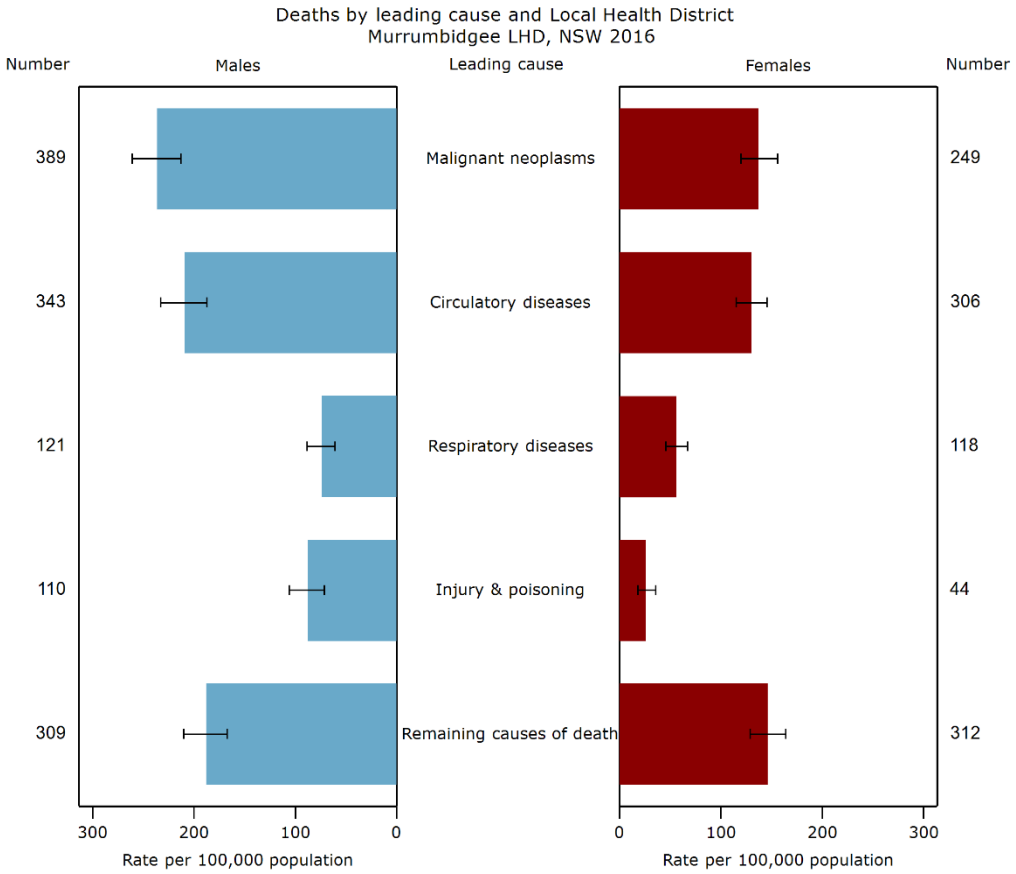
Source: Compiled by PHIDU based on the ABS Census 2016 (unpublished) data.

2.3 Health of the Population

Mortality

The age-adjusted "all cause" death rate for 2016 in MLHD is significantly higher than expected based on NSW rates (635.4 per 100,000 population compared to 534.6 per 100,000 in NSW). There were 2,301 deaths in MLHD 2016, and the death rate has overall been decreasing steadily for both males and females since the early 2000's, however the rate for males has increased from 2014 to 2016 and is significantly higher than the rate for females. The major causes of death for males and females are circulatory diseases and cancers (below).

Causes of Death in MLHD 2016



Source: Health Statistics NSW, 2019

There was an average of 39.5 deaths per year (2015-16) for residents in Coolamon LGA at an age-standardised rate of 542.3 per 100,000 population which was not significantly higher than the NSW rate of 537.7/100,000. The rate of death due to potentially avoidable causes for people aged under 75 years in Coolamon has been declining, from 179 per 100,000 per year (around 7 deaths) in 2001-2002 to 130 per 100,000 in 2015-16 (around 5 deaths). Due to small numbers the rates can vary dramatically from year to year although there has been a general downward trend to 2001-2002 to 2015-2016.

MORBIDITY (HOSPITALISATION)

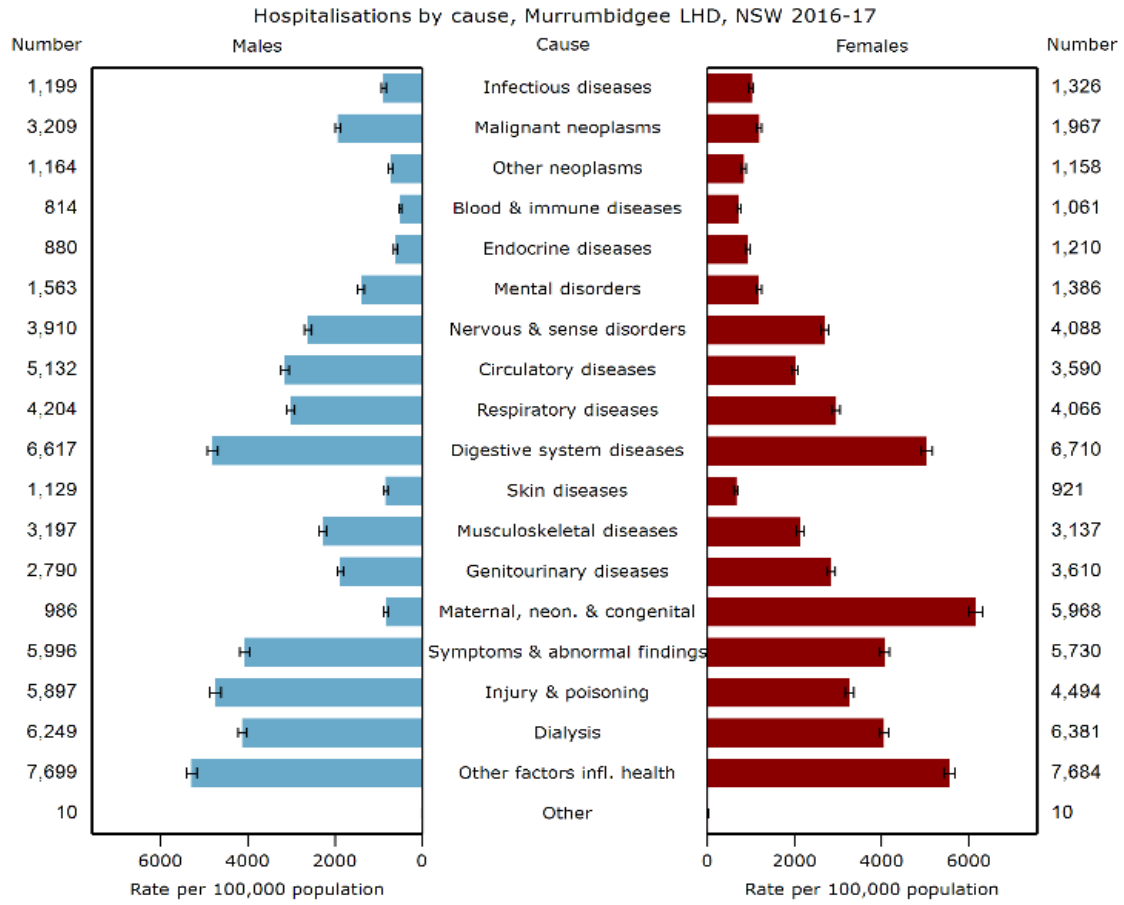
The most significant cause of hospitalisation in MLHD (2016-17) was “other factors influencing health care” (ICD10 Z-codes*) (15,383 episodes, 12.1%); followed by digestive system diseases (13,327, 10.5%), and then dialysis (12,630 episodes, 9.9%). The pattern for most causes was similar for males and females however the highest rate of hospitalisation for females was maternal and neonatal related diagnoses.

Since the early 2000’s rates of separations for most major categories of cause have been increasing slightly, however the major contributor to increased separation rates overall for the MLHD is the increasing rate of dialysis admissions which have doubled in 15 years. Dialysis has increased from around 3% of admissions in 2001-02 to around 10% in 2016-17. For

MLHD residents the age-adjusted rates of hospitalisation by cause were significantly higher than the NSW rates for a large number of causes (below).

**In 2016 in MLHD there were around 13,500 episodes with Z-codes although specific reasons for hospital contact are varied, some of the major reasons for these encounters were for chemotherapy (~4,000), newborns (~2,000), surgical care follow up (~1000) and endoscopic examinations (~500).*

Hospitalisation by cause and sex. MLHD 2016-17



Source: Health Statistics NSW, 2019

Potentially preventable hospitalisations (PPH) are those that could potentially have been avoided through preventive care and early disease management, usually delivered in an ambulatory setting such as general practitioners or community health services (below).

In relation to PPH rates by condition type (2016-17) the most common in terms of total bed days per year in MLHD were:

- Chronic obstructive pulmonary disease (5,717 total bed days).
- Congestive cardiac failure (4,045 total bed days).
- Cellulitis (3,232 total bed days).
- Urinary Tract Infections (3,035 total bed days).
- Diabetes complications (2,463 total bed days).

The most frequent in terms of admission numbers in 2016-17 were:

- COPD (1,297).
- Urinary tract infections (1,082)

- Cellulitis (878).
- Congestive cardiac failure (828).
- Iron deficiency anaemia (684)
- Ear nose and throat infections (710)
- Diabetes complications (567).

The causes with significant increasing trend in admission rates since 2001-02 were:

- Pneumonia and influenza (vaccine preventable)
- Bronchiectasis
- Urinary tract infections
- Cellulitis and
- Iron deficiency anaemia.

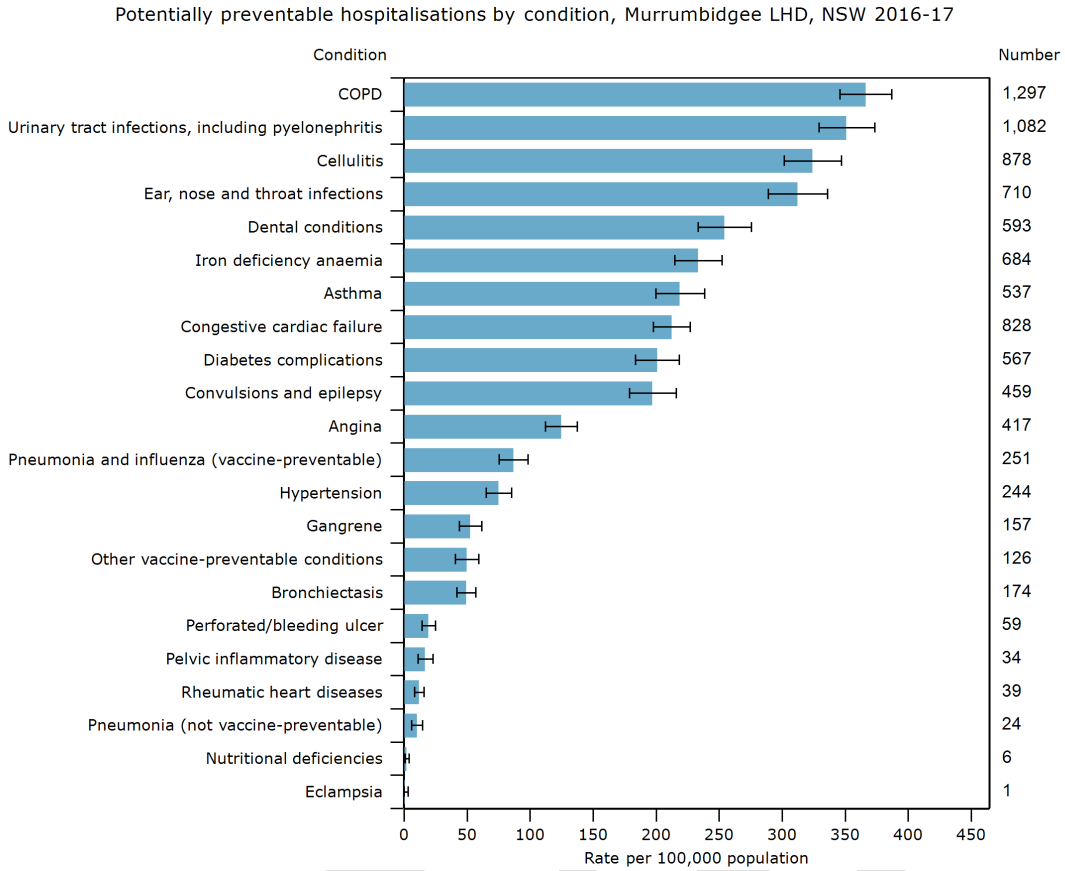
Those with significant decreases in admission rates since 2001-02 were:

- Congestive cardiac failure
- Angina and
- Pelvic Inflammatory Disease.

The age-adjusted rates of PPH by condition in MLHD were significantly higher than the rates for NSW for the following:

- Angina
- Asthma
- Bronchiectasis
- Cellulitis
- Congestive cardiac failure
- Convulsions and epilepsy
- COPD
- Dental conditions
- Diabetes complications
- Ear, nose and throat infections
- Gangrene
- Iron deficiency anaemia
- Other vaccine preventable conditions
- Urinary tract infections, including pyelonephritis
- Total preventable hospitalisations

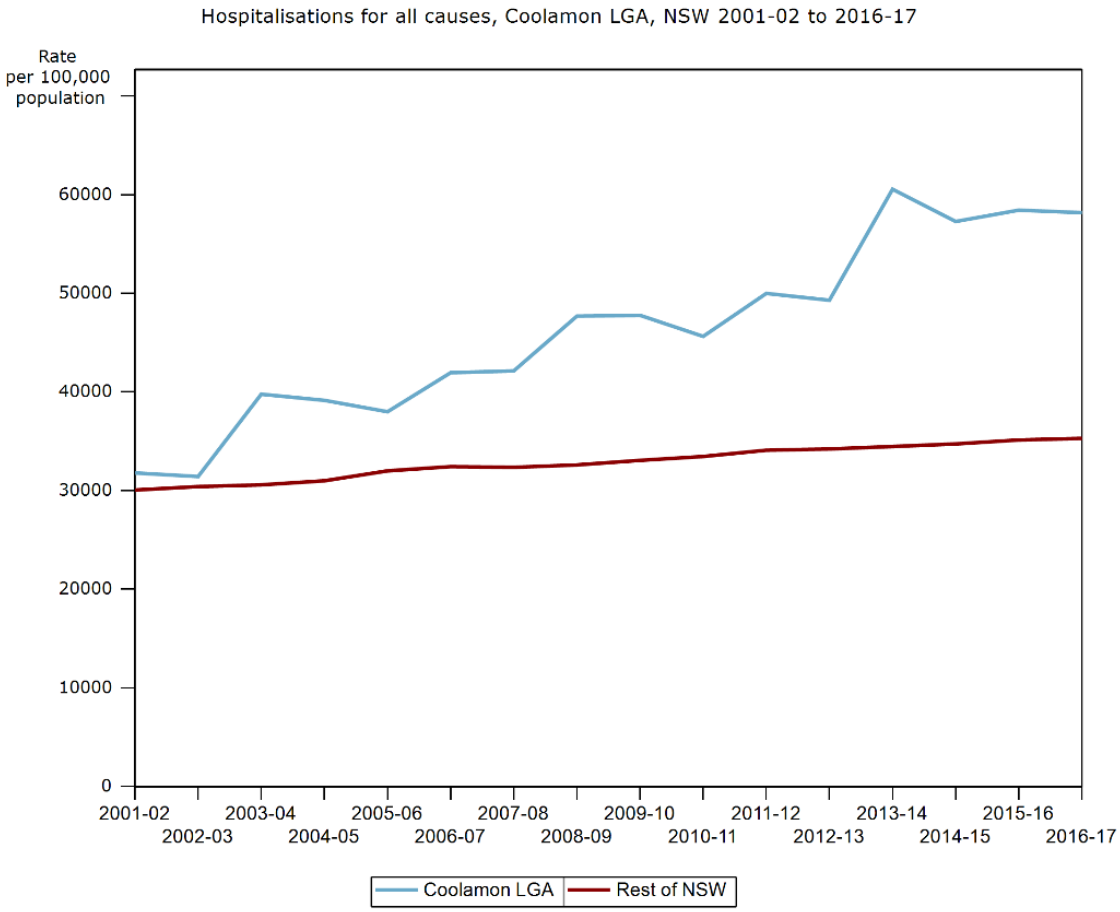
Potentially Preventable Hospitalisation by cause MLHD 2016-17



Source: Health Statistics NSW, current as of Dec 2018.

The average number of hospitalisations per year for residents of Coolamon LGA was around 2,400 to 2,900 from 2012-13 to 2016-17. The age standardised rate was 58,175 per 100,000 population in 2016-17, which was significantly higher than the rate for the rest of NSW for that year (table following) and rates have been gradually increasing since the early 2000's (Figure below).

Hospitalisations trend Coolamon LGA 2001-02 to 2016-17



Source: Health Statistics NSW, Feb 2019.

Hospitalisations for all causes, Coolamon LGA, NSW 2012-13 to 2016-17

Year	State comparison	Number	Rate per 100,000 population	LL 95% CI	UL 95% CI
2012-13	Coolamon LGA	2,361	49300.6	47164.3	51503.0
	Rest of NSW	2,695,340	34212.7	34171.4	34254.0
	Total NSW	2,697,701	34220.3	34179.1	34261.6
2013-14	Coolamon LGA	2,744	60554.5	58023.3	63158.2
	Rest of NSW	2,768,872	34463.9	34422.8	34505.0
	Total NSW	2,771,616	34476.5	34435.5	34517.6
2014-15	Coolamon LGA	2,895	57284.9	55002.8	59630.7
	Rest of NSW	2,843,806	34725.3	34684.4	34766.2
	Total NSW	2,846,701	34739.8	34698.9	34780.7
	Coolamon LGA	2,920	58433.3	56135.5	60794.9

2015-16	Rest of NSW	2,934,882	35128.3	35087.5	35169.0
	Total NSW	2,937,802	35251.4	35210.5	35292.3
2016-17	Coolamon LGA	2,827	58174.7	55847.7	60567.4
	Rest of NSW	3,021,934	35286.5	35246.0	35326.9
	Total NSW	3,024,761	35968.8	35927.6	36009.9

Source: Health Statistics NSW, accessed Feb 2019

2.4 Health Related Behaviours

Smoking

Tobacco smoking is the single most preventable cause of ill health and death in Australia, contributing to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined. It is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions.

The per cent of the MLHD adult population reporting to be current smokers has been declining since 2002 and has remained below 20 per cent since 2013. In 2017 the adult smoking prevalence was 21.6 per cent, which was higher (not significantly) than the NSW rate of 15.2 per cent. For school students in MLHD/Albury/Southern NSW LHD (combined) aged 12-17 years in 2017 the per cent of students who reported to be heavy, light or occasional smokers was 6.7 per cent which was a slight increase from 2014. The equivalent rate for NSW was 6.4 per cent of students.

Smoking attributable hospitalisation rates in 2015-17 were significantly higher than expected (compared to NSW) for Coolamon LGA based on age-adjusted rates with around 57 hospitalisations on average per year. The smoking attributable death rate for Coolamon in 2016 was slightly higher than NSW, but not significantly.[8]

Alcohol

Excessive alcohol consumption is one of the main preventable public health problems in Australia, with alcohol being second only to tobacco as a preventable cause of drug-related death and hospitalisation.

Long-term adverse effects of high consumption of alcohol on health include contribution to cardiovascular disease, some cancers, nutrition-related conditions, risks to unborn babies, cirrhosis of the liver, mental health conditions, tolerance and dependence, long-term cognitive impairment, and self-harm. Some research suggests that at low levels of consumption, alcohol may reduce the risk of some cardiovascular and cerebrovascular disorders, while other research suggests that there may be no protective effect from drinking. [9]

MLHD ranked around fifth lowest rate of risk consumption among NSW LHDs (dropping from 2nd in 2014) at 33.5%, is not significantly different from NSW at 31.1%. The percentage for MLHD has fluctuated annually within a range of 29% to 38% between 2012 and 2017.

[8] Health Statistics NSW website, NSW Ministry of Health, Feb 2019

[9] Health Statistics NSW website, NSW Ministry of Health, Feb 2019

Alcohol attributable hospitalisations are those where the consumption of alcohol is believed to make up a percentage of hospitalisations for certain causes, such as injury and cardiovascular disease as well as liver disease and mental health conditions.

Alcohol consumption in MLHD contributed to 1,857 hospital admissions in 2016-17. The age-adjusted rate of alcohol attributable hospitalisations in MLHD in 2016-17 was significantly higher than the NSW rate due to elevated rates of admission for males. Rates for males and females in MLHD and NSW have been increasing slightly since the early 2000's.

For Coolamon LGA the rate of alcohol attributable hospitalisation was higher than expected, but not significantly (compared to NSW for 2015-17) with around 29 hospitalisations annually, rates had been decreasing since a peak around 2007-09, but appear to be increasing since 2014.

OBESITY/ HIGH BMI RELATED ILLNESS

Excess weight, especially obesity, is a risk factor for cardiovascular disease, Type 2 diabetes, some musculoskeletal conditions and some cancers. Being overweight can hamper the ability to control or manage chronic disorders.[10]

The NSW Health Survey 2017 reported that in MLHD more adults were overweight or obese (as measured by self-reported height and weight used to calculate Body Mass Index) when compared to NSW (MLHD: 62.1%, NSW 53.5%), but not significantly so. In MLHD 30.2% of adults were classified as obese (significantly higher than NSW at 21.0%) and 31.9% as overweight (not significantly lower than NSW at 32.5%). In MLHD the proportion of adults who are obese has been gradually increasing since 2002 to 2017, however the percentage of overweight adults has dropped from 2013 to 2017, NSW rates of adult obesity have been rising gradually, but rates in the overweight category have plateaued.

High body mass attributable hospitalisations are those where high body mass (BM) is considered to have contributed to the underlying illness, for example a proportion of diabetes and cardiovascular disease admissions. In the MLHD there were 3,583 hospitalisations for this cause in 2016-17. MLHD had the highest age-adjusted rate of high BM attributable admissions among all LHDs in NSW overall and for males and for females separately. The five-year trend since 2010-11 shows a slight decrease for males and for females.

High body mass attributable hospitalisations as reported by the NSW Ministry of Health on the Health Statistics NSW website were higher than expected (based on NSW rates) for Coolamon LGA with around 46 hospitalisations per year (2015-17).

Coolamon LGA had 271 people registered as having Type 2 Diabetes and 30 with Type 1 by the National Diabetes Services Scheme (NDSS Feb 2019), approximately 6.2% of the population was registered with the NDSS which was high compared to the national rate of 5.4% (Table below)

Hospitalisation Indicators for the Coolamon LGA.

[10] AIHW Cat. no. AUS 122 2010

	Year	Average per year	Standardised Rate /100,000	NSW rate per 100,000	Higher or lower than NSW*	Trend in LGA Since 2005
All hospitalisations	2016-17	2,827	58,175	35,969	High	Increasing
Potentially Preventable	2015-17	-	3,278	2,161	High	Increasing
Smoking attributable	2015-17	93	1494	671	High	Increasing
Alcohol attributable	2015-17	29	686.5	581	Not higher	Steady
High BMI attributable	2015-17	46	1078	755	High	Decreasing
Fall-related injury	2015-17	39	925	749	High	Increasing
COPD	2015-17	22	512	243	High	Steady
Coronary Heart Disease	2015-17	33	787	524	High	Decreasing
Dementia as principal diagnosis or co-morbidity (65+ yrs)	2015-17	19	1968	1663	Not higher	Decreasing
Asthma	2015-17	9	217	172	Not higher	Variable
Self-harm hospitalisation Persons	2015-17	11	270	143	Not higher	Increasing
Self-harm hospitalisation Female	2015-17	7	314	181	Not higher	Increasing
Self-harm hospitalisation Male	2015-17	3	160	106	Not higher	Steady
Diabetes as principal diagnosis	2015-17	-	250	148	High	Slight decrease
Diabetes Type 1 as principal diagnosis	2016-17	3	83	53	Not higher	Decreasing
Diabetes Type 2 as principal diagnosis	2016-17	5	117	86	Not higher	Decreasing

*Source: Health Statistics NSW, accessed Feb 2019 *Based on 95% Confidence intervals around age-standardised rates per 100,000.*

Stand out socio-demographic and health issues for the Coolamon LGA and MLHD include:

- Increasing older population particularly 85 years and over
- Increase in young families
- Potentially Preventable Hospitalisations
- Coronary Heart Disease
- Chronic Obstructive Pulmonary Disease
- Smoking
- Injury including fall-related injury
- Diabetes
- Mental health and suicide

2. Service Model

Coolamon-Ganmain MPS is a 14-bed facility, 12 beds are allocated to aged residential high care and 2 beds are allocated for inpatient care. Coolamon-Ganmain MPS provides emergency services, limited inpatient services, residential aged services and community services on one health campus. Integration of care occurs across the continuum, including illness prevention, community and ambulatory care, and inpatient care. The facility provides respite and palliative care services when beds are available. There is no medical imaging at present.

Linkages mainly occur with Wagga Wagga Base Hospital (WWBH), the GP service in town and the Wagga Wagga Aboriginal Health Service. Patients with higher acuity service needs are transferred to Wagga Wagga.

Coolamon Ganmain MPS operates within a cluster model with three other facilities, Temora, Cootamundra and Gundagai MPS. If no inpatient beds are available at Coolamon, the other facilities within the cluster can be relied upon to take clients who do not need higher level services. Coolamon links closely with WWBH for higher level services not available locally, including emergency care, medical imaging, critical care, centre based renal dialysis, maternity, dental and surgery. There are also links with WWBH for rehabilitation services, and with Riverina Cancer Services in Wagga Wagga for chemotherapy and other cancer related care. Many clients will require referral to a larger facility due to the predominantly level 1 and 2 role delineated services provided by Coolamon Ganmain MPS.

Coolamon Ganmain MPS mainly provides a range of level 1 and 2 role delineated services. This means that the complexity of the service is one of low acuity, with emergency department facilities for stabilisation and transfer of clients. It primarily provides services to the people of Coolamon Shire Council and surrounds.

Coolamon Ganmain MPS does provide residential aged care in line with the Multi-Purpose Service Model. It has a collaborative working relationship with the other residential aged care provider, based next door, Allawah lodge. Allawah Lodge is run by the Coolamon Shire Council.

There are several A1 Principal Referral Hospitals that are accessed by Coolamon residents including Canberra Hospital (3 hours' drive), and multiple Sydney hospitals.

There are also links with Murrumbidgee Primary Health Network.

3. NON-INPATIENT Services – Current

MLHD Community Health Service delivery across the District has centralised the intake process, improved models of care, priority programs, and targeted service delivery. The Community Health Outpatient Clinics (CHOC) software has improved the reliability of non-admitted patient data since 2016. The current data sets are far more robust.

Governance for services that traditionally sat with community health are streamed across the District. Collocation of these services, with good links to inpatient and support areas is therefore critical to support ongoing integration of services for better patient outcomes.

Existing Community Health non admitted patient data can be unreliable as a projection tool for future demand, particularly where there have been staff and program vacancies.

3.1 POPULATION HEALTH SERVICES

Coolamon is supported by a Public Health Unit, which covers MLHD and Southern NSW LHD as well as Albury. The following services are provided as part of Public Health services:

- Environmental health.
- HIV, Sexual Health and Hepatitis services.
- Immunisation services.
- Infectious disease monitoring and reporting.
- Tobacco Compliance; and
- Tuberculosis services.

Most of these service professionals are based at the Albury Office of MLHD. Public Health support and advice for health professionals is available 24 hours per day, 365 days per year.

A Needle and Syringe Program (NSP) service operates from the Coolamon Ganmain MPS via a free automatic dispensing machine with 24-hour access. Access to HIV and STI testing, and treatment services are available via the Wagga Wagga Sexual Health Service (Brookong Centre). Additional information on access to HIV and STI services is available via NSW Sexual Health Infolink (Monday-Friday 9am-5.30PM). Access to Hepatitis C treatment services is through local GPs and the Hepatitis C treatment Service in Wagga Wagga.

3.2 ABORIGINAL HEALTH SERVICES

MLHD Aboriginal Health Services are provided to Coolamon and surrounding communities from the hub site at Tumut, an Aboriginal health worker is based in the Tumut team. A number of programs and additional support services are available for people who identify as Aboriginal or Torres Strait Islander. These include availability of Aboriginal Health Workers for liaison/ support, and connection to Aboriginal health programs such as the 48 hour follow up program for people with chronic disease, and Aunty Jeans Program (support for people with or at risk of chronic disease), although they aren't provided locally. There is a social and emotional wellbeing support program providing advocacy if required.

The Wagga Wagga Aboriginal Riverina Medical and Dental Service (RIVMED) do not provide outreach services in Coolamon Shire Council. However, clients from Coolamon are able to travel into Wagga Wagga to access the various services on offer at the Wagga Wagga Clinics. MLHD Aboriginal Health Workers link with other Aboriginal services to ensure smooth service provision to communities. No specific outreach directly into Coolamon Shire Council.

Links exist with The Aboriginal Lands Council for Aboriginal Housing, and other services providing support to the Aboriginal Community. There are opportunities to apply for funds through Transport NSW to attend funerals, however certain criteria need to be met.

The main issues reported for people accessing health services were availability of transport, and attending without support, particularly for mental health services. This is especially challenging from the smaller towns within the Coolamon Shire. Reluctance to go to hospital can be due to links with death or fear of death.

3.3 HEALTH PROMOTION SERVICES

There are health promotion programs provided through MLHD including falls prevention/physical activity leaders programs (Stepping On, Tai Chi, Community Exercise and Aqua) and school/preschool programs based on the Healthy Children's Initiative (Munch and Move and Live Life Well at School). The majority of these programs are run in a community/school setting rather than through the health service. The seven weeks Stepping

on program for falls prevention is run in Coolamon at least annually (generally around 15 people). This program is run in different communities at different times. It has a further follow up program run six months after the initial program. Health promotion also provides tobacco control and education programs through schools and businesses/organisations.

There are issues with access to space for group activities such as the Stepping on Program and Community Exercise groups. At present workers try to find free venues in the community, however these are very limited and not ideal. There is no space for group activity within the Health Service as a whole. Group work is a growing modality for general, cardiac and pulmonary rehabilitation programs, and population health prevention and education programs.

Covid-19 had delayed many health promotion activities as resources have been diverted to contact tracing and other public health programs, this has recommenced.

3.4 COMMUNITY HEALTH SERVICES

The community health building is located in the Coolamon health campus, opposite to the Coolamon Ganmain MPS and next to the Dentist and GP clinic. The services based at Coolamon and those visiting and providing outreach use this space.

A community nurse and a mental health clinician is based locally 5 days per week. These clinicians see clients in their treatment spaces in the community health building and also in client homes. Outreach staff consulting at Coolamon Ganmain MPS campus include generalist community nurse, child and family nursing, diabetes education, care coordination, palliative care, respiratory rehabilitation, occupational therapy (OT), speech pathology and dietetics. There was feedback from staff that additional OT services, provided via GP referral may be positive for the community, acting proactively to prevent further issues in future. The OT service is for adults and children via referrals from a Paediatrician or GP. There is no social work support.

There is no Physiotherapy available through MLHD at Coolamon for community or inpatient clients. This service has previously been delivered via a private provider under contract. Negotiations are underway to recommence this service. If required clients can travel to Wagga Wagga for this service.

Coolamon has a multidisciplinary Community Health team, with clinicians offering outreach from nearby communities into Coolamon. Centralised specialist support positions such as Clinical Nurse Consultants (CNC's), and Nurse Practitioners (NP's) provide additional advice and support when required. CNC/ NP positions are generally based in Wagga Wagga.

The model of care for most allied health specialties incorporates community, outpatient and inpatient service provision across the age range. There are no after-hours community or allied health services, and service access is based on meeting specific criteria for priority client groups/ conditions as general community demand for allied health services is unable to be met by MLHD services. Other providers do exist through the Primary Health Network (PHN) and privately.

The majority of community nursing is currently performed in the home setting rather than in the clinic. This activity is targeted at vulnerable client groups i.e., the elderly or immunocompromised. This model provides in home services to vulnerable people without their need to travel when unwell. There isn't enough clinical space in the community health building, although clients do visit. Most clients can be managed well locally are compliant with their treatment plans and wounds heal promptly.

Demand for chronic and complex care through the Integrated Care Program is high and growing, particularly for diabetes and wound care. A Nurse Practitioner provides mainly home visits. Private Podiatry is available through the Wagga Wagga foot clinic (bulk bill plus co-payment).

Due to the current community health building limitations, spaces perform the function of both office and clinical space. This model is outdated, inefficient, and has work health and safety implications.

Sexual assault workers from Wagga Wagga provide a face-to-face counselling service for adults and children and non-offending family/carers, this is mostly delivered in Wagga Wagga clinics. They also provide support with police statements/reports, court support and community education. Staff advised that referral numbers from the Coolamon area have been consistently very low. As such visits are infrequent and speciality spaces not needed. Transfer to Wagga and most services occur in wagga. Some support can be offered at coolamon. Forensic assessment happens at wagga.

In addition, there are numerous other services providing outreach to Coolamon from Temora, West Wyalong, Cootamundra and Wagga Wagga. Please see the table below.

3.5 Dental Services

There is no public dental offered in the Shire of Coolamon. However, clients are able to access free general and preventive dental care is available at NSW Public Dental Clinics in Wagga Wagga for:

- All children under 18 years of age.
- Adults who hold any Centrelink concession cards.

All patients must be eligible for Medicare and should have a valid Medicare card. A range of different services are available for children and adults. There is a Child Dental Benefits Scheme which covers routine dental treatments but does not cover additional services such as orthodontic treatment. All appointments are booked through the intake line and waitlisted if not urgent.

Under some circumstances adult patients from Coolamon can access a voucher system under the NSW Oral Health Fee for Service Scheme. The Commonwealth voucher system for adult public dental engages private dentists to provide this service.

The aged care residents at the Coolamon Ganmain MPS are visited regularly by the Oral Wellness Lifelong program (OWL program). This service offers twice yearly dental services by visiting staff, this ensures regular review and dental health and comfort checks. An oral health therapist visits the resident at bedside or for an in room check and treatment. Then further actions can be organised if needed with the therapist or for more complex procedures with a dentist.

There is a private dental service in Coolamon – iSmile Dental Clinic Monday, Tuesday and Friday 9am-4:30pm, and a Dental Prosthetist. The only standard service not offered in implants, which are offered by the practices second clinic in Wagga Wagga. The dental surgery is looking to participate in the voucher system. The clinic also sees children under a funded program, at no cost. The dental team provide in-reach to the Allawah Lodge if clients are frail, and clients also come in for services.

3.6 MENTAL HEALTH/ DRUG AND ALCOHOL SERVICES

A multi-disciplinary MHDA team is centrally located in Temora and provides equitable access to surrounding communities including Junee, West Wyalong, Temora, Coolamon. These services are available across the lifespan. Child and Adolescent (CAMHS), Adults, and Older Person's (SMHSOP) workers are on site in Coolamon at 5 days a week, they also do home visits and café visits.

The Specialist Community Mental Health and Drug & Alcohol Teams provide:

- **Assessment:** this is an interview with a mental health worker to identify the consumer's needs, which may also include consultation with a psychiatrist.
- **Individual Care:** Following assessment, the mental health worker will give information about available treatment options and reach an agreement with the consumer about a treatment plan. Other important people in the consumer's life may be involved in this process with the consumer's permission.
- **Case Management:** This is offered to consumers who require further counselling and treatment. This includes referral and consultation with other service providers to assist in recovery.
- **Referral and Consultation:** When the initial assessment has been completed it may be necessary to refer to (or consult with) other service providers for specialist services.
- **Education:** Education on a variety of mental health issues is provided to consumers, families, carers and community groups.
- **Advocacy:** The Community Mental Health Service can speak with other service providers on consumers' behalf.
- **Drug & Alcohol:** Aiming to reduce harm caused by the use of drugs and alcohol. Responding to people with all kinds of use and patterns of harm, not just those with dependence. Offering education, assessment and referral to other specialised drug and alcohol services for individuals, families and community groups.
- **Carer Support Worker and Consumer Advocate:** CMHDA have a MH carer support worker and a MH consumer advocate; and
- **Got IT Program:** Screening and Intervention in Primary schools for children who may be vulnerable to MH issues in the future.

These services work with a range of community mental health and drug and alcohol services provided through other agencies.

Mental health and counselling services were highlighted in consultations as an area of need, particularly with pressures from Covid-19. It was noted that while the mental health team has a presence in town many local people didn't qualify for the high-level services from the LHD. The interest shown in consultations was in entry level services e.g., counselling.

There has been an increase in mental health presentations into the emergency department at the hospital and flow on to community support services is anticipated. Future service models will need to meet this demand while maintaining safety for clients and practitioners. This service need may be met in collaboration with private or NGO providers.

3.7 NON-ADMITTED SERVICE SUMMARY

A wide range of Community services available through MLHD for the Coolamon catchment. There have been impacts on some services as a result of Covid-19, some services are being run remotely and some had been paused when lockdowns have occurred, or risks have been assessed as high. These services are outlined in the table below.

Coolamon-Ganmain MPS - Community Health Services available

Profession/ Service	Core Activities	Frequency	Target Group	Predominant Setting
Aged Care Assessment Team (ACAT)	Consultation / Assessment	As required	Not defined (By referral only)	Home or inpatient setting
BreastScreen Service - bus	Direct Clinical Service Delivery	Once yearly	Women	Community setting
Child and Family Health Nurse	Care Coordination	3 days/ week	Parents and children	Community setting covers Coolamon Shire Council Locations
Clinical Nurse Educator – community	Consultation	As needed	Service Providers	Workplace setting
Continence Service	Consultation	As required	Adults	Remotely – e.g., telehealth / phone
Clinical Nurse Educator – Hospital	Consultation	As needed	Service Providers	Workplace setting – currently being recruited
Dementia services CNC DBAMS	Consultation	As required	Adults 65+	Based out of Wagga. Remotely – e.g., telehealth / phone but can come on site
Diabetes Educator CNS	Mixed activities Outreach from Wagga	Twice a month also as required	Not defined	Community Health comes from Junee
Dietitian	Consultation	As required	Not defined	Community Health from Cootamundra
Occupational Therapist	Consultation	As required	Not defined	Community Health from Cootamundra
Drug and Alcohol Services Opioid Treatment Program	Triage, assessment and referral ongoing counselling Direct Clinical Service Delivery	As required As required	Not defined Not defined	Community Health MHDA building based out of Wagga Wagga
Generalist community health nurse/s	Mixed activities Post-Acute Care	5 days / week	Adults	Community Health & home setting
Health Promotion Officer	Community Work	Project based	Not defined	Community setting / schools
Immunisation child	Direct Clinical Service Delivery	Three clinics per year	Children and youth	Schools
Mental Health Services – Specialist Child and Adolescent	Consultation/ Case Management	As required	children and youth 0-18yrs	Face to face, home setting, school setting, Community Health and Videoconference
Mental Health Services – Specialist Adult	Direct clinical and Consultation/Case management	5 days a week	18 – 65yrs	Community Health, home setting and Remotely - e.g., telehealth/ phone
Mental Health Services – Specialist Older Persons	Consultation/ Case Management	As required	65 + (or 45yrs + if Indigenous)	Community Health, home setting and Remotely - e.g., telehealth/ phone

Profession/ Service	Core Activities	Frequency	Target Group	Predominant Setting
Mental Health Family and Carer Worker	Mixed activities	As required	Not defined	Based out of Young. Remotely – e.g., phone / home setting/ Community Health
Mental Health Consumer Advocacy	Mixed activities	As required	Not defined	Based out of Wagga Wagga. Remotely – e.g., phone, home setting, Community Health
Speciality Palliative Care Community Nursing	Community work	As required	Not defined	Community Health
Pathology	Pathology Collection	5 days / week (available as needed)	Not defined	Multiple settings
Pulmonary and cardiac Rehabilitation Programs	Group work or one on one consultations	As needed	Other	Telehealth or clinic visit in Wagga or Cootamundra
Respiratory and cardiac care Nurse Practitioner	Consultation	As required	Not defined	Community, Acute, telehealth
Stepping on program	Direct group work	7-week program 1-2 times per year	Adults 65 +	Community facility
Women's Health Nurse	Consultation	Outreach from wagga wagga monthly	Women	Community Health
Wound Management Community nursing	Mixed activities	As required	Not defined	Multiple settings
Sexual Assault Counsellor	Face to face consultation	As required	Adults/ Children/Youth	Community Health
Aboriginal Health Workers – male and female	Mixed activities	Outreach as needed	Aboriginal people	Multiple settings including Telehealth

Source: Program Managers MLHD

3.8 NON-ADMITTED PATIENT OCCASIONS OF SERVICE (NAPOOS)

In 2020/21, Pathology had the largest proportion of NAPOOS (44%), followed by Post-Acute Care (17%), Commonwealth home support (24%) and palliative care (4%). Current some non-admitted outpatient services (Pathology collection) are delivered on an ad hoc manner by inpatient staff within the inpatient unit and who also have ED responsibilities.

The activity data is shown below:

Coolamon NAPOOS (based at Coolamon)

Service Unit	2016/17	2017/18	2018/19	2019/20	2020/ 21	% Of Activity
Coolamon Multi-Purpose Service ED Pathology Service	564	674	1215	1619	1944	44%
Coolamon-Ganmain MPS Nursing - Post Acute Care		473	724	566	553	17%

Coolamon-Ganmain MPS Nursing - Commonwealth Home Support Program	348	1271	557	635	472	24%
Service Palliative Care Service	49	139	70	210	76	4%
Coolamon-Ganmain MPS DVA Home Nursing Contract		14	81		20	1%
Coolamon-Ganmain MPS Community Nurse Integrated Care				4	9	0
Coolamon-Ganmain MPS Medical Procedures Other			3	1	4	0
Coolamon Multi-Purpose Service Community Health Service Community Nursing Service	1281					9%
Coolamon Multi-Purpose Service Community Health Service Wound Management Service	65	38				1%
Coolamon-Ganmain MPS Stepping on		75		4		1%
Total	**2307**	**2684**	**2650**	**3039**	**3074**	**100%**

Source: MLHD Performance team, NAPOOS, NSW Beds Reporting Tool and BI

Activity as a whole has fluctuated over the past five years, with an increase of 33% overall. General patterns show that:

- Pathology services have shown large increases (245%).
- Community nursing – post acute care services have stabilised after some spikes (17%)
- Nursing – commonwealth home support program increased (35%)
- Palliative care has varied over time, reflecting actual need.

Coolamon Shire Residents Total NAPOOS utilisation

	2018	2019	2020	2021	2022
Coolamon Multi-Purpose Service Total	46%	29%	26%	22%	20%
Cootamundra Health Service Total	5%	14%	8%	4%	3%
Junee Multi-Purpose Service Total	3%	2%	2%	2%	1%
Wagga Wagga Base Hospital Total	20%	20%	27%	42%	45%
Wagga Wagga Community Health Centre Total	16%	23%	29%	23%	18%
Temora Health Service Total	8%	9%	7%	7%	10%
Other	**2%**	**0%**	**0%**	**0%**	**0%**

Source: MLHD Performance team, NAPOOS, NSW Beds Reporting Tool and BI

The majority of services have moved from being provided at Coolamon to or by Wagga Wagga services over the period above. However, the increase in services in Wagga Wagga also include recently introduced Covid 19 services also. It also reflects the diversity of services offered from this large regional centre. Temora also offers a range of services for Coolamon Shire residents.

Broadly there is a shift to treat consumers in the community. This is shown to have better health outcomes for consumers and is a more sustainable into the future. There is an increased focus on enabling community centred healthcare, particularly for the prevention and care of persistent, long term or recurrent conditions.

Non-Admitted Patient (NAPOOS) data can be a poor indicator of need, rather it shows what has been provided by local staff. Visiting staff activity data is recorded at the site where the staff member is based, skewing analysis of service need. The data is unreliable as a basis for projecting future need.

Staff vacancies can lead to variable activity in some programs, which skews some analysis of community need for services. Over time there have been reporting changes between service units within programs.

4. NON-INPATIENT SERVICES - PROPOSED

There are opportunities to streamline non inpatient services to improve efficiencies, better integrate services, and provide a service based around client needs. Consultations indicated that there is a desire to collocate services under one roof with the hospital. The perceived benefits include improved integration across services, better outcomes for patients, and streamlined use of flexible spaces.

Future direction for all Health Services requires a change of mindset to see the community and/or appropriate ambulatory setting as the natural location for most health care, with hospital admission or ED presentation as the alternative if the illness

- is severe
- requires surgery
- requires higher technology or
- requires urgent, rapid, or more intensive assessment, therapy & care which cannot be provided in the community or ambulatory setting.

Adopting new ways of working, new models of care, better care coordination and integration will help improve access, reduce avoidable admissions, ensure service equity and make better use of the available workforce[11].

Future models will incorporate identified community based/ambulatory/outpatient services which may be delivered by community health or dedicated staff to offset increasing inpatient demand. The optimal mix of community based, HiTH, outpatient and outreach models with the emphasis on community focussed services needs to be investigated. Below is a list of potential services that could be deemed suitable for locating on the site.

N.B. Acute Post-Acute Care (APAC) is an acute service which treats many conditions in the patient's home that would otherwise have meant being admitted to hospital. The service can be provided by either hospital staff or community health staff.

OUTPATIENTS

A service provided to patients who do not undergo a formal admission process and do not occupy a hospital bed (NSW Health, 2019, 1).

[11] *Western NSW Integrated Care*

The classic outpatient service operates on an allocated session /scheduled basis. The service will provide scheduled clinics for a range of clinical services as well as specialist follow-ups. It is proposed that Coolamon Ganmain MPS will provide a number of clinics including but not limited to:

- Post-Acute care
- Wound care
- Child and family
- Medical and surgical
- HiTH
- Allied Health
- Pathology
- Mental health
- drug and alcohol

The clinics can be operated within normal business hours i.e., Monday to Friday 0800 to 1700 hours, however consideration will need to be made for extended hours (i.e., 0700-2100 and weekend consultations) in the near future.

Hospital Avoidance

This is a service that is utilised as an ED avoidance strategy.

Examples include:

- Urgent review and drop in clinics
- by specific appointment given after telephone consult
- education sessions or group sessions e.g., Diabetes Education Sessions
- direct referrals to specialist teams for chronic and complex patients by phone or Virtual Care
- care coordination management
- GP liaison
- HITH

These services may be led by a general medical/advanced nursing member who could assess a patient post ED discharge or hospital discharge and refer to appropriate teams or an Integrated Care model with Primary Health Network liaison.

Allied Health Services

Allied health services will provide a mix of hospital inpatient, in-reach and community-based services. It is proposed that a large majority of allied health services will be local to allow staff to service both the hospital and the community. These could be provided in a combination of on site, visiting and Virtual Care.

Allied health services will provide a range of services including:

- Dietetics
- Occupational Therapy
- Physiotherapy
- Social Work
- Speech Pathology

COMMUNITY HEALTH/HOSPITAL IN THE HOME

Community Health will continue to run the range of services outlined previously in the current services section. As well there is an increasing need for APAC services and Hospital in the Home (HiTH) services to be expanded and enhanced in the future as a hospital avoidance/ED avoidance strategy.

HiTH is admitted acute/sub-acute care in the patient's home or in the community as a substitute for in-hospital care.

HiTH is an opportunity for patients to receive care in their own environment. It also offers health services a model of care that supports patient flow and helps manage demand[12]. It provides short home-based care as a substitute for people who would otherwise be admitted to a hospital. HiTH provides acute, sub-acute and post-acute care to a person at home (including Residential Aged Care Facilities) or in an ambulatory setting that may include a hospital or community clinic, school or workplace.

HiTH is largely a nurse run service but will also have Medical, Allied Health including Pharmacist and Social Work support when required. There are opportunities to rotate staff between smaller and larger sites to develop their skills. This will develop expertise in HiTH models and increase the skills mix of staff.

HiTH services will be centrally managed with Hubs due to the large geographical area. HiTH is resource intensive and expensive to run. Temora Health Service will provide onsite care assessment, with nurses providing in-home care from centres in Coolamon, Junee, and West Wyalong.

Referral pathways will be developed to enable Medical Officers, Allied Health, General Practitioners and Nurse Practitioners to make appropriate referrals to the service.

Wound management will in the main be delivered in the outpatient setting. Service delivery in the home setting will continue for some client groups i.e., the elderly or immunocompromised clients.

The NSW Health Outpatients Services Framework provides guidance on the expectations of the NSW Ministry of Health for the planning, progressions, and management of outpatient services, and outlines clear goals and targets to which outpatient's service units can work towards[13].

4.1 AMBULATORY/ OUTPATIENT/ COMMUNITY HEALTH

Non admitted patient service such as clinics, procedural, allied health therapy, rehabilitation, community health and community mental health and drug and alcohol clinical/consultation services will be collocated within a dedicated outpatient zone. Group services would also be delivered in this zone. Garden areas to spill out from group activity spaces were highlighted as important for the Aboriginal community.

From an Aboriginal perspective, consultations indicated that it is important for community health, outpatients, and ambulatory services to have a separate presence and entrance,

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[12] NSW Health: Adult and Paediatric Hospital in the Home Guideline 09 August 2018 p.7 www1health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_pdf

[13] NSW Health: The Outpatient Services Framework 30 July 2019

while still linked internally. This is to disassociate the service from death and dying, which is generally associated with the hospital and can impact on people accessing services.

There is a great opportunity for virtual models of care to support existing models of care and increase access to a diverse range of services in the community.

The model supports existing workforce requirements, particularly for allied health staff that have responsibilities across community, outpatient and inpatient groups. The model will assist with recruitment of allied health staff.

The model will require clinical support services such as radiology, pathology and pharmacy to be readily accessible.

MLHD Central Intake services have centralised the intake process, improved models of care, prioritised programs, and targeted service delivery.

Governance for services that traditionally sat with community health has been streamed across MLHD. Collocation of these services, with good links to inpatient and support areas is therefore critical for ongoing integration of services for better patient outcomes.

Mental Health and Drug and Alcohol services were highlighted in consultations as an area of growth. A flow on to community support services is anticipated and future service models will need to meet this demand.

Projected Activity – to be adjusted

Projected NAPOOS activity has been estimated on average annual increase from 2019/20 to 2021/22 i.e., 3 years. The average annual increase has been applied to the 2019 to estimate projected NAPOOS for 2031 and 2036 requiring clinical space at Coolamon Ganmain MPS. This would indicate a need for 0.3 clinic spaces in 2031 and 0.4 clinical spaces in 2036. This would be rounded to one room for in clinic activity.

This excludes spaces for Specimen Collection, mental health treatment space, infusions and wound dressings as well as consultation space for residents to access outpatient Virtual Care from MLHD and metropolitan sites.

Mental health and drug and alcohol consultations highlighted an area of growth. A flow on to community support services is anticipated and future service models will need to meet this demand. There is current usage of 1 consult room per day for the MHDA team.

***Coolamon-Ganmain MPS* proposed increase in NAPOOS activity 2022 to 2036**

Year	2022	2031	2036
Number of NAPOOS	637	907	1103
Number of Clinical Spaces	0.2	0.3	0.4

Source: MLHD Performance Unit

N.B. The proposed number of clinic spaces has been determined based on patient throughput. If each patient session was for 30', each space operates for 7 hours a day, 240 days a year at 80% occupancy; each space could accommodate 2,688 NAPOOS per year.

Facility Requirements

It is envisaged that the entrance to the outpatient zone will be front of house to clearly establish the focus on prevention, early intervention, and health maintenance models. Advice

has been forthcoming to improve cultural safety included welcoming staff (those consulted felt the hospital currently does this well), Aboriginal artwork and flags, and involvement of the Aboriginal community in cultural enhancements.

Appropriate facilities will be provided for use by both inpatients and outpatients. This will include therapy areas such as a basic gym and activities of daily living area that can double as support areas for clients attending community and outpatient clinics. A large group can be used for hospital and community activities including cardiac rehab and stepping on and balance classes. Deconditioning due to long length of stay is highlighted as being a significant issue and some basic assessment areas are going to ensure clients return home safely.

Virtual care will be an increasing component of delivering a broader range of specialty services to the community. The community survey provided an insight that 64% of respondents were willing to use telehealth to access services locally, and an additional 12% of people were using telehealth already. This shows a strong willingness to utilise technology to improve health outcomes, increase the range of services, reduce travel time and possible discomfort. An existing gap that would benefit from introduction of a telehealth model is Paediatrician access. There is currently a three to five month wait for a consultation. The outreach model reduces clinical time due to travel. A blend of both models would increase the clinical time available. It was noted in staff consultation that virtual clinics generally require additional assistance to support the access to telehealth.

Staff education and meeting spaces are required to accommodate ongoing education needs and collaborative meetings for staff in both the inpatient and non-inpatient arena. Appropriate staff office space and facilities will be required to accommodate staff in the Ambulatory/Outpatients/Community Health zone.

It is proposed that the ambulatory/outpatient zone will need to incorporate:

- 1 X Consult/treatment community consults/outpatient care
- 1 X Consult/ interview room specifically for Virtual Care and MHDA
- 1 X Treatment/ interview rooms Procedure/HiTH room
- 1 X 1 large group room - (up to 40 participants) – requires exercise circuit equipment (able to be sectioned off by operable wall) and loose exercise equipment + walking track for gait assessments + storage for equipment, tables and chairs. Requires audio-visual*/teleheatlh* equipment group room with ADL kitchen
- Large meeting room used for operational meetings, education (20 people)
- Small meeting rooms (7-10 people)
- Outdoor garden space with mobility areas
- 1 x specimen collection

5. EMERGENCY AND INPATIENT SERVICES - CURRENT

5.1 EMERGENCY SERVICES

The Coolamon Ganmain MPS Emergency Department (ED) has a current catchment for Coolamon Shire Council including the surrounding communities of Ganmain, Ardlethan, Marrar, Beckom, Matong and Grong Grong. These small communities all do not have health services or MPS facilities.

The ED at Coolamon is at a level one role delineation. It is not a designated mental health ED. The ED is a one bay resuscitation area for acute management, treatment, or transfer. A secondary small room is located adjacent to the ED, this room can be used flexibly for paediatric assessment, mental health assessment and by visiting services at times. It is very small and used only as a last resort. The main ED bed is used for remote assessments that are now completed using the remote assessment cameras.

There is a waiting room however it is not close to nurse station or reception and is not monitored by a camera for oversight. The waiting room is not close to the ED and lacks good functional relationship to the ED. There is no triage space. Triage is done in the waiting room or in the resuscitation bay. This impacts on the privacy of patients and safety to staff.

Nursing staff at the facility have joint clinical responsibility for both inpatient, residential care and ED activity. Large numbers of presentations at the ED on weekends ties up staff and impacts on availability on the inpatient unit.

The ED presentations from 2016/17 to 2019/20 shown in the table below have fluctuated from five to seven presentations per day. Emergency visit numbers have remained relatively steady. These presentations are however not spread evenly across the week or a 24-hour period. This has increased on the 5 years previous due to the introduction of a local ambulance station that was built in Coolamon in 2018.

Ambulance NSW has a number of specific reasons to bypass Coolamon Ganmain MPS, these include maternity, acute stroke, scheduled mental health, major trauma, and STEMI – confirmed (serious type of heart attack). Otherwise, patients generally are treated locally. However, there are local assessment crews can decide to divert away from Coolamon, for example if patients are likely to require radiology services not available currently at Coolamon Ganmain MPS. 21% of triage 1 and 15% Triage 2 and 12% of triage 3 presentations arrive via ambulance across the last 5 years. The majority of the remainder by private car. Improved access to the local ambulance has shown less of the acutely unwell arriving by car e.g., chest pain and trauma. This means patients are being treated sooner and having better outcomes.

Coolamon-Ganmain MPS ED Activity

	2016/2017	2017/2018	2018/2019	2019/2020
Grand Total	**2232**	**2131**	**2596**	**2123**

Source: EDAA V21, NSW MoH

ED, patients are triaged according to the urgency of care need as follows: [14]

Triage Category classifications

[14] http://www0.health.nsw.gov.au/hospitals/going_to_hospital/triage.asp

Triage 1:	People in this group have conditions that are life threatening and require immediate aggressive intervention. Most would arrive by Ambulance
Triage 2:	People in this group have conditions that are deteriorating rapidly and are imminently life-threatening, or they need time critical treatment, or are in very severe pain. They need treatment within 10 minutes.
Triage 3:	People in this group have potentially life-threatening conditions which may lead to significant morbidity or adverse outcomes if not treated within 30 minutes or may be in severe discomfort or distress requiring treatment within 30 minutes.
Triage 4:	People in this group have potentially serious conditions which may deteriorate or may lead to an adverse outcome. Symptoms may be moderate or prolonged. Assessment and treatment should start within 60 minutes.
Triage 5:	People in this group have chronic or minor illnesses where clinical outcome will not be significantly affected if treatment is delayed for up to two hours.

Source: – Australian College for Emergency Medicine, Policy on the Australasian Triage Scale (2006)

Coolamon Emergency Department data shows that the proportion of Triage 5 categories have shown a slight decrease for the four-year period shown in the table below: from 63% in to 43%. The increased number of local doctors in recent times has meant more patients are seen in the primary care setting than coming to the emergency department for minor concerns because more GP appointments are available. This has been confirmed by community, local health workers and the facility manager during consultation. There have been increases in 2, 3 and 4 triages, showing how the average level of acuity has increased at Coolamon Ganmain MPS. Category 1 triages seldom arrive to Coolamon-Ganmain MPS.

Coolamon-Ganmain MPS ED presentations by Triage Category

Triage Category	**2016/2017**	**2017/2018**	**2018/2019**	**2019/2020**
1	1		2	2
2	61	60	99	99
3	209	362	600	488
4	521	555	814	611
5	1415	1128	1074	921
N\A	25	26	7	2
Grand Total	**2232**	**2131**	**2596**	**2123**

Source: FlowInfo version 20, NSW MoH

These presentations may present to ED for various reasons, including the perceived urgency of treatment required or inability to access GP services, particularly after hours. They may also be planned return visits for outpatient follow up.

Emergency presentations by visit type make up 57% of ED presentations. The majority of the remaining visit types are non-emergency and there is potential to reorganise this activity

in a more planned way to improve staffing efficiencies and patient flow and is mostly outpatient clinics. The existing facility layout and outlying buildings limits the increased efficiencies achievable through combining community health and outpatient areas. The numbers had been very consistent over the period shown, with a spike in the 2018/19 year and there has been a decrease in activity in the 2019/2020 outpatient data, consistent with Covid19 trends.

Coolamon-Ganmain MPS Emergency Department Presentations by Visit Type

Visit Type Name	2016/2017	2017/2018	2018/2019	2019/2020
Current Admitted Patient Presentation	2	2	1	
Disaster	3	4	3	3
Emergency Presentation	1287	1223	1359	1328
Outpatient Clinic	381	387	935	662
Person in transit	1	2	4	1
Pre-arranged Admission: With ED Workup	41	44	41	18
Pre-arranged Admission: Without ED Workup	299	237	146	78
Return visit - Planned	210	226	97	33
Telehealth Presentation	1	1		
Unplanned Return Visit for continuing condition	7	5	10	
Grand Total	**2232**	**2131**	**2596**	**2123**

Source: EDAAV 20, NSW MoH

The top five presentations to the emergency department in 2019/20 were:

- Other presentation.
- Injury, single site, major.
- No Diagnosis.
- Respiratory system illness; and
- Digestive system illness.

It was noted during consultations that there had been an increase in work cover accidents in local businesses. Concerns about PPE practices and lack of safety awareness, some work is ongoing in this area.

A particular concern expressed in the community consultations was regarding mental health as a community issue, however the numbers have mostly been consistent for mental health and drug and alcohol presentation except for a large spike in 2018/2019. The presentations over the period for Alcohol/drug abuse and alcohol/ drug induced mental health disorders and psychiatric illness have mostly remained stable. The data was checked with staff during consultations. Staff agreed there hadn't been a significant increase of these presentations in the last year, however the alcohol/ drug abuse data can be impacted by non-admitted planned methadone services delivered through the ED, especially as local pharmacies do not offer the service.

The key presenting problems were for 'care – medication administration', 'care -wound care' and for 'blood tests. There is potential for a portion of these types of encounters to move into primary care or an outpatient setting. Local consultations noted that access to GPs have

improved with additional doctors joining the local practice. This has seen some lower triage activity move into the GP clinic, as reported anecdotally.

Outpatient visits to the ED make up a large percentage of ED activity, 26%. There has been a 74% increase, the largest amount of growth of all presentation types. This has potential to utilise shared ED spaces and to be booked most efficiently, with potential integration with community health.

Drilling down in the data showed the busiest times for the ED was on weekends. See table below.

Coolamon-Ganmain MPS Presentations by Issue

	2016/2017	2017/2018	2018/2019	2019/2020
Other presentation	503	434	555	245
Injury, single site, major	340	331	326	236
No Diagnosis	109	70	226	497
Respiratory system illness	207	231	154	160
Digestive system illness	134	171	165	165
Illness of the ENT	161	140	166	99
Circulatory system illness	104	109	160	143
Illness of the skin, subcutaneous tissue, breast	143	120	148	82
Neurological illness	88	91	141	86
Musculoskeletal/connective tissue illness	61	105	97	69
System infection/parasites	57	92	92	83
Injury, single site, minor	101	44	49	25
Urological illness	35	54	67	50
Illness of the eyes	28	29	42	33
Alcohol/drug abuse and alcohol/drug induced mental disorders	6	6	92	10
Endocrine, nutritional and metabolic system illness	23	23	26	30
Psychiatric illness	20	16	24	24
Blood/immune system illness	30	14	5	19
Allergy	21	7	15	15
Poisoning	22	7	17	10
Hepatobiliary system illness	11	12	6	9
Not Recorded	7	4	3	12
Obstetric/Gynaecological illness	11	10	12	13
Other	10	11	8	8
Grand Total	**2232**	**2131**	**2596**	**2123**

Source: EDAA V 20, NSW MoH

Increases for triage 3's, 4's and 5's is evident on the weekend compared to weekdays. Triage 5 category presentations spike particularly over the last few years, up to 25% jump compared to other days of the week.

Peak times between are between 8am and 7pm, with presentations tapering off significantly outside those hours. If multiple presentations occur at once managing patient care and movements in the facility is difficult. The facility recently has been able to put an extra staff member on to assist over this time.

Coolamon-Ganmain MPS Triage Categories by Day of the Week 2019/20

Triage Category	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1					2		
2	24	13	15	9	16	11	11
3	87	58	72	70	62	63	76
4	82	76	86	78	95	86	108
5	151	134	108	113	127	113	175
N\A					1		1
Grand Total	**344**	**281**	**281**	**270**	**303**	**273**	**371**

Source: EDAA V 20, NSW MoH

Considering the recent addition of another GP and registrar at the GP practice primary health services are better meeting demand, thus reinforcing the anecdotally reported reductions in very minor presentations to the ED this financial year. The higher levels of chronic disease in the community and cost of living may impact on presentations to the ED. Higher costs of living are shown to impact health spending and local feedback supports this.

There are for after-hours GP services available in Wagga Wagga (30 minutes away) to be available to redirect non urgent presentations to these services, this can be an appealing suggestion for minor issues, especially if long waits are likely.

In 2018/19, of the number of presentations, approximately 97% were not admitted to a hospital for ongoing treatment and management of their condition i.e., were discharged.

Coolamon-Ganmain MPS Patients Attending ED Requiring Admission

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Admitted	196	124	73	73	57
Not admitted	2036	2007	2523	2050	1781
Grand Total	**2232**	**2131**	**2596**	**2123**	**1838**

Source: EDAA V 21, NSW MoH

5.2 INPATIENT SERVICES

Inpatient services consist of two inpatient beds. Inpatient activity has remained very highly utilised in the past five years, with occupancy being at or above 100%. The bed occupancy was between 97%-126% over this period.

The total average occupancy of the inpatient beds has shown an increasing trend over the last 5 years. This included the 2020/21 year. Although there were less separations the stays

were longer. The district saw trends of decreased occupancy broadly across facilities due to the impacts of Covid-19. Occupancy of the two beds ranged in occupancy from 96.7-125.5% occupancy across the 5-year period.

The local GP reports often sending patients to Wagga Wagga or other local facilities because there is no local capacity for patients needing acute stays. Seasonal variation does impact on this, this is especially difficult to manage during winter and flu season. It is challenging, given the limited bed capacity, to accommodate patients seeking transitional aged care services, whilst waiting placement in either the MPS or Allawah Lodge aged care settings.

Coolamon-Ganmain MPS Occupancy

Coolamon-Ganmain MPS	2016-17	2017-18	2018-19	2019-20	2020-21
Total separations (Excluding Emergency Care)	292	279	179	165	106
Total occupied bed days (Excluding Emergency Care)	789	840	916	897	706
Total Available Bed Days	798	730	730	729	730
Total Average Beds Occupied (Daily Average)	2.2	2.3	2.5	2.5	1.9
Total Average facility occupancy	98.9%	115.1%	125.5%	123.0%	96.7%
Total Average Number of Acute Beds – G	2.2	2.0	2.0	2.0	2.0

Source: MLHD Performance team, NAPOOS, NSW Beds Reporting Tool and BI

Total facility occupancy is skewed by pressure on aged care beds in the facility. This is shown in the very high utilisation data. The inpatient beds can be used flexibly to accommodate aged care residents waiting for long term placement.

In 2020/21 acute inpatient services made up the majority of separations (90%) but a little more than half of the occupied bed days (57%). Sub and Non-acute inpatient services made up 10% of separations and 43% of bed days, which is quite substantial.

Coolamon Activity by Patient Type 2020/21 Excludes Chemotherapy, Renal Dialysis and Unqualified Neonates

Patient Type Name	Total Separations	Total Bed Days
Acute	95	403
Sub and Non-Acute	11	303
Grand Total	**106**	**706**

Source: MLHD Performance team, NAPOOS, NSW Beds Reporting Tool and BI

Sub-acute care is intensive, but to a lesser degree than acute care. Sub-acute care incorporates maintenance care, palliative care, rehabilitation, and geriatric evaluation and management (GEM).

Maintenance type care is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. This care type is often used for a patient who requires nursing home placement and although ready for discharge a place is not yet available. This is the case often at Coolamon. Despite small numbers of maintenance visits, they tend to be for quite lengthy periods historically. This has often been because of waiting lists at both the MPS and Allawah Lodge. Likewise palliative care is only a small number of visits but can average between 4 and 27 days in length. The palliative care type is used for patients admitted with an advanced life limiting illness.

The sub-acute activity trend data is shown in the table below. Both palliative care and maintenance have fluctuated, based on needs in the community. The bed days for palliative care has shown considerable increases over the 5 years (235%). The sub-acute bed day trend as a whole has increased over time, with a 71% increase over the period shown. There was no activity recorded for rehabilitation or GEM as there is no facilities to accommodate this locally and no care team to plan for it. There may be opportunities to further explore how this can be done in the future. The table below combines palliative care and maintenance due to low numbers which might identify individuals.

Coolamon-Ganmain MPS Sub-Acute Activity by Service Related Group

SR Gv50 Name	2016-17	2017-18	2018-19	2019-20	2020-21
Total Separations	7	15	8	14	11
Total Bed Days	177	65	175	280	303

Source: FlowInfo V 20, NSW MoH

Coolamon Shire Council residents make up 92% of inpatient activity (separations) and 93% of bed days at Coolamon Ganmain MPS. As shown below.

Coolamon Ganmain MPS Separations by LGA/ LHD of Residence Excludes Chemotherapy, Renal Dialysis and Unqualified Neonates

Residence LGA 2016 Name	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Coolamon (A)	120	128	175	119	108
Other	16	10	13	4	12
Grand Total	**136**	**138**	**188**	**123**	**120**

Source: FlowInfo V 20, NSW MoH

Most of the activity at the Coolamon Ganmain MPS is general medicine. The details are shown below. The top seven Service-Related Groups (SRG's) making up the highest number of bed days were:

- General Medicine.
- Palliative Care.
- Maintenance.
- Respiratory Medicine.
- Cardiology.
- General Surgery; and
- Neurology

Coolamon Ganmain Service Related Groups By Bed Days Excludes Chemotherapy, Renal Dialysis and Unqualified Neonates

SRG v6 Name	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
General medicine	124	147	229	201	214
Palliative Care	16	65	52	175	141
Maintenance	142	118	12		139
Respiratory Medicine	108	115	124	160	119
Cardiology	52	20	61	67	71
General surgery	18	11	16	36	39
Neurology	16	11	12	107	36
ENT & Head and Neck	3				16
Renal Medicine	8	6		3	13
Other	186	160	253	111	93
Grand Total	**662**	**647**	**759**	**860**	**852**

Source: FlowInfo V 20, NSW MoH

A further breakdown of the activity in 2019/20 by Enhanced Service-Related Group (ESRG) indicates the highest bed days were recorded for:

- Maintenance.
- Palliative Care – Cancer Related.
- Respiratory infections/inflammations.
- Cellulitis.
- Heart failure and shock.
- Chronic obstructive airways disease.
- Surgical follow up.
- Respiratory infections/inflammations.
- Other Neurology.
- Other General medicine.

Coolamon Ganmain MPS Age Breakdown

	2016/2017		2017/2018		2018/2019		2019/2020	
Age Group 6 Categories	**Total Bed Days**	**Total Separations**	**Total Bed Days**	**Total Separations**	**Total Bed Days**	**Total Separations**	**Total Bed Days**	**Total Separations**
16 to 44 Years	111	20	29	16	19	11	31	12
45 to 64 Years	62	24	102	37	108	14	183	17
65 to 74 Years	109	24	169	24	162	26	74	10
75 Years and Over	361	68	459	111	571	72	564	81

Grand Total	**651**	**140**	**759**	**188**	**860**	**123**	**852**	**120**

Source: FlowInfo V 20, NSW MoH

People are living well and for longer however there many health conditions and associated disability become more common with age. This means we see that older people are higher users of health services. The 65 years + group make up 79% of bed days and 73% of separations. There are 23% of the community over 65, this group utilises a disproportionately higher percentage of local hospital services. This reflects the increase in the ageing population, this is seen in many other smaller Riverina communities. As previously noted, the median age of residents is higher for Coolamon compared to NSW and Australia. The proportion of people aged 70 and older is projected to increase.

Aboriginal and Torres Strait Islander people make up 5.0% of separations and 2.2% of bed days, although length of stay is not as long as the state average. Aboriginal people make up 3.2% of the population in Coolamon Shire Council compared to 2.9% in NSW.

Coolamon-Ganmain MPS use by Aboriginality 2019/20

Indigenous Status Name	**Total Bed Days**
Not Aboriginal or Torres Strait Islander	883
Aboriginal	19
Unknown	0
Both Aboriginal and Torres Strait Island	0
Grand Total	**852**

Source: FlowInfo V 20, NSW MoH

5.3 SERVICE USE ELSEWHERE

Coolamon Ganmain MPS is a Peer Group Multi-Purpose Service. Hospital peer groupings define groups of similar hospitals based on shared characteristics and allow a better understanding of the organisation and provision of hospital services. Multi-purpose services and small hospitals typically have fewer than 50 beds, provide many different services and are geographically isolated from larger hospitals.

Most services at Coolamon operate at a role delineation level of one to two (Appendix 1). Coolamon Ganmain MPS meets 13% of inpatient separation demand and 18% of bed day demand for the Coolamon Shire Council residents (excluding Chemotherapy, Renal Dialysis and Unqualified Neonates). WWBH and Wagga Wagga Collaborative Care meet a further 44% of separation demand and 43% bed day demand. Private services meet another 25% separation demand and 23% bed day demand. The MLHD meet a 69% of separation demand and 70% bed day demand for local residents. The remaining providers account for small amounts of activity are shown in the table below.

Coolamon Shire Council Residents flows for services by LHD/ Hospital of service Excludes Chemotherapy, Renal Dialysis, Unqualified Neonates and private interstate hospitals

Hospital Name	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**	**2019/2020**
Wagga Wagga (excl. Coll. Care)	440	449	509	436	435

Private (excl DPCs) Hospitals	314	262	250	204	231
Coolamon	120	128	175	119	108
Temora	81	61	70	69	59
Wagga Wagga (Coll. Care)	29	33	25	27	35
St. Vincents - Public	13	21	19	13	14
Narrandera	23	26	26	10	6
Other Sydney Hospitals	13	13	8	14	16
Other	58	42	52	42	25
Separations Grand Total	**1091**	**1035**	**1134**	**934**	**929**

Source: FlowInfo V 20, NSW MoH

The flows to WWBH/ Wagga Wagga Collaborative Care in 2019/20 are highest for:

- Rehabilitation (267bed days).
- Psychiatry – Acute (213 bed days).
- Respiratory Medicine (178 bed days).
- Orthopaedics (170 bed days).
- Non-Subspecialty Medicine (142 bed days).
- Gastroenterology (131 bed days).

Flows to Private services are highest for:

- Orthopaedics (136 bed days).
- Psychiatry – Acute (133 bed days).
- Non-Subspecialty Medicine (89 bed days).
- Obstetrics (86 bed days).
- Cardiology (85 bed days).
- Respiratory medicine (82 bed days).
- Cardiothoracic Surgery (67 bed days).

Total inpatient bed demand by Coolamon Shire Council residents at any site equates to 15 beds based on 2019/20 activity. Demand at Coolamon-Ganmain MPS by Coolamon residents equates to 2 beds. This does not include the demand at Coolamon by residents from other LGA's, although this is minimal presently.

The remaining demand (13 beds) by Coolamon residents is sought elsewhere, the main being at private services and WWBUH as discussed above. It is appropriate that some services are provided at higher level facilities based on availability of specialty services or due to patient comorbidities which are more likely to have complications and require higher level support services. Use of private services is based on personal choice.

Chemotherapy services are exclusively provided by private day procedure centres for Coolamon residents.

Coolamon Shire Council residents demand for Chemotherapy Services by Hospital of Treatment 2015/16

Hospital Name	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Private Day Procedures	117	85	86	71	53

Other	1	6	6	1	8
Grand Total	**118**	**91**	**92**	**89**	**73**

Source: FlowInfo V 20, NSW MoH

MATERNITY SERVICES

There is currently no maternity service at Coolamon Ganmain MPS. The facility lacks the appropriate spaces and staff to safely offer this service. Access to maternity services is in Wagga Wagga (Public and Private hospitals) or on occasion Temora. The GP clinic offers shared care arrangements for parents working with local maternity services in surrounding towns.

The obstetrics services at Wagga Wagga Base Hospital are busy, this high level of interest and activity often follows a large-scale redevelopment, as occurred at Wagga Wagga. The majority of women birthing from Coolamon Shire Council go to Wagga Wagga Base, with smaller numbers choosing to utilise private hospitals. There are small flows to Canberra and very small flows into Sydney hospitals. Between 35%-50% of births are vaginal delivery and 26%-37% are caesarean delivery.

The breakdown of obstetric activity is shown below.

Coolamon Shire Council Residents Accessing Obstetric Separations by Hospital

	Financial Year				
Hospital Name	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**	**2019/2020**
Wagga Wagga (excl. Coll. Care)	31	22	45	45	33
Private (excl DPCs) Hospitals	23	16	13	8	14
Other	8	8	6	8	2
Grand Total	**62**	**46**	**64**	**61**	**49**

Source: FlowInfo V 20, NSW MoH

Coolamon Shire Council Residents Obstetric Separations by Type

ESRG v6 Name	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**	**2019/2020**
Antenatal and Postnatal admission	14	11	17	16	11
Caesarean delivery	23	12	17	16	21
Vaginal delivery	25	23	30	29	17
Grand Total	**62**	**46**	**64**	**61**	**49**

Source: FlowInfo V 20, NSW MoH

SURGICAL SERVICES

There is currently no surgical service at Coolamon Ganmain MPS. The facility lacks the appropriate spaces and staff to safely offer this service. Access to surgical services is in Wagga Wagga (Public and Private hospitals) or on occasion Temora. The GP clinic offers minor procedures in their practice.

The most common surgical procedures performed for Coolamon Shire Council residents over the past five years were orthopaedics, general surgery, interventional cardiology, ENT and head and neck. There are not large numbers of procedures, averaging 340 per year.

Coolamon LGA Residents' surgical separations

SRG v6 Name	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Orthopaedics	93	80	79	74	55
General surgery	36	33	46	35	33
Interventional Cardiology	23	20	20	17	27
ENT & Head and Neck	34	32	22	41	27
Upper GIT Surgery	28	20	32	23	25
Obstetrics	24	13	20	17	21
Urology	24	22	29	23	18
Other	113	83	98	80	96
Grand Total	**389**	**318**	**365**	**323**	**304**

Source: FlowInfo Version 20, NSW MoH

Rehabilitation Services

There are currently no inpatient rehabilitation services at Coolamon Ganmain MPS. Rehabilitation is a specialty subacute service. The facility currently lacks the appropriate spaces and multidisciplinary team to safely offer this service. Access to rehabilitation services is in Wagga Wagga. In the 2019/20 year there were less than 10 separations accounting for 245 bed days that were accessed at other facilities by Coolamon Shire Council residents.

Renal Dialysis Services

Renal dialysis is not provided at the facility. In the previous 5 years there have been low numbers of Coolamon Shire Council residents accessing dialysis although some are accessing other renal medical services. Dialysis can be offered under two separate models: inpatient haemodialysis or self-care or assisted self-care which can be done at home. If clients from the Coolamon area require dialysis services can be accessed at the Wagga Wagga Renal Unit.

Coolamon Shire Council residents demand for Renal Dialysis Services by Hospital of Treatment - Separations

Hospital Name	SRG v6 Name	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Other	Renal Dialysis					1
Wagga Wagga	Renal Dialysis	378	382	223	185	217
		378	**382**	**223**	**185**	**218**

Source: FlowInfo V 20, NSW MoH

6. Emergency and Inpatient Services - Proposed

6.1 Emergency Services

Future models of care

Coolamon Ganmain MPS will move to a level 2 ED service with capacity for clinical triage service in accordance with Australian Triage Scale, a General Practice Council of Australian Governments (COAG) 19*(2) service and a Mental Health Emergency Consultation Service (MHECS).

The ED will be supported by the on-call GP visiting medical officer services and the NSW Ambulance Service. Nursing staff will have responsibilities across the facility.

Virtual Care will be part of the model particularly for bedside critical care advice and the rural medical consultation service (RMCS) and support through MLHD Patient Flow Unit, and as part of the on-call GP model. Virtual nurse assist will soon be implemented offering staff advice and support for triage and assessment.

Current ED service use is likely to change over time with revised on call models and potential after hours GP services accessed in Wagga Wagga. MLHD are keen to establish further hospital avoidance tactics to redirect low level, non-urgent GP type presentations back to the GP services in town. This would reduce lower-level triage category presentations at the hospital, particularly on weekends.

The MLHD Critical Care Advisory Service provides support and clinical advice to clinicians regarding patients presenting to the ED. Critical care cameras above ED beds will provide visibility of the patient by the remote critical care team and communication with local staff [15].

The NSW Critical Care Tertiary Referral Networks & Transfer of Care (Adults) Network also provides support to EDs to manage patients who are critically ill or injured and those patients at risk of critical deterioration requiring referrals and transfer of care [16].

Several strategies can be implemented to reduce and/or better manage patients attending the Emergency Department. These are described below.

ED Avoidance

ED avoidance strategies are aimed at reducing presentations to the ED or redirecting patients away from the acute area if they do present to the hospital.

Examples include:

- Availability of after-hours GP clinics or alternative Nurse Practitioner clinics
- Access to nurse or allied health led outpatient clinics
- Education sessions or group sessions e.g., Diabetes Education Sessions
- Direct referrals to specialist teams for chronic and complex patients either by phone or Virtual Care
- Care coordination/management, particularly for chronic disease management
- GP liaison
- Prevention and health promotion programs

[15] MLHD Draft Clinical Services Framework 2021-2026 p. 41

[16] NSW Health Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2010_021 Publication date 30-Mar-2010

Non-Admitted Services

Non-Admitted Services outpatient services are being proposed that will redirect activity away from ED for both for the initial consultation and follow-up consultations. These will include outpatient clinics, community health/HiTH and MH&D&A services.

Services provided by these services will include but not limited to:

- HiTH
- Allied Health
- Wound care
- Child and family
- Mental health
- Drug and alcohol

Linkages with other service providers will be enhanced to reduce the number of ED presentations.

Emergency presentations by visit type make up 57% of ED presentations. The remaining visit types are non-emergency and there is potential to reorganise this activity in a more planned way to improve staffing efficiencies and patient flow into outpatient clinics. A significant proportion of the activity of the ED is from outpatient clinic and planned return visits (37%). There have been very few triages one and two presentations in the last 4 years. The majority of ED activity is less urgent triage 5 visits (72%). Given the high percentage of triage 4 and 5 and return/outpatient clinic visits this activity may be better suited to provision in a community health or clinic setting. There are a significant number of dressings that are attended to by ED staff rather than community health due to the lack of a community based Registered Nurse. There may be an opportunity to investigate alternate models of care being trialled into the future for the ED and community health, especially noting that the majority of presentations to the ED are between 8am and 7pm. Ideally ED and community health spaces will have close functional relationships as there are opportunities for team collaboration and shared consulting spaces for ED, outpatient, telethelath and community health services.

Mental Health and Drug & Alcohol and Cognitively Impaired

Mental Health patients presenting with a broad range of mental health problems and those with cognitive impairment who present to the ED will be managed in a suitable space reflecting their clinical need. A low stimulation space specifically designed to deescalate aggravation is required as part of this model. This space will be required within the ED in a quieter zone away from resuscitation and acute bay, while providing good access to and oversight by staff.

The aim of the model of care is to optimise the safety and comfort of the patient, other patients and staff. There will need to be the ability to manage patients overnight if transfers to higher level services are delayed. Because ED is not separately staffed after hours, a suitable space on the inpatient ward is also required.

Virtual Care will be used for patients presenting with acute mental health and cognitive impairment, linking patients and staff to specialist mental health emergency staff for assessments and recommendations for management and treatment.

The continuing rollout of the Collaborative Care Strategy will enhance client's ability to access personalised mental health services by allowing them to be a partner in their own care.

USE OF VIRTUAL CARE MODALITIES

The increased use of Virtual Care will allow for improved and faster management of patients presenting to ED as well as accessing appropriate levels of specialised services if required.

Facilities for undertaking Virtual Care will be located in ED. This includes fixed cameras in the resuscitation area and additional supporting technology such as mobile technology will allow for videoconferencing and future technological applications to be provided. These can be used to do consultations with specialist services including retrieval services, Mental Health services and others as needed.

Consultation spaces for outpatients to enable community members to link to MLHD or metropolitan services will be provided in the collocated Outpatients Zone. This improves access where technological literacy is poor and/or access to technology in the home is absent or limited.

Appropriate infrastructure will be built into new facilities including Virtual hubs to facilitate optimal use of virtual services.

PROJECTED ACTIVITY

Assumes models of care and patient flows will remain largely unchanged to the existing service activity profile.

The base case indicates that ED activity will remain relatively constant over the next twenty years.

Coolamon Facility ED Projections

	2006	2011	2015	2021	2026	2031	2036
E1a - Admitted triage 1 and 2	34	34	26	34	36	39	43
E1b - Admitted triage 3	42	42	48	45	45	51	49
E1c - Admitted triage 4 and 5	69	69	94	87	91	98	103
E2a - Non admitted triage 1 and 2	56	56	56	92	95	98	101
E2b - Non admitted triage 3	185	185	170	155	166	163	161
E2c - Non admitted triage 4 and 5	2514	2514	2087	2083	2024	2007	1987
E3 - Did Not Wait	5	5	4	6	5	4	4
Grand Total Separations	**2905**	**2905**	**2485**	**2502**	**2462**	**2460**	**2448**

Source: HealthAPP 20 NSW MoH

This activity equates to a requirement for 1.5 treatment spaces (rounded up to 2). Treatment spaces include resuscitation and treatment bays but do not include other standard components of ED such as plaster room, triage spaces and consultation spaces.

Emergency Department (ED) presentations have been quite stable between 2015/2016 and 2019/2020. There was a spike in 2018/19. There have been some increases in emergency activity with the new ambulance station located in the town.

When the base case data is compared to actual ED activity, the forecasts are a little higher than the actuals. There is an increase in actual activity to the 2018/19 numbers and then decreases in 2019-21 periods. This trend has been consistent across the local health district given the impact of Covid-19. Consumers tended to stay away from ED's unless very unwell and this resulted in a drop off in department activity generally. The trend line in the projected figures is showing a very small but gradual decrease until 2036. The bulk of activity is still in projected to be in triage 4 and 5. Anticipated presentations will increase from an average of 5 per day in 2021 to 7 per day by 2036. Based on the most recent census there are population increases forecast and this is likely to increase ED presentations further.

FACILITY REQUIREMENTS

The ED needs to be reconfigured to optimise patient and staff flows and address line of sight issues. Additional spaces including a consultation room and a low stimulus room suitable for people who present with an altered cognitive state to feel safe while awaiting review need to be included. This room can be multifunctional and used for any patients requiring a quieter space away from resuscitation/treatment bay area who do not require a treatment bay for their immediate clinical care.

It is proposed that in addition to standard components (triage room, plastering capacity etc) there will need to be:

- 1X resuscitation bay
- 1 X acute treatment bay enclosed (to provide a child space zone)
- 1 x consult/ interview room for outpatient clinics/ virtual care/GP clinics
- 1 low stimulus/quiet room
- Access to a pathology collection space

The ED waiting area needs careful consideration given the mix of patient cohorts, particularly child safe spaces. As well a space within the waiting room and the treatment bay will be designed specifically to be child friendly to provide appropriate accommodation for children presenting to the ED.

A triage space which is currently not available will help manage patient flow through the department, with many consumers being seen and treated in the triage space for minor issues. This ensures proper consumer privacy as there is no specific place for triage discussions to happen, they either occur in the waiting room or the department treatment space.

Security features will be paramount with low evening staffing numbers, no security staff and no local police presence.

6.2 INPATIENT

FUTURE MODELS OF CARE

Projected service demand is split into acute and sub-acute categories. The two categories need to be considered together for total projected service requirements. Projection methodology is based on activity trends, known models of care and projected population changes. This methodology provides the best indication of future need; however, scenarios can be tested by altering existing flow patterns based on potential changes in service delivery. Scenario modelling in the new HealthAPP*analytics* tool is based on 2016 population data and 2011 activity data.

Acute

There will be an increase in short stay, ambulatory, outpatient and community-based care. The increased utilisation of short stay models of care in a range of clinical services from aged care and medical allows for patients to be assessed, to undergo diagnostic tests, to initiate treatment options and then be discharged to be followed up by ambulatory/outpatient-based services or other service providers e.g., General Practitioners.

The inpatient services will continue to provide overnight accommodation for the diagnosis, care and treatment of acute inpatients. Whilst facilitating the delivery of services to patients, the inpatient areas will also provide facilities to support the needs of families, carers and staff.

The need to accommodate patients with airborne pathogens has been at the forefront with the COVID pandemic over the last few years. For patients requiring inpatient care, appropriate facilities including single rooms and good air conditioning are essential to reduce the spread. Staff adequately trained in infection control procedures is also essential.

The increased use of single rooms in new facilities will assist in reducing the spread of airborne contaminants.

Inpatient services will have access to pathology and imaging to facilitate rapid diagnoses and commencement of treatment.

Models of care are moving towards increased treatment in the day only, outpatient and home setting, which will impact on inpatient lengths of stay (shorter). With the increase in the aged population who use health services at a higher rate, demand for services will continue to rise. This will lead to increased or stable inpatient separations (dependent on overall and aged population growth), with a stable or decreased bed day use i.e., higher turnover. This activity will however need to be offset through outpatient or home-based models of care and through the use of technology to connect remotely to the patient.

Projected activity (Acute) – Base Case

The base case modelling assumes models of care and patient flows will remain largely unchanged to the existing service activity profile. This modelling is completed in NSW Health App software based on collated population and activity trends over the last 15 years.

The base case indicates that inpatient activity shows an increase in activity from 296 episodes in 2015/16 to 367 episodes in 2036. This would reflect an increase in beds required from 2.5 beds in 2015 to 3.6 beds in 2036. The facility currently only has 2 inpatient beds compared to the projection of 3.2 beds by 2021, the facility is regularly running at over 100% occupancy. Local GP and other stakeholders have routinely reported that additional beds are needed.

Coolamon Ganmain Health Service Base Case Acute Projections 2011 to 2036 (excluding chemotherapy, renal dialysis and unqualified neonates)

Data	2011	2015	2021	2026	2031	2036
Episodes	156	296	312	330	329	367
Bed Days	383	681	877	929	868	998
Sum of Beds	1.4	2.5	3.2	3.4	3.2	3.6

Source: HealthAPP base case Excludes: Chemotherapy, Renal Dialysis, Unqualified Neonates

Projected activity (Acute) – Scenario Case

An exercise has been undertaken under this scenario to identify the projected demand for acute inpatient services at Coolamon-Ganmain MPS to 2031 and beyond. This reflects the uplift of services and the reversal of activity from WWBH.

A number of consultations with internal and external stakeholders looked at what and how activity could be safely moved to Coolamon-Ganmain MPS. The proximity of Coolamon to Wagga Wagga (30 minutes) offers an opportunity to move lower risk and lower acuity care, with a longer length of stay out of the Wagga Wagga Base Hospital (WWBH) to Coolamon to reduce existing bed block and enable WWBH to meet its full potential as a regional referral hospital, managing higher acuity care. Several potential diagnosis codes were examined, with longer length of stay and lower acuity that could be effectively managed outside a base hospital. Examples of the Diagnosis Related Groups (DRGs) below.

- Cellulitis, Major Complexity
- Cellulitis, Minor Complexity
- Kidney and Urinary Tract Infections, Major Complexity
- Kidney and Urinary Tract Infections, Minor Complexity
- Other Follow Up After Surgery or Medical Care, Major Complexity
- Other Follow Up After Surgery or Medical Care, Minor Complexity
- Septicaemia, Intermediate Complexity
- Septicaemia, Major Complexity
- Septicaemia, Minor Complexity
- Skin Ulcers in Circulatory Disorders, Intermediate Complexity
- Skin Ulcers in Circulatory Disorders, Major Complexity
- Skin Ulcers in Circulatory Disorders, Minor Complexity
- Skin Ulcers, Intermediate Complexity
- Skin Ulcers, Major Complexity
- Skin Ulcers, Minor Complexity

The assessed DRGs equated to approx. 4.6% of the activity at WWBH for residents from Coolamon and Wagga Wagga LGA's. This percentage shift was applied in the scenario modelling tool and resulted in an increase to 15.8 acute beds needed by 2031, below.

Coolamon Ganmain Health Service Scenario Case Acute Projections 2021 to 2036

Data	2021	2026	2031	2036
Episodes	309	325	324	360
Episodes Scenario	319	1,178	1,248	1,346
Bed Days	865	907	851	971
Bed Days Scenario	920	4,188	4,337	4,588
Sum of Beds	3.2	3.3	3.1	3.5
Sum of Beds Scenario	3.4	15.3	15.8	16.8

Source: HealthAPP Scenario case

Excludes: Chemotherapy, Renal Dialysis, Unqualified Neonates

Patient flows both in and out of WWBH could be improved by additional capacity at Coolamon. In 2021 there were a large numbers of bed days (1554) where consumers were waiting for WWBH places, and a large proportion of these patients could have been

accommodated at a location such as Coolamon. Likewise, there were 440 episodes of delayed transfers from WWBH to outlying facilities, that could have been managed at Coolamon especially focused on enabling an appropriate step down in care. It was noted by the patient flow team that at any one time up to 8 beds could be sought to facilitate transfer in or out of higher acuity care.

Additionally, 1299 bed days for Coolamon Shire Council patients occurred outside of Coolamon-Ganmain MPS. These patients were not receiving specialist care and with enhanced bed capacity could have been supported at Coolamon. The Coolamon GP practice noted regular requests from WWBH to take patients who are local residents.

This care model offers a networked approach to managing long stay clients while ensuring WWBH is used to its full capacity and capability. Reversing the flow of activity will free up beds in Wagga Wagga for higher acuity specialty care by moving a range of step-down acute activity that could safely be managed at Coolamon. This transition model is used at Junee MPS successfully also. Junee operates at high acute care occupancy due to their close proximity to WWBH for ease of transfer.

This would make Coolamon a specialist centre for complex infection and wound management, step down acute care and long stay management. These types of hospital stay often require long length of stay to resolve and require monitoring however can be managed in a lower acuity facility close to Wagga Wagga. The initial higher acuity phase of care may be managed in WWBH then transferred to Coolamon for ongoing care. Specialist reviews could be easily facilitated by telehealth if required. This will require a shift in care planning at Wagga Wagga to look to transfer potentially long stay clients once they have stabilised to finish their recovery. It will also require robust communication with family and carers.

There is a strong argument for additional inpatient capacity due to the current local need exceeding supply and opportunities to improve local patient flows.

Sub-Acute

Subacute services are divided into several different clinical areas. This bed type has increased 71% in the last 5 years. These care types include:

- Maintenance
- Rehabilitation
- Palliative Care
- Geriatrics

Opportunities exist to increase care capacity for both maintenance and palliative care at Coolamon.

Maintenance

Maintenance bed days are trending upwards in the last 5 years. This has historically been because of waiting lists at both the MPS residential beds and Allawah Lodge. There is a need to explore models of care to provide support for local and regional maintenance clients waiting for rehabilitation, transitional care, NDIS, guardianship and nursing home placement.

Palliative Care

Currently services are provided in the hospital setting and through specialist teams providing outreach services in Wagga Wagga. It operates a collaborative model with community

nursing to provide consultative services. At present there is a shortage of community nurses which can make the provision of services in the community difficult.

There is an Aboriginal Health worker included in the team as well as a Bereavement Support Worker.

Ambulance paramedics have extended scope of practice and can administer a range of medications for managing symptoms to assist patients remaining in their homes.

Opportunities for future service provision include:

- Progressing to on call medical model
- Two Sydney specialists to be located at Wagga Wagga
- Training up staff in hospitals
- Increase on call model at Wagga, Deniliquin and Griffith
- Face to face after hours
- Syringe driver management – set for 24, 48 or 72 hours
- Virtual Care modalities will be a major enabler
- New workforce models to ensure appropriate support

Moving forward there is a need to have conversations with the community as to what is perceived to be a 'normal death'. Educating the community to the notion that not all deaths must be in a hospital setting will allow patients to have a choice as to where they die.

There is a continuing need for health services to provide facilities to accommodate palliative care patients who do wish to die in the hospital setting or who are admitted for symptom control. This needs to include a collaborative working space to optimise patient care. Support for multiple faiths and family providing bedside care will be part of the inpatient model.

REHABILITATION

Rehabilitation is the process of assisting individuals achieves the highest level of function, independence, and quality of life possible. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore the individual to optimal health, functioning, and well-being.

The service will not provide a structured inpatient rehabilitation service. However access to facilities to assist with reconditioning of clients who have had lengthy stays is recommended. There will be outpatient and community rehabilitation that can be provided. This will take place in large clinical/meeting spaces that can facilitate group sessions or visiting allied health practitioners. Pulmonary and Cardiac rehabilitation services will support the large number of residents with cardiac and pulmonary conditions through a potential Collaborative Commissioning model including building a Chronic Heart Failure and Chronic Obstructive Pulmonary Disease pathway with the Murrumbidgee Primary Health Network.

GERIATRICS

There is a need to explore models of care to provide geriatric specific support services to both inpatients, residents in Aged Care Residential Facilities (ACRFs) and patients in the community. Geriatric models will need to provide services with a combination of inpatient services for managing the acute care needs of the older population whilst also optimising the shift of sub-acute care to off-site with most services provided in the community. This includes

services provided to ACRFs to support the continuation of care in place rather than transfer the resident to the inpatient setting.

The use of Virtual Care will be used to support geriatric patients in the hospital as well as in the community setting including in patient's homes.

Enhancement of outreach services provided by Clinical Nurse Consultants and other appropriate support services will allow patients to remain in their homes. This will be assisted with the introduction of a RDL 3 rehabilitation service.

The provision of appropriate facilities in the inpatient setting for patients with difficult behaviours including wandering and confusion needs to be considered.

Projected activity (Subacute) – Base Case

Assumes models of care and patient flows will remain largely unchanged to the existing service activity profile.

The base case indicates that maintenance activity will be consistent for the next twenty years equating to approximately half a bed worth of activity (shown below).

Projected activity (Subacute) – Scenario Case

An exercise has been undertaken under this scenario to identify the projected demand for subacute inpatient services at Coolamon Ganmain MPS to 2031 and beyond. This modelling demonstrates a reversal of some subacute activity from Coolamon and the surrounding area, excluding rehabilitation, palliative care and GEM services. This reflects the commencement of an adjusted patient flow model with a view to improve effective usage of beds at WWBH and surrounds.

It is predicted that there will be a total of 650% increase in the overall sub-acute activity at Coolamon Ganmain MPS to 2031, noting that the two current beds offer minimal capacity for this type of care. This equates to an increase from 0.5 beds to 3.7 beds. Majority of subacute activity in this scenario is from residents of the Coolamon catchment and broader region that is appropriate to move to Coolamon. Palliative care accounted for 0.1 beds and the majority of this for Wagga residents should be left at WWBH. This accounts for 3.6 (rounded to 4) subacute beds projected for 2031.

Coolamon Ganmain Health Service sub-acute base case and projections

	2015	2021	2026	2031	2036
Maintenance					
Episodes Base Case	8	10	10	14	14
Episodes Scenario	8	98	122	138	163
Sum of Beds	0.4	0.3	0.3	0.4	0.4
Sum of Beds Scenario	0.4	3.1	3.4	3.6	4.0
Palliative Care					
Episodes Base Case	5	4	4	5	7
Episodes Scenario	5	4	4	5	7
Sum of Beds Base Case	0.1	0.1	0.1	0.1	0.2
Sum of Beds Scenario	0.1	0.1	0.1	0.1	0.2

Total Episodes Base Case	**13**	**14**	**14**	**19**	**21**
Total Episodes Scenario	**13**	**102**	**126**	**143**	**170**
Total Sum of Beds Base Case	**0.5**	**0.4**	**0.4**	**0.5**	**0.5**
Total Sum of Beds Scenario	**0.5**	**3.2**	**3.5**	**3.7**	**4.2**

Source: NSW HealthAPPanalytics 2021

Excluding Rehabilitation and GEM

Many of these regional clients will be able to receive treatment and management closer to home without being transferred to facilities further away or to facilities in Sydney and Canberra. This may require additional support for family and carers and further logistical support should be investigated e.g., patient transport on discharge and advice and connection on community transport.

Maternity Service Models

There is no current business case for maternity services at Coolamon, recent analysis could not support it. At this stage there is adequate capacity and access to birthing units in nearby facilities. There may be opportunities to investigate this in the future.

Master planning an expansion zone for a possible maternity service for future growth with good functional relationships to critical infrastructure should be incorporated.

Surgical Services

There is no current business case for surgical services at Coolamon, recent analysis could not support it. At this stage there is adequate capacity and access to surgical units in nearby facilities. There may be opportunities to investigate a day surgery unit at Coolamon in the future.

Master planning an expansion zone for a possible day surgery unit for future growth with good functional relationships to critical infrastructure should be incorporated.

Rehabilitation Service models

There is no current business case for inpatient rehabilitation services at Coolamon, recent analysis could not support it. Investigations around various rehabilitation streams including a brain injury rehabilitation unit were looked at for viability for potential inclusion, however at this stage not deemed feasible. There may be opportunities to investigate this in the future, and again, infrastructure planning should masterplan for this potential.

Renal Services

Future renal services will continue to be linked to WWBH centre-based services. There is no current business case for renal services at Coolamon, recent analysis could not support it.

Facility Inpatient Requirements

The above exercises would indicate that the total number of inpatient beds required at Coolamon Ganmain MPS in 2031 ranges from 3.7 beds for the base case to 18.8 beds for the scenario. The projected requirement for total overnight inpatient beds by 2031 at 75% occupancy is 16 acute at 75% occupancy and 4 subacute beds (rounded to whole numbers) at 90% occupancy, with a total of 20 beds. A room with kitchenette/family space (ADL aspects) for use by family members of palliative clients is also required.

Coolamon Ganmain Health Hospital Projected Inpatient Infrastructure Requirements to 2031

Beds Scenario	2021	2026	2031	2036
Beds Acute Scenario	3.4	14.6	15.2	16.1
Beds Subacute Scenario	0.5	3.2	3.6	4.2
Total Sum of	**3.9**	**17.8**	**18.8**	**20.3**

Source: HealthAPP Scenario case

Excludes: Chemotherapy, Renal Dialysis, Unqualified Neonates

As the scenario case best reflects the new and evolving services and models of care to be provided at the hospital by 2031, it is recommended that 20 inpatient beds be built in the new facility to accommodate the projected service activity.

This will future proof the health service, enabling WWBH to reach its full potential as a regional referral centre, and for Coolamon MPS to fulfil a role in providing care close to home for local residents.

7. AGED CARE SERVICES - CURRENT

Aged care is the support provided to older people in their own home or in an aged care (nursing) home. It can include help with everyday living, health care, accommodation and equipment such as walking frames or ramps. Generally aged care services are available to people over the age of 65, or Aboriginal or Torres Strait Islander people over the age of 50.

Aged care services are regulated and subsidised primarily through the federal government, and services are offered by a range of accredited organisations. Aged care services include:

- Care in your home.
- Residential care in aged care homes.
- Short-term care (such as after-hospital and respite care).

The aged care industry in Australia, and globally, is changing, with seniors living longer and preferring to stay within their communities and support groups with a focus on living and lifestyle. There has been significant change in the sector with a recent Royal Commission making recommendations for the future operations of aged care to improve safety and quality of care.

Coolamon is within the Commonwealth Aged Care Planning Region of Riverina/Murray in NSW. The towns and hamlets in the Coolamon Shire Council are a popular retirement option for people within the Shire looking to move from local farms but also has become popular with residents from larger communities and towns looking to retire to more affordable locations. Historically there has tended to be an outward shift of the younger population to other areas for study and work opportunities.

This has resulted in a more rapidly aging population and in a lack of extended family support for older residents and a reliance on partners and community support services. Accessing public transport is a barrier to accessing facilities in other communities for the elderly and lower socioeconomic groups.

There are several organisations that provide services to the Coolamon Shire Council communities. The Coolamon Ganmain MPS has 12 Commonwealth Residential Aged Care (high care) beds. These places are very highly sought after, and occupancy is very high. There are community aged package options for Coolamon Shire Council residents in the region. There are also a number of independent living units in Coolamon (managed by

Coolamon Shire Council) and Allawah Lodge Residential Aged Care. The distance of the town from larger centres does mean that allocated packages can deduct travel time from their service allocations, and this means that face to face assistance is reduced.

While some regional aged care services in the table below are considered close by metropolitan standards, the lack of public transport severely limits access, particularly for aged partners who themselves often have their own health issues and in most cases no longer drive. This continues to be raised strongly as an issue by the community. It has also been shown in multiple studies that aged care residents have better outcomes when they are placed in their local communities where possible, it also demonstrates better outcomes when residents are not moved unnecessarily during the course of their residential stays. Where possible local residents are placed in Coolamon aged care facilities, to limit access issues for partners and family of residents to visit, given the next closest provider is almost 40km away.

Commonwealth Funded Residential Aged Care and Community Packages

Town	Distance (Kilometres)	Facility	High Care beds	Dementia specific beds	Respite Beds	Packages
Coolamon	0	Coolamon-Ganmain MPS	14			Y
Coolamon	0	Allawah Lodge/Allawah Community Care	33	11	1	Y
Junee	39	Cooinda Court Hostel	22			
Junee	39	Junee Multi-Purpose Service	30		6	
Temora	60	The Whiddon Group Temora	76			
Temora	60	Temora Shire Council community care				Y
The Rock	60	Emily Gardens	30	15		
Wagga Wagga	40	Yathong Lodge (Older Person Mental Health Focus)	16	8		
Wagga Wagga	40	Loreto Home of Compassion	76			
Wagga Wagga	40	The Haven Residential Aged Care	148	21		
Wagga Wagga	40	Mary Potter Nursing Home	82		1	
Wagga Wagga	40	BaptistCare Caloola Centre	78			

Wagga Wagga	40	Murrumbidgee Local Health District Transitional Aged Care Program	81			
Wagga Wagga	40	Gumleigh Gardens Hostel	44	15		
Coolamon	0	Allawah Community Care				Y
Coolamon	0	Baptist Care				Y
Wagga Wagga	40	Home Services Murrumbidgee				Y
Wagga Wagga	40	Catholic Community Services Riverina Murray - CACP				Y
Wagga Wagga	40	Catholic Community Services Riverina/Murray				Y
Wagga Wagga	40	The Forrest Centre CACP (Wagga Wagga)				Y
Wagga Wagga	40	The Forrest Centre EACH (Wagga Wagga)				Y
Wagga Wagga	40	The Haven Home Care Packages				Y
Wagga Wagga	40	Wiradjuri Community Aged Care Packages				Y
Wagga Wagga	40	UPA HCP - Wagga Wagga				Y
Wagga Wagga	40	Sturt Home Care CACPs				Y
Wagga Wagga	40	Integrated living Riverina/Murray				Y
Wagga Wagga	40	Australian Unity Community Service Riverina				Y
Wagga Wagga	40	Right at Home Southern NSW				Y
Wagga Wagga	40	Home at Heart				Y
Wagga Wagga	40	Wagga Wagga Meals on Wheels Inc				Y

Source: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-servlist-download.htm and personal correspondence with facilities

7.2 RESIDENTIAL AGED CARE SERVICES - CURRENT

Coolamon Ganmain MPS has 12 High Care Residential Aged Care Home Type Beds that are fully occupied and funded by the Commonwealth Government, there are also two packages that are attached to the facility that are brokered centrally. The facility caters to high needs clients and all current residential clients have been assessed by the ACAT and are classified as high-level care.

All of the aged care rooms are single bedrooms with shared ensuite bathroom. There is one combined lounge/dining/ activity room which is located adjacent to the acute inpatient and close to the emergency department. Outdoor areas are available for residents and families, this includes raised garden beds and an outdoor entertaining area with table, chairs and BBQ facilities.

The facility has capacity to manage residents with lived experience of dementia; upgrades to alarm systems on external doors will enhance opportunities to care for wandering residents. The is limited space for social and leisure activity and the rooms while comfortable are dated, share bathrooms and the space is not home like and no longer best suited to best practice aged care delivery. This is no longer to a suitable standard for modern models of health care delivery.

Coolamon Ganmain MPS Residential Aged Care Occupancy

Coolamon Residential Aged Care High					
	2016-17	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Total RACC Separations	9	11	9	9	0
Total RACC Occupied Bed Days	4309	4206	4167	4211	4380
Total RACC Available Bed Days	4354	4380	4380	4392	4380
Total RACC Average Beds Occupied (Daily Average)	11.8	11.5	11.4	11.5	12.0
Total RACC Average Occupancy	99.0%	96.0%	95.1%	95.9%	100.0%
Total Number of RACC Beds	11.9	12.0	12.0	12.0	12.0
Total Number of Funded RACC Beds	12	12	12	12	12

Source: MLHD Performance Team (NSW Bed Reporting Tool & BI Ward Report)

The 2018/19 average occupancy was 95% for High Care Residential Aged Care Clients, in the years since it has been between 95% and 100%. While some episodes of acute care occur for these residents, they remain in the Residential Aged Care bed due to the flexibility afforded by the MPS model. The level of occupancy for these beds equates to all 11.5 - 12 out of the 12 beds being occupied on most days of the year. Overflow is managed by placing potential residents in an acute bed initially until a residential bed is available at Coolamon. The Community health team and the GP are aware of and monitoring clients in the community who are getting close to requiring residential care and availability of places. An opportunity exists to reinvigorate the “aged care continuum of care” for collaborative planning. There is a waiting list with expressions of interest in places, currently 10, over time this is generally had 7-10 clients waiting for services.

COMMUNITY UNITS/INDEPENDENT LIVING

Coolamon Shire Council commenced construction of the Allawah Retirement Village in 1999. Adjacent to Allawah Lodge, the retirement village consists of 24, two-bedroom self-contained units, with a single lock up garage, reverse-cycle heating and cooling, outdoor patio area, solar panels and back-to-base security system. The village has a common outdoor entertaining area with barbeque facilities and residents also have access to the Allawah Community Centre for indoor activities.

The retirement village is operated by Coolamon Shire Council under a Loan/Licence arrangement. Residents enter into a Retirement Village contract with Council which outlines

the rights and responsibilities of both the resident and Council. The resident is responsible for telecommunication, electricity and contents insurance for their unit.

This development is seen as an ongoing project by Council to provide increased opportunities for the aged to reside in a safe and secure surrounding within the township of Coolamon.

The units are not exclusively for aged residents however preference is given to older residents where possible. There is no requirement for assessment for eligibility for aged care services to lease the units. There are periodic vacancies, and there is a current waiting list. There are a number of additional homes in the community owned by the council also.

OTHER NEARBY NSW AGED CARE SERVICES

Coolamon Ganmain MPS and Allawah Lodge are both providers of residential aged care in Coolamon. There are a large cohort of providers in Wagga Wagga providing a range of residential aged care services approximately 40km away. Aged care services are expanding in Wagga Wagga and there has been approvals for a new facility recently announced.

Allawah Lodge is located adjacent to the Coolamon Ganmain MPS on a single health campus. The facility is owned and run but the Coolamon Shire Council. Allawah Lodge is a 33-bed residential aged care facility located on the corner of Stinson and Mirrool Streets, Coolamon. Allawah Lodge is within walking distance to the main street and is set in landscaped gardens.

Over time the facility has been expanded and the level of care increased, including an 11-bed dementia wing. Ageing in place is provided. Council utilised grant funding to complete a major refurbishment during 2020-2021 including landscaping, kitchen, laundry upgrades, relocation of dining room, offices and establishment of multi-purpose room for resident use. Resident rooms are airconditioned and each has a private ensuite and built-in wardrobe and an adjustable bed is provided. There is good utilisation of the facility and an average waiting list of approximately 4-8 people looking to access care in the next 6 months. This waiting list is longer at present given the national workforce shortages

The facility plans to undergo further expansion in the future and has engaged consultants to draw up various plans. One option looks at the eventual expansion into the adjacent MPS building. There is an interest from the Coolamon Shire Council to strategically locate a new facility into a nearby location.

There are 7 facilities in Wagga Wagga ranging in size and having varied target markets. These facilities are well utilised by residents from Wagga Wagga and surrounds. There is some flow of Coolamon residents to Wagga, but it was reported during consultations that there was a strong interest in residents remaining in Coolamon using local facilities.

Wagga Wagga Base Hospital has an inpatient unit for high level dementia specific care for residents with wandering or aggressive/disruptive behaviours. This very high level of specialist care is unable to be provided in Coolamon, in part due to the design and layout of the current facility and the very specialised skills staff would require. Staff at Coolamon go to significant lengths to manage difficult dementia behaviours at Coolamon through the use of consultant geriatrician and nurse practitioner and dementia nurse consultants. This prevents residents being moved from their home community unnecessarily.

Junee is 39km from Coolamon and has two aged care facilities. The Junee MPS and Cooinda Court Residential Aged Care. The Junee MPS is operating at 100% capacity or higher and needs expansion. Cooinda Court offers more limited aging in place care and when residents needs are much higher, they are generally transferred to the Junee MPS. Cooinda Court had a recent expansion of dementia care places. However, there is no other indication of expansion planned.

Emily Gardens at The Rock is a high care facility in the community of The Rock 50km from Coolamon. It has 30 beds, 15 of which offer high level dedicated dementia care, particularly for wandering dementia. There is a substantial waiting list, particularly for dementia care places. It is the main referral facility for the region for high care and wandering dementia. There are no plans to expand residential aged care beds at this time, however, there has been interest in increasing capacity in the past.

In reality although there are 14 aged care facilities within a 100km radius of Coolamon local residents are very seldom sent away from Coolamon with most challenging resident behaviours managed at the MPS with supports from district teams. If a bed in Coolamon cannot be accessed facilities in Wagga Wagga, Lockhart, Junee and Narrandera have been used to place residents. If residents need additional assessment residents are occasionally sent to Yathong Lodge at Wagga for intensive review and care planning and return to Coolamon or a higher-level facility if needed.

7.2 HOME CARE PACKAGES

The Australian government introduced new Home Care Packages on August 1, 2013, as part of its Living Longer Living Better reform package. A Home Care Package provides services that will help people to remain at home for as long as possible. Eligibility for Home Care Packages requires an ACAT assessment to determine the level of care required.

There are now four levels of Home Care Packages.

- Level 1 supports people with basic care needs.
- Level 2 supports people with low level care needs (formerly Community Aged Care Packages).
- Level 3 supports people with intermediate care needs; and
- Level 4 supports people with high level care needs (formerly Extended Aged Care at Home and Extended Aged Care at Home Dementia packages).

Home care packages are no longer allocated geographically or to particular providers. They are now offered on a needs basis to fully assessed clients who can decide how to best utilise a suite of services. There is a range of providers locally and in Wagga Wagga that service the area offering home care packages. Local providers have indicated that there are adequate numbers of level 1 and 2 care packages, however level 3 and 4 care packages are not as accessible, often with extended waiting lists. Community consultations noted that some services are difficult to access e.g., gardening and a number of people noted paying private providers was easier. Feedback about the challenges of accessing and navigating My Aged Care were common.

Coolamon Shire Council currently has 76 HCP clients. CSC also offers Commonwealth Home Support Services (CHSP) – Meals on Wheels, Home Maintenance, Home Modification, Personal Assistance, Domestic Assistance & Community Transport.

Aged and Dementia Care, Aged Care Assessment Team

The Aged Care Assessment Team (ACAT) works from Wagga Wagga. A team member visits Coolamon region to complete assessments as required. Requests are made via the My Aged Care Portal. Visits are attended in the health service and in the home. While an ACAT assessment is not required for entry into an MPS, an assessment prior to or post admission is advocated to ensure the resident is provided with the appropriate level of care. An ACAT assessment will also determine whether the person can be supported at home with community services or Home Care Packages. The district wide aged care team is available to assist upon request, with consults from the district geriatrician, nurse practitioner and clinical nurse consultant, all of whom have specialist skills in advanced aged care support.

8. Aged Care Services - Proposed

The towns and hamlets in the Coolamon Shire Council are a popular retirement option for people within the Shire looking to move from local farms but also has become popular with residents from larger communities and towns looking to retire to more affordable locations. This has resulted in a more rapidly aging population and in a lack of extended family support for older residents and a reliance on partners and community support services.

There has been a significant shift in the demography of the shire since the Covid-19 pandemic. There have been considerably higher inflows of people into the region than had been previously forecast. The pandemic has encouraged people to embrace the benefits of moving to regional areas, with significant outflows from capital cities. This has had a significant impact on increasing housing cost and reducing property availability.

There are several organisations that provide services to the Coolamon Shire Council communities. In addition to the Commonwealth Residential Aged Care (high care) beds at Coolamon Ganmain MPS and Allawah Lodge there are community aged package options for Coolamon Shire Council residents in the region. There are also independent living units in (managed by Council). In addition to the Retirement Village, Council also has 20 units across the Shire available for aged persons to reside in. These are not operated as a retirement village just as residential tenancies. The recent population growth has put pressure on service providers, both in terms of catering for increased demand and with challenges in finding and housing new staff.

The distance of the town from larger centres does mean that allocated packages have to deduct travel time from their service allocations, and this means that face to face assistance is reduced.

While some regional aged care services noted in the table above are considered close by metropolitan standards, the challenges of frail partners accessing public transport severely limits access, particularly for aged partners who themselves often have their own health issues and in most cases no longer drive. This continues to be raised strongly as an issue by the community. It has also been showing in multiple studies that aged care residents have better outcomes when they are placed in their local communities where possible, it also demonstrates better outcomes when residents are not moved unnecessarily during the course of their residential stays.

8.1 Residential Aged Care Beds - Forecast

The Australian Government Department of Health and Ageing calculate the requirements for residential aged care places based on the numbers of people aged 70+ and Aboriginal people

50+. The policy goal of the Australian Government seeks to ensure there is a ratio of 80 operational residential care places per 1000 population in this group.

The benchmark provides indicative information on the residential and community aged care requirements for local government areas and for smaller communities is best looked at in conjunction with past occupancy rates and waiting lists.

The following table shows the Commonwealth ratios applied to the Coolamon catchment.

Projected Coolamon Catchment Population aged 70 years and over and Aboriginal people 50 years and over

	2021*	**2026***	**2031***	**2036***	**% Change 2021 to 2036**
Aged 70 and over	765	830	920	968	+ 26.5%
Aboriginal 50+	^18	^20	^20	^20	+11%
Coolamon total	4326	4617	4976	5353	-23%
Total aged catchment Coolamon	**783**	**850**	**940**	**988**	**+26.2%**

Source: ABS ERP November 2020; ABS Census 2021, New South Wales State and Local Government Area Population Projections: 2021
**based on aged proportion in Cooalmon Shire*

In 2020 the Estimated Residential Population (ERP) of people over 70 and over in Coolamon was 765. The Aboriginal population aged 50 and over for the catchment was 18 people. A total of 783.

The Coolamon LGA population of people 70 and over, and Aboriginal people 50 and over is projected to increase by 26.5% between 2021 and 2036 (above). This group will increase in terms of numbers and proportion of the Coolamon community. The Coolamon population as a whole is projected to increase by 23% for the same period based on the 2021 Estimated Residential Population.

The Australian Government planning benchmark aims to achieve national targets of aged care places to assess likely demand for residential aged care. Table below provides a summary of the projected requirements to 2036.

Coolamon Shire Council aged care place requirements to 2036

	Population 70 yrs and over and Aboriginal people 50 years and over	**Aust. Govt. planning benchmarks**	**Places Needed**
		Residential Care	
2021	**783**	63	16
2026	**850**	68	21

2031	**940**	75	28
2036	**988**	79	32

Source: Department Planing and Environment ERP 2022

The Australian Government benchmarks shown in the above table suggests that by 2036 there will be a projected requirement of 79 places in Coolamon Shire Council based on estimated resident populations. There are currently 12 places at Coolamon Ganmain MPS plus 2 community packages, and 33 other places at Allawah Lodge in this planning area. A current total of 47 places are available in the Coolamon Shire Council as of 2021 and 63 are required based on the population base a deficit of 16 places. The benchmark calculated for 2036 shows this capacity gap grow to 32 beds in total.

It is clear more beds are needed considering the high occupancy rates, significant waiting lists, usage of acute beds for temporary placement awaiting aged care and often placing local residents out of town for local aged care services.

There is very high occupancy of all residential aged care beds in the Coolamon-Ganmain MPS. This indicates there is currently a greater need for residential care than the commonwealth benchmarks indicate. The Coolamon Ganmain MPS has operated at between 95-100% occupancy for the last 3 years. An occupancy over 90% indicates that most beds are utilised on most days and that there is some downtime for residents transitioning into the facility.

COOLAMON GANMAIN MPS AGED CARE SERVICES - PROPOSED

The current bed base of 12 residential aged care (high care) places will be maintained. There is strong local demand, and the beds are well used. The licences are in place. An increase acute beds that can be used flexibly will offer a buffer if additional capacity is urgently required. The 12 aged care beds also facilitate a staffing profile enabling pods of 4 residents to align with workforce and skills mix.

A focus on resident amenity is critical. Individual rooms with ensuite are essential. As is a focus on a homelike environment. Safe and appealing outdoor spaces are essential and a pleasantly landscaped garden that is secure and residents with a lived experience of dementia are able to mobilise safely in a homelike environment. This aligns with the Living well in MPS and National Aged Care Standards.

The MPS participates in the Living Well in MPS program. This program is run by an assistant lifestyle coordinator. The activities are informed by resident choices and include both one on one and group programs. Facilities need to support this ongoingly with a focus on social spaces, gardens and pleasing home like features.

OTHER NEARBY NSW AGED CARE SERVICES - PROPOSED

Local discussions with key stakeholders flagged planned staged expansion for Allawah Lodge. Coolamon Shire Council, who run Allawah Lodge, want MLHD to maintain their 12 residential aged care beds at the MPS. There is increasing pressure in the aged care market to achieve economies of scale and an expansion would enable Allawah to be ongoingly efficient and ensure future viability. The Commonwealth aged care benchmark shows a gap of 32 beds in the Coolamon Shire Council area by 2032, those places could be taken up by Allawah Lodge. This ensures the LGA is not under serviced and that the organisations are not competing for the same residents.

The relationship between the two facilities is strong and collaborative. Continuum of Care meetings monitor the level of aged care need in the community. Allawah Lodge, MPS, Community Home Care, the multi service outlet (MSO) and Community Nurse are members of the Continuum of Care committee. The GPs are represented by the practice manager. This was highlighted during Covid-19 when working together to adjust to the constantly changing environment.

Ideally specific consideration should be given to the care of individuals with lived experience of dementia. Currently in Australia it is the second largest cause of disability burden after depression. The Australian Government Department of Health and Aging calculate that approximately 1 in 20 people over 65 and 1 in 5 over 80 have some form of dementia.

8.2 HOME CARE PACKAGES

It has also been noted during consultations locally that there are elderly residents utilising acute inpatient beds at Coolamon, whilst waiting for community-based support packages. Access to high care packages is difficult across the country but has been noted that it is very challenging to access them in the local area. My aged care website notes that there are 12-month minimum waiting times for level 2, 3 and 4 home care packages. This is placing increasing pressure on both acute beds and residential aged care places at Coolamon-Ganmain MPS. Ideally increased numbers of Home Care Packages would offset residential care demand pressure at Coolamon. This would allow the elderly to be managed safely in their own homes for a longer period. However, this is a national issue and not something that can be influenced locally, or by the state currently. There are recommendations from the National Royal Commission into Aged Care looking to address this problem.

The local families, facility manager, GP and home care providers communicate regularly about how to best manage prospective residents if there are no current places available at the MPS or Allawah. This has prevented the need to place many residents outside of the local community. But has put pressure on families and service providers (including community nursing) to keep people in their homes, despite this not being the best and safest outcome, until a place has become available.

Facility Residential Aged Care Requirements

The above exercises would indicate that the total number of Residential Aged Care beds required at Coolamon Ganmain MPS in 2031 is 12 beds. The below factors need to be considered:

- Single resident room with own ensuite
- Centrally located activity space/group room with kitchen for resident activities with Activity Officer.
- Access to comfortable dining and lounge facilities
- Focus on living well in MPS principles.
- Calm social spaces.
- The need for mobility scooter parking and recharging areas at aged care facilities.
- Local Geriatrician/Psycho-Geriatrician service need; and
- Support for residents with lived experience of dementia, especially safe wandering gardens and security.
- Equipment storage availability.

While there is capacity in the community for additional places, this demand is best catered to by the community not for profit Allawah Lodge.

Placement of aged care and inpatient spaces near central social spaces will make for a more seamless experience for consumers using inpatient beds for respite in future. Good functional relationships between residential, inpatient, and social spaces allow for future flexibility. Dining, kitchen, lounge, and activity areas are required to provide group and quiet social spaces. A comfortable homelike environment should facilitate social activities and interesting recreational activities. Recommendations for additional beds will require additional social spaces to enable smaller gatherings for residents with each other or family members. A fully weatherproof indoor/outdoor room has been suggested by staff to meet this requirement and would suit the local climate.

It is paramount that the proposed MPS caters for those with a lived experience of dementia to provide appropriate and safe care.

Services should reflect the living well in MPS principles:

- Be safe and secure.
- Be simple and provide good 'visual access.
- Reduce unwanted stimulation.
- Facilitate meaningful recreational activities.
- Highlight helpful stimuli.
- Provide for planned wandering, inside and out.
- Be familiar.
- Provide opportunities for both privacy and community.
- Provide links to the community; and
- Be homelike.

The MPS will also need to reflect the trend of higher-level clinical care requirements in the MPS environment due to the management of people for longer at home and in low care settings. Residents entering MPSs now have a greater need for mobility aids and nursing assistance.

The need for additional residential care places in the future will be negotiated between NSW Health and the Commonwealth Department of Health as part of a regular review process. Additional aged care licences can be applied for in annual funding rounds. Utilisation of current high care places will be monitored into the future. Any future redevelopments need to be responsive to the Royal Commission into Aged Care recommendations as they are approved/implemented.

Future expansion requirements should be part of any development master plan.

9. Clinical Support Services

9.1 Virtual Care – Current and Proposed

Coolamon-Ganmain MPS has Telehealth outreach services the ED has a critical care Telehealth system linked with the Critical Care Advisory Service through MLHD Patient Flow Unit. An additional Telehealth unit is available; however Mental Health has priority for this equipment. It can be used at other times for education and other Telehealth consultations.

The inpatient and residential aged care unit has in reach Telehealth services available on the computers on wheels from pharmacy, social work, dietician, mental health, allied health, and

other speciality services as requested. This reduces travel and generally results in quicker access to consults. However, it can be a challenge as the consults require nursing staff in attendance to assist. The residents in the aged care wing also use an IPad or Laptop for communication with family. This can be challenging if the resident is confused or not technically proficient. Staff and residents have become more skilled in using the technology.

The vision for NSW Health is A sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness, and is digitally enabled. The NSW Virtual Care Strategy outlines the steps that will be taken to further integrate virtual care as a safe, effective, accessible option for healthcare delivery in NSW.[17]

Virtual Care has been defined 'as any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies. As technology has evolved so too has our terminology, and 'Telehealth' services are increasingly being referred to as 'Virtual Care' to better reflect the broader range of technologies'[18].

Virtual Care can include remote monitoring, videoconferencing, virtual examination, 24/7 senior clinical consultation, patient communication, family meetings, Virtual Care to peripheral sites, meetings as well as education and just-in time instructions.

Virtual Care will continue to be rolled out across MLHD to provide support to critical clinical and corporate functions. The technology will support a range of clinical and clinical support services such as telepathology, telepsychiatry, telepharmacy to name but a few.

Virtual Care services will also expand to meet the needs of increased outpatient, outreach and community-based services. Virtual Care modalities will be required to provide links to specialist services within and outside MLHD.

A range of different technologies will be introduced to facilitate this rollout. These include but are not limited to:

- Cameras for wound care, photos etc
- Teams – photo - linked to patient number in eMR
- My Virtual Care with adequate WiFi – high definition, iPads
- Remote care to inpatients - piggy backed
- Specialist consultation- requires high-definition camera – 3-4 per site – mobile could be integrated into mobile computer trolleys
- Apps and self-monitoring capacity for remote patients

The rollout of Virtual Care has many advantages. An example is if allied health resources supporting rehabilitation services are not on site, staff including Allied Health (AH) Assistants can have off site supervision and assistance with links to AH professionals.

There are issues impacting on the rollout of Virtual Care across MLHD. These include but are not limited to:

- access and equity require readiness with suitable equipment and support for both patients/clients/consumers and staff
- digital literacy with an adversity to change for patients and staff

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[17] NSW Health: The Virtual Care Strategy 2021-2026 – Connecting patients to care. https://www.health.nsw.gov.au/virtualcare/Publications/nsw-health-virtual-care-strategy-feb-2022.pdf

[18] Et al

- problems with IT connectivity across the regions
- good accountability to make the shift as well as incentives
- efficiency and cost effectiveness need to be determined
- resourcing of both the virtual hubs and local spokes – currently there are 30 virtual hubs across sites in both hospitals and outpatient services
- gap in rollout due to CoVID

It is proposed that Virtual Care facilities should be close to the front access of the facility to allow for outpatients to have easy access to them when needing to attend virtual specialist appointments or other Virtual Care initiatives.

9.2 MEDICAL IMAGING – CURRENT AND PROPOSED

There is no medical imaging in Coolamon Shire Council public or private. Generally, residents travel to Wagga Wagga. There is increasing need for medical imaging services from the residents of the Coolamon Shire Council, shown in the table following.

Community survey and consultation had strong themes about access to Xray being required locally and challenges of having to travel for imaging. It was also noted that Coolamon Shire Council residents were often transported via ambulance or patient transport to WWBH for imaging (1-2 per day) and then admitted there to continue their care. With imaging available at the MPS this would be avoided. Transferring patients for imaging to Wagga Wagga is not desirable and incurs additional Ambulance and patient transport costs.

The catchment for the service includes Coolamon Shire Council and other surrounding communities.

Increasing Medical Imaging requirement of Coolamon Shire Residents

	2019	**2020**	**2021**
X-Ray			
Emergency	629	549	648
Inpatient	795	797	824
Outpatient	363	363	508
X-Ray Total	1,787	1,709	1,980
Ultrasound			
Emergency	44	55	55
Inpatient	236	220	222
Outpatient	105	99	72
US	123	133	119

Source: Medical Imaging MLHD

Injury presentations have increased. It was felt this was due to increased commercial and industrial growth and sporting and recreational activities available in the area this trend is increasing.

CT Scans are currently available in Wagga Wagga privately and publicly.

Magnetic Resonance Imaging (MRI) is available in Wagga Wagga at the WWBH and privately.

As a hub for long stay, acute step down, infection management and subacute care Xray and ultrasound services would be beneficial. A Xray and ultrasound service should be included at Coolamon Ganmain MPS. The level of service will be evaluated to determine the model and how many days per week the service is offered. A level 2 role delineated service will best meet the need of the facility and is consistent with the imaging profile across the district. The service would have the capacity to cater to emergency department, inpatient, aged care and outpatient referrals.

A designated x-ray room with a fixed x-ray unit (overhead x-ray tube) and Bucky table, and a floating top table should be included.

9.3 PHARMACY – CURRENT AND PROPOSED

Pharmacy supplies for inpatients are provided from the MLHD Pharmacy Unit on a weekly basis using an imprest system. Medications are ordered by nursing staff through a Pharmacy portal. An outreach pharmacist from Wagga Wagga provides services once day per fortnight and can complete medication reconciliation remotely. TelePharmacy is available to clinicians for any issues relating to the ordering and administration of medications.

Pharmacists play an important role as part of the multidisciplinary healthcare team. Increasingly medication management is being enhanced through the use of technology including medication systems, bar coding and TelePharmacy. Existing pharmacy services will be maintained and aligned with ePharmacy changes over time. An increase in pharmacy support is required to provide imprest review and medication reconciliation enhancement, and to provide antimicrobial stewardship.

There are three private Pharmacies in Coolamon Shire Council. Two of the private pharmacies provide services for aged care residents at the MPS. The private pharmacies do not provide opioid treatment program services. There are occasionally requests which can be facilitated at the MPS.

9.4 PATHOLOGY – CURRENT AND PROPOSED

Public Pathology services at Coolamon Ganmain MPS are provided by NSW Health Pathology (NSWHP). NSWHP is a state-wide government pathology service with provision for Coolamon and surrounds being part of the NSWHP Regional and Rural network, which is responsible for operational management. NSWHP Regional and Rural network provides services to a large geographical area including the Western NSW, Far West, Murrumbidgee and Southern NSW Local Health Districts.

Coolamon-Ganmain MPS has a level 2 role delineated pathology service. Pathology services will continue to be provided through contractual arrangements as part of a District wide contract. Coolamon Ganmain MPS staff will continue to collect the pathology. Courier pickups will improve to enable timely diagnostics. Awareness about current outpatient pathology collection was lacking as noted as a concern in consultations and community education should occur.

Coolamon Ganmain MPS is supported on site with Point of Care technology (PoCT) for rapid diagnostic testing, as well as a sample collection service. Point of care testing will continue to be available 24 hours, seven days per week.

Pathology specimens that require more complex testing are referred to other NSWHP laboratories at either WWBH or Westmead Hospital.

Urgent items can be sent to Wagga Wagga more frequently if needed, the GP practice in town has pick up 3 times each day and are happy to assist the hospital with transport. Close proximity to Wagga Wagga makes this convenient.

9.5 Sterilisation Services – Current and Proposed

Sterilisation services are provided through Wagga Wagga Base Hospital. Service frequency is dependent on need.

9.6 Stores Management – Current and Proposed

Stores are ordered through a centralised stores ordering system in Sydney. Stock levels are maintained at a level where shortages and expiry are avoided. Stores management systems will continue through MLHD centralised management systems.

Items are generally ordered fortnightly. However the facility can often borrow items from Temora or Wagga if items fall short and are urgent. Storage space is an issue throughout the facility. A new pharmacy room was put in recently, improving storage space slightly, but it remains limited. Holding extra PPE for Covid-19 requirements has put significant pressure on storage space.

Adequate storage capacity needs to be considered.

10. Non-Clinical Support – Current and Proposed

10.1 Body Holding Services

Funeral Directors generally collect the deceased directly from the inpatient rooms. Family viewings can be facilitated in the inpatient room. Coolamon is well serviced by several funeral directors from Wagga Wagga.

The absence of a viewing room for the deceased can be an issue. From a cultural perspective the association of death with inpatient or emergency department settings impacts on future access. A viewing room able to be accessed externally with a small adjoining garden area is ideal to meet the cultural requirements of the local community.

Sorry spaces for family groups are being introduced at several MLHD sites and should be included at Coolamon.

10.2 Maintenance Services

The endorsed operational model for the MLHD Asset Management Unit is focussed on a local service supported by a centralised business unit with common management strategies, tools and systems. Asset management using the NSW Health Total Asset Management strategy, essentially operates across five (5) streams, these are summarised as:

- Operations (Engineering).
- Biomedical Engineering.
- Governance (Asset Performance and Compliance).
- Property; and
- Capital Works (including Energy Management).

On-site maintenance services will continue to be provided both locally and more globally via the district-Wide support network dispersed across the Asset Management Unit.

There is also reliance for other trade and specialist resources, and these are provided via Local Health District Contracts, internal and external resources, and service providers. MLHD is currently implementing a new State-wide Asset Management System (AFM Online) which is used for reporting and forecasting the most effective and efficient service delivery models.

A handyman is shared between Coolamon and Junee and provides grounds maintenance and spends part of their day at each facility.

On-site gardening services will continue to be provided with additional trade services provided through Temora.

10.3 Waste Management

Waste is separated on site. General waste is collected twice weekly by a contractor while Sterihealth collect clinical waste once a month. Council collects recycling weekly. Waste will continue to be separated on site with contracted services for general and clinical waste. Appropriate storage will be essential, given removal has reduced to twice weekly.

10.4 Catering, Cleaning and Laundry Services

Catering, Cleaning and Laundry services are currently provided through an MLHD contract with HealthShare. HealthShare have an onsite manager who manages associated staff and services. HealthShare have one office space within the facility in a shared staff area.

HealthShare have advised that the future delivery and management of these services will be changed over time with the introduction of new technology. All of these measures are aimed at increasing sustainability and reducing costs.

Catering:

Currently HealthShare provide cook/chill meals can provide light meals for patients as required.

The introduction of the order/appetite model will enhance the patient experience and reduce food wastage. This is a flexible system with the ordering of foods to align with patient's needs. A health app will be available within 2 years to facilitate this process. The model is currently being piloted at Bowral Hospital and is expected to be rolled out across the state.

It is advised that any kitchen facility upgrade allow for a flexible design with reduced fixtures and walls. This will minimise the need to do major refurbishments when new technology and models of service delivery are introduced.

It is proposed that an integrated IT system be included in either the phone or TV system for each bed to allow patients to access the ordering systems.

Cleaning:

Technological advancements will lead to new ways of cleaning both clinical and nonclinical areas within hospitals. Ultraviolet light cleaning machines and smoking/mist machines will be used to decontaminate and clean areas including patient's rooms, kitchens etc. This technology will reduce the transportation, use and storage of chemicals which will lead to improved patient and staff safety. It will increase the life of the building particularly floors and walls by reducing the use of harsh chemicals.

Adequate storage for these machines in the cleaner's rooms will be essential. Currently they are about half desk size.

There will be a shift to electronic ordering which will enhance inventory control, reduce wastage and reduce costs.

LINEN SERVICES:

These will continue to be delivered weekly so adequate storage for both clean and dirty linen is essential. Dirty linen is transported to Wagga Wagga once per week.

These arrangements may need to be reviewed in the future to increase storage capacity and reduce frequency to address increasing transport costs.

Resident laundry is done by a private contractor. A resident laundry will be required.

LOADING DOCK:

Adequate loading dock facilities will need to be provided to allow for the delivery and storage of goods and consumables passing through the dock area.

Catering, Cleaning and Laundry services are provided through an MLHD contract with HealthShare. Linen delivery is weekly from Wagga Wagga. The kitchen provides cook/chill meals and can provide light meals for inpatients as required. Catering, Cleaning and Laundry services will continue in line with MLHD contracts.

11. HEALTH RELATED TRANSPORT – CURRENT AND PROPOSED

11.1 EMERGENCY TRANSPORT

There is an Ambulance station in Coolamon and Ardelethan, which services the Coolamon Shire Council region. Coolamon has six Ambulance Officers and two vehicles to cover a 24 hour/ seven day per week roster. NSW Ambulance will continue to provide emergency transport to Coolamon and provide inter-hospital transfers where appropriate.

NSW Ambulance will continue to bypass Coolamon to higher level services as required, based on a set protocol. Coolamon is not a declared mental health facility. All scheduled patients will only get transferred to a declared facility. Despite not being a declared facility, walk in emergency department presentations for mental health related issues do occur. Ambulance transfer of these patients is informed by a Memorandum of Understanding between NSW Ambulance and MLHD. People with mental health conditions requiring further assessment or admission will in the first instance be transferred to WWBH.

Aerial health related retrievals/transfers are generally via helicopter, either picked up from Wagga Wagga or on the nearby football field. There are fixed wing transport options available from Wagga Wagga. Aerial transfers will be organised through the Patient Flow Unit.

11.2 OTHER HEALTH RELATED TRANSPORT

Patient transport vehicles are based in the transport pool which can be accessed for non-urgent medical transfers, vehicles come from Wagga Wagga, Temora or Narrandera. The MLHD Patient Flow Unit assists sites to organise transfer of patients to and from MLHD sites and to higher level services in NSW or ACT. This includes organising the most suitable transport and checking bed availability.

MLHD transport vehicles will continue to provide non urgent patient transfers, including transfers to and from WWBH to Coolamon for speciality services.

Periodically fleet cars can be used to transport low risk patients if required.

There is community-based transport provided locally and can be booked based on certain criteria. The Coolamon Shire Council provides transport via agreement with MLHD.

12. PRIMARY CARE

12.1 GENERAL PRACTICE SERVICES

There is one GP practice in Coolamon: Coolamon Regional Medical Centre. Services provided through GPs into the community. The practice is open Monday to Friday and Saturday until 12pm. The clinic offers a half day service every Friday at Ganmain, and a clinic on Monday at Ardlethan. This service is well utilised.

There are two GPs in the practice, director Dr Sumera Amir has recently been joined by Dr Jo Yanagisawa. Another GP also works in the GP practice and another Dr is being recruited to start in January. There are two doctors from the practice currently accredited to work at the hospital as a visiting medical officer.

There is currently a Registrar working at the practice and they have visiting medical officer rights at the hospital also. There is currently only have capacity to accommodate one registrar at a time. The clinic host one Junior medical officer per term, with four rotating through the practice per year. These junior doctors reporting excellent learning opportunities and love exploring rural practice. The clinic enjoys teaching the next generation of rural practitioners and working with them, both in clinic and at the hospital. This training is easy to facilitate given the close proximity to Wagga Wagga and the Rural Clinical Schools based there.

Consultations reported that the practice is well regarded and respected in the community. Advice at the consultations and direct from surgeries indicated same day appointments were generally available, particularly for urgent issues. Waiting times are longer for a specific GP and non-urgent conditions. The community also noted that appointment times can run late at the practice due to commitments at the hospital and noted that doctors are often stretched. Extra staff at the clinic should assist with this.

After hours GP services are currently not operating in Coolamon, which impacts on presentations to the Emergency Department weekdays after hours and on weekends. There is an afterhours clinic in Wagga Wagga, which is only half an hour away.

Telehealth is offered by the practice. It is used for remote consultations with a Rheumatologist and Psychiatrist mainly. There is capacity for this to grow.

At the clinic there is a practice nurse, she offers a range of services and has an interest in chronic care. Student nurse supervision will commence soon.

The practice actively refers to the local health district for a range of services as well as local private providers. Many of these visiting services operate in community health rooms adjacent to the medical practice. For example, a private Podiatrist comes once a week to the community centre and is widely used.

The medical practice is now running multidisciplinary team care meetings once a month, which are largely focused on palliative care. These involve the Coolamon Ganmain MPS, Allawah Home Care, Allawah Lodge, MLHD palliative care team, ambulance, three pharmacies. This has been commenced in June 2021 with funding from Murrumbidgee Primary Health Network. This aims to better support local people with life limiting illnesses with improved care coordination.

General Practice Services in Coolamon

Service	Coolamon Regional Medical Centre
Aged Care	Visiting
Chronic Disease Care	In House
Counsellor	Referral Pathways
Diabetes Educator	Visiting
Dietitian	Referral MLHD
GP's	2 + Registrar
Mental Health Services	Visiting Nurse and Psychologist
Minor Procedures	In House
Mole Screening/photo finder	In House
Obstetrician/ Gynaecologist	Shared care model
Pathologist	Yes
Physiotherapist	Referral MLHD
Podiatrist	Visiting
Renal Physician	Links to Wagga
Rheumatologist	Links to Perth
Sleep Apnoea testing	Send to Wagga Wagga
Speech Pathologist	Referral MLHD
Surgeon Orthopaedic	Refer to Wagga
Telemedicine	Yes
Urologist	Refer to wagga
Women's Health	In clinic and link to MLHD

12.2 MURRUMBIDGEE PRIMARY HEALTH NETWORK

The Murrumbidgee Primary Health Network (MPHN) is one of 31 primary health care organisations established on 1 July 2015 with the key objectives of:

- 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.

Primary Health Networks have been set six key priorities for targeted work: mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health and aged care. The MPHN is working with health service providers, consumers and communities to improve coordination of care, ensuring patients receive the right care in the right place at the right time.

The MPHN is informed by local health professionals and communities through four regionally based Clinical Councils, and 33 LHACs informing a single Community Advisory Council. The LHACs are run conjointly with MLHD.

The MPHN works with partner service providers including the MLHD, Aboriginal Medical Services, Aged Care Services and other local providers to implement integrated/coordinated models of care, including the development of Healthcare Pathways. MPHN and MLHD have a memorandum of understanding for conjoint planning and have undertaken a detailed primary care needs assessment across the district.

Detail of services provided through the MPHN can be seen below:

- Aboriginal Health – integrated care team
- Wagga Wagga GP After Hours Service – After hours GP care
- There are numerous mental health services contracted across the Murrumbidgee, provided in the community setting.
- Vitality Passport (Back-on-Track Physiotherapy) – this program is designed to halt or reverse the progression of frailty in the elderly. Referral to the program is via general practice. The program funds the following additional services for GPs to refer in to:
    - Exercise coaching
    - Nutritional advice
    - Cognitive training and health coaching
- Aged Care – Advanced care planning, aged care consortium,
- Palliative care project – improving access to end of life care systems via telehealth, compassionate communities' framework and care coordination,
- Alcohol and other Drugs services- Youth AOD workers at headspace, services for Aboriginal and Torres Strait Islander people, services for pregnant women and new mothers,
- Cancer screening funding to increase participation in breast, bowel and cervical screening programs
- Integrated Care Coordination and Aboriginal Health Integrated Team Care (Marathon Health) - The aim of the Integrated Care Coordination service is to achieve improved management of chronic disease and complex health care needs, along with a reduction in unplanned admissions to hospital.

- Rural Health Outreach Fund – Program aims to improve limited access to health services in rural and remote areas, focusing on allied health, and medical specialists,
- The Murrumbidgee Lifestyle and Weight Management Program is based on current clinical practice guidelines for management of overweight and obesity in adults, adolescents, and children in Australia.
- Parkinson's Support, delivered by MLHD under direct contract from MPHN - https://www.mphn.org.au/programs/parkinsons-support-nurse
- Allied Health service providers are contracted

Development of the existing primary health service provider workforce continues to be a focus for the MPHN.

13. COMMUNITY SUPPORT AND SOCIAL SERVICES

A Coolamon interagency group meets monthly at the community centre. It provides new service providers with a link to agencies and organisations that provide services within Coolamon and surrounding communities. It is primarily focused on aged and palliative care at present, it was re-established with funding from the Murrumbidgee Primary Health Network.

13.1 LOCAL HEALTH ADVISORY COMMITTEE (LHAC)

Coolamon LHAC provides a conduit between the LHD and the community. This group supports and advocates for the towns within the Coolamon Shire Council. The committee has recently been refreshed and now has nine members. Members of LHACs are local residents who have connections within their community. People from a range of backgrounds and ages are preferred to ensure the community is appropriately represented. The group has a new Facebook page to share information and improve health awareness.

13.2 HOSPITAL AUXILIARY

The Coolamon Ganmain Hospital Auxiliary has around 15 active members, who generally meet once a month. The Auxiliary raise money for much needed equipment for the hospital and has been recognised in the past for their fundraising efforts. They are a valuable support for the Health Service.

14.3 MENTAL HEALTH AND DRUG AND ALCOHOL NON-GOVERNMENT ORGANISATIONS

MLHD Mental Health and Drug and Alcohol (MHDA) services are focussed on acute care needs. MLHD MHDA services are provided to people with moderate to acute or severe mental health as well as drug or alcohol conditions. The MHDA team is centrally located in Temora; to provide equitable access to the communities it covers including Cootamundra, Junee, West Wyalong, and Coolamon. The team provides a variety of free services to local and surrounding communities.

Referrals to the services are via an Accessline or MHECS. Current there are no waiting lists for the services. The service can support children and adolescents, adults and older people in a way that is close to home, personalised, evidence-based and focussed on a person's own goals for recovery. Support is provided both face to face and via Virtual Care so that clients can access services in a way that suits them.

The following specialties are provided in Temora and surrounding areas including Coolamon:

- Child and Adolescent Mental Health
- Youth Mental Health
- Adult Mental Health
- Older Person's Mental Health
- Consumer Peer Support
- Aboriginal and/or Torres Strait Islander Mental Health
- Farming Community counselling

Additional Mental Health Support workers are available to support the community through the impact of the CoVID pandemic on mental well being.

MLHD Accessline is staffed by mental health clinicians who can provide assessment and advice to people experiencing mental health issues or distress. They can also assist people caring for a loved one with mental health challenges.

Accessline can make referrals to the most appropriate service to meet the client's needs. This may include referral to the Deniliquin Community Mental Health Drug and Alcohol Services.

Services are available 24 hours a day, 7 days a week.

The Temora MHDA team works with a range of community based mental health and drug and alcohol services via a stepped care model, provided through other agencies including:

- **Murrumbidgee Primary Health Network**
  - My Step Mental Wellbeing – Delivers services in a stepped care model, offering different types of interventions at different levels of intensity to meet the needs of the client. This program offers in reach services into residential aged care also.
  - **Psychological services for people accessing Aboriginal Medical Services** in Griffith or Wagga Wagga
- **Riverina Headspace**
  - Counselling and programs for children and adolescents aged 12 – 25yrs
- **Anglicare**
  - FACS out of home care support
- **Towards Recovery (formerly PHAMS)**
  - People Helpers and Mentors Services for people with a mental illness
- **Flourish Australia**
- Psychosocial support in the home for people with severe or enduring mental illness**Carer Assist**
  - Carer Assist provide a family and carer support and advocacy service
- **Wellways - The way back service**
  - Psychosocial support in the home for people with severe or enduring mental illness
- **Mission Australia**
  - Counselling and family support
- **Relationships Australia**
  - Couples and family counselling therapy
- **Family Referral Service**
  - Co-ordinate referrals for vulnerable younger people
- **Brighter Futures (FACS)**
  - Counselling for families, parents and young people – early intervention via FACS
- **Pathways**
  - Treatment and support services for people impacted by methamphetamine (Ice) and other drug use.

13.4 Disability Services

Aged and disability care and assistance including Home and Community Care services (and Aboriginal Home Care Services are provided through a range of suppliers and brokered services.

There are numerous organisations with a presence in Coolamon, who provide services for people with disabilities including but not limited to:

- Right at Home Southern NSW:
- Pinnacle Community Services assist frail aged people and younger people with disabilities who are at risk of premature or inappropriate admission to permanent residential care, to maintain independence living in the community.
- Disability Education and Awareness Services (IDEAS) provide disability education, and support to locate hard to find disability and age-related information.
- Intereach Ability Links provides assistance for people with a disability aged nine to 64 years, their families and carers to live the life they want to live.
- Aspire Support Services provides funds for eligible clients in Wagga Wagga and surrounding areas to access early intervention, flexible respite for children and adults with moderate to high support needs, frail and aged carer respite, and peer support programs.
- Home Care Service provides case management services for people with an intellectual disability from school age (DADHC). Additionally, they provide services to assist frail older people and younger people with a disability to remain living independently in their own homes.
- The Council auspice Community Transport, which is funded through the Home and Community Care Program for the frail, elderly, people with a disability and their carers for health-related transport.
- Australian disability enterprises provide support for employment for adults with disabilities – funded by FACSIA.
- Flexible Options provides individual support for adults with a disability and the frail aged with in home and out of home care support.

13.5 Children's Support Services

Two-day care facilities, preschool, music group, private primary school (k-6) and central school (k-12). After school care is available.

For information and or referral for additional support for children and families please contact Intereach Community Hub.

13.6 Service Guide

For information on Council services – please contact the Council and request a copy of the Council's New Residents Kit.

14. Private Services

There are multiple private health services operating in Coolamon as follows:

- General Practice; with visiting specialists,
- Dentist.
- Aged Care Home Care Services
- Podiatrist (Wagga Foot Clinic).
- Pharmacies (3) in Coolamon Shire Council
- Optometrist.
- Physiotherapy – Active Physiotherapy coolamon opened in Feb 2022

- Pathologist – Douglas Hanly Moir (picked up at GP clinic).
- Private counselling

15. WORKFORCE

The current staff mix meets emergency, inpatient and residential care needs. Recruiting staff for the MPS is increasingly challenging, with increasing numbers of agency staff required. Clinical staff shortages are a national issue, especially in rural and regional areas.

Community health demand, particularly for allied health services is exceeding workforce capacity, with some programs having to develop strict criteria to focus on priority areas in order to manage waiting lists. Allied health and community drug and alcohol programs have seen increasing demands. Vacancies exist for some services, and recruitment can take time, which impacts waiting lists. Vacancies exist for some services and recruitment can take time.

There is no staff accommodation which impacts on recruitment.

CURRENT STAFF PROFILE

A high-level review of existing workforce in January 2020 indicated that at that time:

- There were 13 Full Time Equivalent (FTE) staff at the Coolamon-Ganmain MPS.
- The hospital campus and community health comprised 19 FTE, Health share 4.7.
- Nurses make up 89% of the hospital and community health workforce.
- 36% of nurses were 55 years and older.
- 21% of all female nursing staff were under 35 years of age.
- 10% of the workforce were full time.
- Very few staff are casual, however there are two of the 6 RNs are agency.
- 5.0% of the workforce identified as Aboriginal or Torres Strait Islander.

This does not include contracted workforce such as HealthShare, or medical workforce.

FUTURE STAFF PROFILE

A reorganisation of existing workforce will be required to meet the increased capacity in the inpatient setting and development of outpatient, community and ambulatory care services. Enhancements will be required to meet the service changes. Collocation of the outpatient's centre services will provide efficiencies for administrative support.

Staffing levels for the future Coolamon-Ganmain MPS will need to cover:

- Role Delineation Level 2 Emergency Department.
- A 12 bed Residential Aged Care Service.
- 20 inpatient beds.
- Outpatients, community health and home-based care including nursing, allied health and mental health/ drug and alcohol.
- Aboriginal Health program delivery.
- After hours GP service; and
- Level 2 radiology service.
- Level 2 pathology service; and
- Level 2 pharmacy service.

The MLHD Workforce Planning Team will work with the Temora Cluster Manager, Facility Manager and Stream Managers to develop a Workforce Plan to meet recommended service delivery requirements.

The Nursing and Midwifery Directorate will be engaged to establish skill mix requirements based on the relevant current Award determinations, to reflect the Public Health System Nurses' and Midwives' (State) Award requirement.

Other Stream/ Directorate managers requiring input include the Executive Director Medical Services, Director Allied Health, Director Mental Health/ Drug and Alcohol, and Manager Aboriginal Health. Visiting Specialists from WWBH will need to be consulted about models of care and any local workforce implications.

One of the biggest issues affecting health service delivery is staffing. Ability to fill vacancies with permanent or agency staff has become increasingly difficult. A significant factor is lack of appropriate staff accommodation. This has a major impact on the health service's ability to attract and retain staff. There are very few properties in town either for purchase or rental.

Suitable short term and long-term accommodation is a major draw card for attracting workforce. The provision of accommodation on the hospital campus to accommodate new staff in the short term, visiting staff, staff rotating from other sites and agency staff will be essential. The provision of long-term accommodation needs to be flexible to meet the changing needs of the hospital staff.

16. Service Gaps and Opportunities

A number of gaps and opportunities were raised at consultations for Coolamon Ganmain MPS as follows:

- A facility with good functional relationships which supported patient privacy, and staff and patient safety. The current building does not have the capacity to meet the needs of the community and will not support best practice models of care into the future.
- Medical imaging.
- Increased capacity of the inpatient unit.
- Home like environment and inviting social spaces in residential aged care with spaces for family to gather with residents, break out space, activities area with kitchen, pleasant outdoor spaces that are safe for residents with a lived experience of dementia.
- Staff office and break rooms, meeting and training spaces
- Creation of a wellness model, bring all community health and outpatient staff into the same facility.
- Staff accommodation 5 units, staff have rescinded contracts as they cannot find accommodation
- Appropriate storage for now and into the future.
- Improved facility security and access.
- Increased pathology services.
- Interest in accessing central telehealth facilities.
- Virtual Care to support all services including community health/ outpatient services and the GP on call model.
- Community rehabilitation support to allow early return from higher level services including

pulmonary and cardiac rehab programs and allied health staff.

- Access to more allied health services including Physiotherapy, Speech Pathology, Occupational Therapy and Podiatry services.
- Community based outreach, outpatients and hospital avoidance models of care with clear pathways to access.
- Weekend and after-hours community palliative care services and inpatient end of life care infrastructure for patients and relatives.
- Mental Health and Drug and Alcohol services to meet increasing demand –
    - Youth, specifically child and adolescent Psychologist and Social Work availability.
    - Aboriginal specific Mental Health and Drug and Alcohol services.
    - Interagency service coordination.
- Community exercise and wellness groups.
- Sustainable specialty Paediatrician and children's allied health services to meet increased demand of children with complex needs.
- Public transport to access hub services in Wagga Wagga.
- Health literacy and service availability knowledge; increasing awareness of community health and allied health services and how to access them.
- Community high care Aged Care Packages.
- Coordinated care with primary health services and NGO's.

Disjointed service delivery across the campus impacts on patient outcomes. Improved connectivity between inpatient, outpatient/ community, GP and specialist services will have a benefit for staff interaction and ultimately for patient experience and health outcome.

There are opportunities for the facility to provide services more efficiently and provide additional services closer to home for residents of the catchment. This could include reversal of some regional flows to Coolamon services for lower acuity inpatient services, including but not limited to long stay infection management.

Implementation of contemporary models of care is limited by existing poor functional relationships and existing infrastructure. There are however opportunities in the short, medium and longer term to improve functional relationships, patient privacy and staff and patient safety. Minor improvements funded by MLHD have been undertaken internally. Larger capital improvements such as a total facility upgrade will require funds to be sourced elsewhere.

The current Emergency Department has had some minor upgrades. However, the flows remain suboptimal with a lack of line of sight between the resuscitation bay and the other treatment bay. The facility lacks a triage space and flows between the ED, staff station and waiting areas are through the entry/reception space which impacts on privacy of patients with the public transitioning through this area. There is no area that can be acoustically and visually separated for agitated or paediatric presentations.

There will be a significant increase of inpatient capacity. This will accommodate Coolamon Shire Council residents having to be treated elsewhere, it will provide additional capacity to certain care types from Wagga Wagga and surrounding facilities that are operating at high occupancy. This will ensure that clients are treated closer to home.

There is currently no ambulatory care/ outpatient model. Due to the multiple buildings from which individual services are currently being run, there is no cohesive service model or ability to share administration functions or enhance workforce and facility efficiencies. A flexible

ambulatory care/ outpatient/ wellness hub could incorporate renal, dental, visiting specialist and GP clinics, rehabilitation, and community health (including Mental Health/ Drug and Alcohol and visiting services). There are opportunities for this hub to be a 12-hour zone to provide extended hours of service and be flexible enough to use some rooms for after-hours GP services. A lack of clinic/consultation space was highlighted for community health and mental health/drug and alcohol services. Visiting services are not able to travel together (efficiency and safety) as there are not enough clinics/ consult rooms to accommodate them. The ability to share clinic/consultation spaces, particularly for specific needs such as play therapy and family consultations across specialties provides a much more efficient model for future service delivery. It also improves safety for staff and clients.

Opportunities exist for improved out of hospital/hospital avoidance models of care. An analysis of the viability of a HITH service is required. Outpatient service delivery requires a review to reduce patient waiting times and impact on ward staff that have responsibilities for inpatients and the ED.

Nursing and medical staff indicated that the need to transport patients for ultrasound and xray was not best practice and impacted on patient comfort and experience. Transfers are done via the patient transport unit or NSW ambulance. The transport costs for these transfers are not insignificant. Consumers are often admitted and treated where the scan is completed, generally WWBH, which is a busy service. This often results in treatment delays. Xray and ultrasound services will be imperative to provide contemporary care for definitive diagnosis.

A cardiac rehabilitation program was identified as a current gap. It is a group-based service for people 65 years and over and would fit within an outpatient hub with other outpatient rehabilitation services. Facilities for large group activities such as cardiac rehabilitation, community exercise and stepping on programs was highlighted as an issue. It impacts on the frequency or ability to run these important programs, which impact on hospital admissions.

Demand for allied health services is higher than service capacity. Services are prioritised, however gaps for children with disability/ high needs were highlighted by service providers at consultations (long term requirements). The schools also highlighted the gap for speech pathology and occupational therapy services. Children with issues are being identified in primary school as the issues have not been picked up in preschool. This puts the children behind with learning. Further discussions with other service providers will be required to meet this demand.

Acute Mental Health/ Drug and Alcohol services are busy in Coolamon; however, the team believe there are adequate services available. There have been some recent vacancies for other providers, which may be influencing perceptions that services are not available. The lack of community awareness about mental health services provided by NGO's adds to this issue. Collaborative efforts between MLHD, MPHN and other key service providers of social support and mental wellbeing services occur through the Coolamon Shire Council interagency.

Mental Health and Drug and Alcohol services highlighted a gap for appropriate family meeting space and play therapy areas for the child and adolescent services. Larger consultation space will also be required to meet the needs of multidisciplinary consultations with/without the addition of telehealth for remote team members.

A District wide review is underway into palliative care services. After hours and weekend support for carers and patients in the community is an issue for many communities. Any changes for Coolamon will be in line with District wide recommendations. The infrastructure

requirements to improve end of life care in the inpatient setting will be incorporated into infrastructure improvements including development of a quiet room with beverage bay for family.

Sustainable services to meet the needs of children with complex care needs including disability and diabetes will need to be explored with the GP practice, the MPHN, Non-Government providers and MLHD.

Access to Aboriginal health programs and liaison services appear to not to be well understood. Opportunities exist to improve visibility of the service to increase referrals as required.

The availability of practitioners to provide women's health services needs to be developed with MLHD, MPHN and the GP services in the Coolamon Shire Council as a whole, including promotion of Breast Screen.

Public transport for access to and from health facilities is aligned to accessing services in business hours. There is an opportunity to look at alternative transport to support the hub and spoke network within MLHD through use of patient transport vehicles.

The LHAC have identified a role to develop and maintain a health service directory to improve public awareness of services available. They are also keen to be involved in improving health literacy. In conjunction with community health services, public health services, health promotion, MPHN, and the Interagency meetings, there are opportunities for the LHAC to increase health literacy in the community. It is a focus for the LHD and LHACs to deliver community specific health message through local media.

The LHD will support Aged Care providers with any applications to support elderly people in the community. This will assist to keep people well in their homes and provide a pathway for care from the home for community health and inpatient services through early identification of issues.

Ongoing relationships with regional services continue to improve patient care across the continuum. As improved bandwidth and Telehealth services expand, additional opportunities will be explored, including specialist outreach services via Telehealth and follow up outpatient clinic reviews by MLHD services.

Planning for Coolamon Ganmain MPS includes identifying opportunities to improve health literacy, community health and outpatient services, ambulatory care services and working in closer partnership with the Primary Health Network, GP's and Non-Government Organisations (NGO's). Coolamon Ganmain MPS has established relationships with Allawah Lodge, a residential aged care facility located adjacent to the hospital.

The use of e-Health and other technological developments such as Virtual Care and Telehealth are changing the landscape of how services are being delivered. This aligns with both the NSW Health Future Health NSW 20 Year Health Infrastructure Strategy by enabling e-Health and other technologies to improve information exchange between NSW Ambulance, GP's and local Health facilities, and improve integrated care for patients. Seeing health services further integrate online data sharing is seen as beneficial to consumers.

The use of Virtual Care/Telehealth is providing an opportunity for the physical on call GP model to become a virtual on call service, linking GPs by videoconference to the participating facilities. Virtual Care/Telehealth between the four sites is already in place and the governance is being reviewed by MLHD. This model will reduce the need for patients to travel and will provide care closer to home. It will also free up ambulance services to respond to calls.

There is no staff accommodation. The facility cannot accommodate staff relocating to the community, agency staff, students, new graduates, and staff doing late/ early shift changes. There is no capacity for visiting specialists to overnight or for extended family from distant communities providing palliative care support. is a need for five staff accommodation rooms and family overnight accommodation. There is no temporary/ short term accommodation available in Coolamon, which impacts on the ability to recruit if no staff accommodation is available locally.

An increase in pharmacy support is required to provide imprest review and medication reconciliation enhancement and provide antimicrobial stewardship.

Coolamon Ganmain MPS is one of the top five capital project priorities for MLHD. The MLHD Asset Strategic Plan articulates the gaps for Coolamon Ganmain MPS that impact on service delivery. Coolamon Ganmain Health Service capital project is for a redevelopment of the facility. A redevelopment will enable introduction of new models of care to be introduced, with benefits articulated above. Proposed services include:

- Level 2 ED consisting of 1 resuscitation bay, 1 general bays, 1 quiet room, 1 consultation/interview room and standard components.
- 20 Inpatient beds.
- 12 Residential aged care beds within a homelike environment including lounge, dining and activities/entertaining spaces.
- Shared quiet room for family caring for palliative care patients.
- Wellness Centre with education and group therapy services incorporating.
    - Enhanced community health services.
    - Ambulatory care (Hospital in the Home (HITH) or similar model; and
    - Outpatient services (allied health, specialist clinics, GP services, wound care, etc.).
- Level 2 Radiology service.
- Level 2 Pharmacy service.
- Level 2 Pathology service.
- Staff accommodation (5 required).

The recommended configuration is based on an ongoing need to provide services to be delivered closer to home and reduce reliance on extended lengths of stay in WWBH and other higher-level facilities.

17. IMPLEMENTATION PLAN

Key Priority Area/ Strategy	Action Required	Responsibility for coordination
Within 6 Months		
Investigate Ambulatory Care/ Outpatient/ Hospital in the Home models of care to reduce hospital admissions and length of stay and improve efficiencies	Review data for avoidable hospitalisations for Coolamon Analysis of patient numbers who would be eligible for ambulatory care / outpatient-based services /HiTH service if it were available Review of hospitalisations of patients with ambulatory sensitive conditions Analysis of patient numbers who would be eligible for ambulatory care/ outpatient-based services/ HITH service if it were available (for a 3–6-month period)	Cluster Manager and facility manager working with: • Integrated care team members • Director Nursing and Midwifery • Relevant CNC's • Stream Managers
Review current Medical Imaging arrangements to align with proposed services	Develop strategies aimed at enhancing services	• Cluster Manager, Facility Manager, MLHD Imaging Manager
Review current pathology arrangements to align with proposed services	Develop strategies aimed at enhancing services	• Cluster Manager, Facility Manager, NSW Health Pathology
Review Models of Care to support developing a centre of excellence for infection management	Identify medical, nursing, pharmacy, allied health and other support services required	Cluster Manager, Facility Manager working with: • General Practice • infection control, • Wound CNC/NP
Continue interagency meetings	Review how this group can best support the community and in particular older people.	Cluster Manager, Facility Manager • MPHN • NGO • Aged care providers GP
Within 12 – 24 Months		
Review patient flow protocols and map how procedure may be refined to determine eligibility for consumers to be transferred to Coolamon	Investigate patient flow protocols and map how procedure may be refined to allocate approroate consumers to Coolamon. Consider eligibility criteria for care.	Cluster Manager, Facility Manager, Manager Patient Flow

Key Priority Area/ Strategy	Action Required	Responsibility for coordination
	Assess how carers and family might be engaged and supported	
Ongoing		
Improve health literacy and knowledge of service availability for community and service providers.	Work with Health Promotion team, falls prevention, Community Health, GP's, MPHN to promote good health messages Maintain current MLHD service details in the Council interagency service directory Attend Interagency meetings quarterly	Facility Manager with: • Health Promotion Officer • Murrumbidgee Primary Health Network • LHAC • Council
Improve integrated care opportunities and improve awareness of MHDA services across the continuum and appropriate access mechanisms	Increase interagency membership and attend regular meetings to maintain awareness of community services and integrated care opportunities Regular meetings with GP's and MPHN	Facility Manager, MHDA Manager, LHAC Chair

18. EVALUATION AND REPORTING

Evaluation and monitoring of services will be ongoing. This will include:

- The Cluster Manager and Deputy Manager, in consultation with MLHD, the LHAC and staff, will prepare an Annual Operational Plan to indicate the relevant service priorities for the coming year. The plan will be reviewed on a regular basis to ensure services are provided in accordance with current demand;
- Integrated care meetings between multiple health service providers will monitor on-going demand against service availability. This will include access to primary health and prevention services, services provided in the home, in acute and in residential care settings;
- Health services will be provided in accordance with latest evidence-based guidelines;
- Appropriate benchmarking of services will occur to ensure they are cost effective and efficient;
- Performance indicators, as required by MLHD will be monitored and routinely reported;
- Relevant questionnaires, surveys, interviews, etc., may be conducted to monitor and review service provision;
- External surveys may be conducted to objectively evaluate service delivery and accompanying standards; and
- Timely reviews with community input will be conducted to assess if service levels are meeting demand.

19. APPENDICES

APPENDIX 1: COOLAMON ROLE DELINEATION – CURRENT AND PROPOSED

Service	Current	Future	Service	Current	Future
Clinical Support Services			**Surgery**		
Anaesthesia and Recovery	2	2	Burns	1	1
Operating Suites	1	1	Cardiothoracic Surgery	NPS	NPS
Close Observation Unit	1	1	Ear, Nose & Throat	NPS	NPS
Intensive Care	NPS	NPS	General Surgery	1	1
Nuclear Medicine	NPS	NPS	Gynaecology	1	1
Radiology/ Interventional Radiology	NPS	2	Neurosurgery	NPS	NPS
Pathology	2	2	Ophthalmology	1	1
Pharmacy	2	2	Oral Health	1	1
Core Services			Orthopaedics	NPS	NPS
Emergency Med	1	2	Plastic Surgery	NPS	NPS
Medicine			Urology	1	1
Cardiology and Interventional Cardiology	1	1	Vascular Surgery	NPS	NPS
Clinical Genetics	NPS	NPS	**Child and Family Health Services**		
Dermatology	1	1	Child and Family Health	2	2
Endocrinology	1	1	Child Protection Services	1	1
Gastroenterology	1	1	Maternity	1	1
General and Acute Medicine	1	2	Neonatal	1	1
Geriatric Medicine	1	1	Paediatric Medicine	1	1
Haematology	NPS	NPS	Surgery for Children	1	1
Immunology	1	1	Youth Health	2	2
Infectious Diseases	1	1	**Mental Health and Drug and Alcohol Services**		
Neurology	1	1	Child/Adolescent MH	2	2
Oncology - Medical	1	1	Adult MH	2	2
Oncology - Radiation	NPS	NPS	Older Adult MH	1	1
Palliative Care	2	2	Drug & Alcohol Services	2	2
Rehabilitation	1	1			
Renal	1	1			
Respiratory and Sleep Medicine	1	1			
Rheumatology	1	1	**Community Based Health Services**		
Sexual Assault	1	1	Aboriginal Health	2	2
Sexual Health and HIV Medicine	NPS	NPS	Community Health	2	2

APPENDIX 2: CONSULTATION PLAN

Engagement with stakeholders is a key component of effective planning. A formal Stakeholder Engagement Plan was developed to ensure that a strong collaborative approach was undertaken to work with the community and organisations within the community to explore opportunities for health, maintaining health, and providing interventions when ill-health arises is expected.

A key objective was to ensure responsibility for services/ improvements is clearly articulated to ensure that stakeholders and service partners understand the purpose for the work as well as the expectations and responsibilities for their involvement in the process.

It should be noted that extensive consultations were undertaken as part of the planning for the draft Coolamon-Ganmain MPSs Plan. Engagement undertaken during this planning process was used to build on the existing information obtained during previous planning exercises.

Several different methodologies will be enacted to optimise the information obtained to ensure the Plans meet the key objectives of the planning process.

These included but were not limited to:

1. Engagement with key stakeholders - one on one consultations
2. Group sessions
3. Virtual meetings
4. On-line Survey
5. Inviting comment on the draft CSPs
6. Endorsement of the draft CSPs

Representatives who attended the consultation sessions included local health service staff and management, district specialty staff, LHAC members, VMOs/GPs, aged care stakeholders and Cooalmon Shire Council. In addition, invitations were also sent to Murrumbidgee Primary Health Network and NGO's providing health and social services. For those unable to attend, additional information was gathered via phone calls and an online survey (300 responses). Virtual or phone contact was made with MLHD Executive and staff members, NSW Health Pathology, and HealthShare NSW.

The Draft Plan will be reviewed by the MLHD executive prior to key stakeholder review (four week turn around). The final draft plan will be endorsed by the MLHD Executive prior to being submitted for final endorsement to the MLHD Board.

APPENDIX 3: ABORIGINAL HEALTH IMPACT STATEMENT

This statement is a summary of the requirements within the Aboriginal Health Impact Statement Policy PD2017_004.

Murrumbidgee LHD has a higher proportion of Aboriginal people than the state with 4.1% compared to 2.5% Aboriginal population and therefore service impacts are even more pertinent. Within the District, LGAs with the highest proportions of Aboriginal people are Lake Cargelligo area 14%, Murrumbidgee Shire (10%) and Narrandera (10%) and the highest disadvantaged Aboriginal communities in MLHD were around Young, Deniliquin, Gundagai and Griffith.

It is noted that Aboriginal people represent 5% of the hospitalisations for MLHD residents and 6% of preventable hospitalisations. Particular categories where Aboriginal people are "over-represented" proportionally are dialysis and mental disorders and the acute preventable hospitalisations.

The Coolamon-Ganmain MPS Plan will build upon the existing initiatives and propose infrastructure redevelopment to provide an updated facility to support the existing Aboriginal health programs in the District.

It is acknowledged that barriers to service access potentiate health problems for the Aboriginal population. At Murrumbidgee LHD, Aboriginal Health staff are at hub sites, including Temora, with outreach sites in surrounding communities. The staff provide support by personally visiting patients in hospital and community settings, and facilitate and implement health programs within their region to act as the connection between the hospital and patients. These staff are both Aboriginal and non-Aboriginal, and increase the availability and access of services at all levels, not just in the hospital setting, respecting and incorporating traditional preferences.

It has also been noted that 4% of the Aboriginal population are aged 65 years and over which will continue to be addressed as the non-Aboriginal ageing population increases and services shift to focus on appropriate delivery of aged care programs and services.

Consultation occurred with the Aboriginal Health unit, local Aboriginal Health staff and local Aboriginal community representatives as part of the consultation process in the development of this plan.

The requirements of Aboriginal clients will be informed by consultation with Aboriginal Health Unit staff and Aboriginal community members through the facility planning phase.

APPENDIX 4: ABBREVIATIONS

ACAT	Aged Care Assessment Team
AHW	Aboriginal Health Worker
ASP	Asset Strategic Plan
ATSI	Aboriginal and Torres Strait Island
CALD	Culturally and Linguistic Diversity
CHOC	Community Health Outpatient Clinics
CNC	Clinical Nurse Consultant
DOHRS	Department of Health Reporting System
ED	Emergency Department
EMR	Electronic Medical Record
ESRG	Enhanced Service Related Group
FTE	Full time equivalent
GSAHS	Greater Southern Area Health Service
GP	General Practitioner
HACC	Home and Community Care
HITH	Hospital in the Home
ISC	Inpatient Statistics Collection
LGA	Local Government Area
LHAC	Local Health Advisory Committee
LHD	Local Health District
MAP	Murrumbidgee Action Plan
MHECS	Mental Health Emergency Consultation Service
MLHD	Murrumbidgee Local Health District
MPHN	Murrumbidgee Primary Health Network
MPS	Multipurpose Service
NAPOOS	Non-Admitted Patient occasions of service
NGO	Non-Government Organisations
OT	Occupational Therapist
PACS/RIS	Picture Archiving and Communication and Radiology Information System
PPH	Potentially Preventable Hospitalisations
RN	Registered Nurse
SRG	Service Related Group
VMO	Visiting Medical Officer

APPENDIX 5: FEEDBACK RECEIVED

TO BE INCLUDED FOLLOWING COMMUNITY CONSULTATION

APPENDIX 6: REFERENCE DOCUMENTS

NSW Government Publications

- NSW Making it Happen
- NSW Department of Planning, Innovation and Environment
- Riverina-Murray Regional Plan 2036

Health Publications and Resources

- CaSPA (Clinical Services Planning Analytics Portal)
- NSW Health, Guide to the Role Delineation of Clinical Services, 2019
- NSW Future Health Guiding the next decade of care in NSW 2022-2032
- NSW 20 Year Health Infrastructure Strategy
- NSW Maternity and Neonatal Service Capability Framework
- NSW Health Pathology Clinical Services Plan 2019-2025
- Health Statistics NSW: http://www.healthstats.nsw.gov.au
- MLHD Clinical Services Framework 2021-2026 Draft v1.3
- Healthy Built Environment Checklist
- Australian Bureau of Statistics
- Australasian Health Facility Guidelines
- Murrumbidgee Primary Health Network Strategic Plan 2019-2022

Murrumbidgee Local Health District Publications

- MLHD Strategic Plan Exceptional Rural Healthcare 2021-2026
- MLHD Service Agreement
- Murrumbidgee Local Health District Chief Executive Goals
- MLHD Rehabilitation Clinical Service Plan – currently under review
- MLHD Renal Clinical Services Plan 2 currently under review 013-2017
- MLHD Surgical Services Plan – currently under review
- MLHD Mental Health and Drug and Alcohol Clinical Services Plan - currently under review
- MLHD Aged Care Clinical Services Plan 2 - currently under review
- MLHD Asset Strategic Plan 2021-22
- Wagga Wagga Health Service Aboriginal Health Service Model of Care July 2020 Revision 2

Local Government Publications

- The Coolamon Shire Council 2030 Community Strategic Plan

APPENDIX 6: OPTIONS CONSIDERED

The options listed below were generated through consultation, research and investigation throughout the course of the plan development. This list demonstrate that planning considers a wide range of potential service developments and applies a rational assessment process to their development. Listed as models of care or service developments, each item was discussed and researched for viability.

The process documents options considered in arriving at a recommended outcome.

New model of care or service development	Acceptable/ Feasible	Effective	Justification	Capital Infrastructure implications
Increase inpatient acute beds to 16 based on health app projections.	Yes	Yes	Accommodate local people close to home and improve efficiencies	Yes
4 beds additional required for subacute activity.	Yes	Yes	Accommodate local palliative and maintenance clients and regional maintenance clients	Yes
Wellness center and hospital avoidance model	Yes	Yes	Focus on prevention, and early intervention	Yes
Medical Imaging	Yes	Yes	Baseline service to accommodate increased inpatient activity. Prevents local consumers being transferred and admitted for care and imaging.	Yes
Increase in Residential Aged Care Beds	Yes	No	Aged care is not the core business of the MLHD and there are private operations in the LGA looking to expand. MLHD is not wanting to compete for the same residents and impact viability	No
Staff Accommodation	Yes	Yes	Critical infrastructure for the future. Offers have been made to new staff and then declined because housing could not be found.	Yes
Operating theatre or day	No	No	Capacity in nearby district facilities is not fully utilised. There is not enough local demand to support the service	No

procedure space				
Maternity Service	No	No	Capacity in nearby district facilities is not fully utilised. There is not enough local demand to support the service Investigated options for ophthalmology, dental and minor orthopaedic	No
Inpatient Rehabilitation service	No	No	Does not align with the Rehabilitation strategy. There is capacity in other regional facilities. It was noted that deconditioning of long term/long stay clients is an issue and Allied Health consults may be needed to address this.	No
Brain Injury Service	No	No	Does not align with the Rehabilitation strategy. There is capacity in other regional facilities.	
Urgent Care Centre	No		Activity is increasing and it was decided to continue the range of services in a full 24 hour Emergency Department.	