Harvey Service Plan
WA Country Health Service

Final Version
Endorsed 18th October 2011

Working together for a healthier country WA
VERSION CONTROL

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I certify that the *Service Plan* has been developed to my satisfaction, and that all project deliverables/requirements have been stated within the document.

**Endorsed by**

**Regional Director:** Date:

**To be completed by the Chief Executive Officer**

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**Chief Executive Officer:** Date:

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1 EXECUTIVE SUMMARY

The purpose of this Service Plan is to establish the health service delivery strategy for the Harvey Health Campus in the Leschenault Health District within the greater WA Country Health Service (WACHS) – South West Region.

Planning Context

The town of Harvey is situated in the northern part of WACHS South West Region. Harvey supports a wide diversity of industries, including: beef production, citrus growing, dairy farming and viticulture. Most employment in the area is generated by agriculture, bauxite mining (Alcoa), tourism and the industrial parkland, Kemerton, with its production-based industries.

Key Features of the Catchment Area influencing Delivery of Services

The primary catchment area for the Harvey Health Campus is defined by the Australian Bureau of Statistic’s Harvey Part A and Harvey Part B Statistical Local Areas (SLAs). However, the population of ‘Harvey Part B’ is the predominate user of the Harvey Health Campus. It is a stable but aging population of around 8000.

- Over half of the separations from the Harvey Health Campus involve people aged 65 years and over;
- Over half the occupied bed days in 2009/10 were for nursing home type patients and patients coded as ‘maintenance’;
- More than one in ten adults (12.2%) had a current mental health problem. Females reported more than twice the prevalence of men;
- Nine in ten South West adults (87.3%) and 69.3% of children reported having used a primary health care service. The child utilization was significantly lower compared with the State;
- There has been an 11% increase in inpatient activity at Harvey Health Campus from 2007/08 – 2009/10. The growth is in medical/surgical activity, drug and alcohol assessment/treatment services and non-acute care. Non-acute care includes rehabilitation, non-acute palliative care, nursing home type and maintenance Enhanced Service Related Groups (ESRG);
- The data shows whilst there has been a 1% increase in total Emergency Department presentations, the acuity has increased with triage 1 and 2 increasing by 76% and 52% respectively. This increase in acuity is more than likely the result of a change in the categorisation of patients rather than a change in the actual acuity. Triage 5 presentations may reduce due if there is an increase in local GPs able to manage these types of presentations;
- A large proportion of residents (approximately 1 in 3) of Harvey Part A and Harvey Part B receive inpatient services at a private rural hospital (likely to be in Bunbury);
The Australian Early Development Index (AEDI) measured the ‘Physical Health and Wellbeing’ of a selection of children in the Harvey area - 20% were found to be developmentally vulnerable.

**Current Service Profile**

Under the WA Clinical Services Framework 2010-2020, Harvey Hospital is designated as a ‘small hospital’ and forms part of the WACHS Southwest integrated network of services. Harvey is supported by the Bunbury Hospital, as the network ‘hub’ for hospitals in the South West and the regional resource centre for the region.

Harvey Hospital is defined as a Small Hospital (Level 1) with service integration to the Regional Resource Centre in Bunbury (Level 4-5) and metropolitan hospitals (Level 5-6).

Harvey Hospital currently provides:

- sixteen Inpatient medical and surgical beds;
- ten Aged care beds (high care); and
- two Emergency Bays.

The current activity at Harvey Hospital is summarised in Table 1. Multi-day separations have remained stable, whilst same-day separations have increased by 44% (please note the small numbers).

**Table 1: Current inpatient activity (2007/08 – 2009/10)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity, by financial year</th>
<th>% change (2007/08 - 2009/10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007/08</td>
<td>2008/09</td>
</tr>
<tr>
<td>Multiday separations</td>
<td>598</td>
<td>638</td>
</tr>
<tr>
<td>Same-day separations</td>
<td>88</td>
<td>107</td>
</tr>
<tr>
<td>Total separations</td>
<td>686</td>
<td>745</td>
</tr>
</tbody>
</table>

Source: Excludes unqualified neonates and boarders. Source: WAHCS online ATS detail pivot, extracted 10 February, 2011

**Proposed Directions for Service Delivery**

To ensure that Harvey Hospital is able to operate in a clinically effective and efficient manner in the future there is a need to redefine the service model provided. The redevelopment of the facility provides opportunity to develop a model of care for Harvey Hospital that will ensure long term sustainability of the Harvey Health Campus. Key to this model of care is:

- the establishment of the Harvey Health Campus as a central integrated health facility for the catchment area. The facility will have capacity for health and other human services to be based at it, or to visit it on a booked basis;
- the facility will utilise health technology and 'e' health innovation such as Telehealth and electronic medical records, to provide more direct clinical care. Working with the WACHS Southern Inland Health Initiative project, technology will be employed to reduce patient and staff travelling and improve workforce orientation and training capacity;
the facility will focus on providing a greater range of ambulatory health care services in Harvey for planned same day activity. This would include providing physical resources for visiting medical specialists, outpatient type activity, some planned GP led procedural activity (within established clinical parameters) and other visiting/community based health and non health human service/NGO type services (private and public). This case management model will enable an integration of all ambulatory care type services from all providers for patients with chronic disease;

- consolidation of residential aged care beds into a single residential aged care facility in Harvey. In the future it may be possible to establish a new purpose built residential aged care facility potentially adjacent to the Harvey Health Campus;

- Harvey Hospital should utilise current excess inpatient bed capacity for designated and resourced inpatient programmes such as sub-acute Care, Palliative Care and step down post acute care for local patients following discharge from other hospitals, such as metropolitan hospitals or Bunbury Hospital;

- enable greater utilisation of the Harvey Hospital Procedure room for clinically appropriate non-GA procedures and scopes; and

- where possible consolidate and improve access to the full range of primary health care services, ante natal and post natal, residential aged care, chronic disease and other disorders of aging, such as depression, dementia and cancer to respond to the aging population of the catchment.

The information contained within the Service Plan will provide guidance for services in the catchment as they work towards consolidating improved models of care and will assist in informing the development of future business cases for the potential redevelopment of services, in particular the Harvey Health Campus.

**Translation of Service Requirements to Facility Requirements**

A budget of $13.9 million has been allocated for the redevelopment of Harvey Hospital.

The Service Plan will also assist in informing the development of future business cases for the potential redevelopment of services. As part of the redevelopment the following facility requirements would be required to provide capacity for demand projected to 2021/22.

The table below summarises the projected bed numbers for the Harvey Health Campus as per the Hardes data projections. There is however no intention to reduce the acute bed numbers at Harvey Hospital. Hardes data does have limitations and this is often more apparent for non-metropolitan facility projections. As demand projections are based on geographic place of residence, the projections may actually indicate declining activity if the input data had a downward trend in demand due to a lack of supply of services. If unadjusted this results in a projected decline in activity. Other issues affecting the projections can include the impact of a change in facility supply or clinician availability which can result in a sharp downward trend in activity which distorts the projection output.

Therefore supplementary data which analyses the types of services the catchment population is accessing outside Harvey, and general health status
information is intrinsic to determining the health service and facility needs of Harvey catchment population.

An additional limitation of the projections is that they are based on status quo model which anticipates that the model of care and services provided will remain unchanged. Therefore the data is less meaningful in the case of a facility such as Harvey which is exploring new models of care and changing the focus of the care they provide.

Table 2: Summary of Facility Requirements for Harvey Health Campus (projected to 2021/22)

<table>
<thead>
<tr>
<th>Services</th>
<th>2011</th>
<th>2021/22</th>
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<tbody>
<tr>
<td>Total Overnight Beds</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Total Aged Care Beds</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>TOTAL BEDS &amp; CHAIRS</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td>ED</td>
<td>2 bays</td>
<td>2 bays</td>
</tr>
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</table>

Source: Clinical Services Framework 2010-2020, WACHS ED projections and bays final by ABS Series B+

Additionally, the table does not provide a complete list of proposed requirements and as such, the specific details of the model will be determined through more detailed planning phases. This is evidenced by the projected number of ED bays. Following more detailed facility planning and to ensure a level of redundancy and improve the facilities capacity to manage any surge in demand, it is more likely that there will be three ED bays required (two acute bays and one resuscitation bay).

Future analysis will reflect the agreement that aged care beds currently provided at the Harvey Hospital will be consolidated with a single aged care provider in Harvey. This development will enable a complete revision of the model of care provided at the Harvey Hospital to determine how best to meet the health needs of the catchment.
2 INTRODUCTION & PURPOSE

The primary purpose of this Service Plan is to provide the service delivery strategy for the delivery of health services to the catchment area of the Harvey Health Campus Services, part of the WA Country Health Service’s (WACHS) South West region.

The Service Plan provides a guide for service development until 2021/22 and should be regularly monitored and reviewed to ensure services are responsive to the changing demographics and needs of the South West region’s catchment area, policy developments, medical advancements and available recurrent funding.

The planning processes undertaken to develop this document form the initial steps in establishing a strategy and master plan to redevelop WACHS - South West (WACHS – SW) including the HHC. The ultimate goal in any future service development will be to provide optimal services and facilities that support and enable the future service delivery models as described in this Service Plan.

The objectives of the Service Plan are to:

- outline the planning context for the development of this Service Plan and the strategic directions for service planning within the Harvey catchment area;
- provide an overview of the catchment population including the demography and epidemiology of the area, along with the health status and health needs of the population;
- outline the current scope of health care services in Harvey, including the external services that work in partnership with WACHS;
- define the current and projected demand and need for healthcare services across the catchment area and establish the key directions for future health care delivery in each service category;
- outline the range of factors that will influence the ability to implement the proposed service delivery strategies and models of care; and
- document recommendations for future action.
2.1 Consultation Processes to Develop the Service Plan

The consultation process undertaken in the development of this service plan involved the following key activities:

2.1.1 Meeting with WACHS-South West late 2010

In the later part of 2010 the WACHS – South West initiated the first stage of the project, conducted a series of community information workshops. These workshops were primarily focused on informing the community about the project, improving the existing communication networks with the local community and providing generic high level health service information about future contemporary health services directions.

The workshops provided participants with an introduction to the process of service planning and the anticipated timeframes for the development of the Harvey Service Plan.

2.1.2 Round One: Consultation and Service Planning Workshops 06 to 11 April 2011

A series of 11 service planning User Group workshops were held in Harvey and Bunbury from the 6th April 2011 to the 11th April 2011. These workshops formally initiated the second stage of the Service Plan consultation process and involved 70 individuals, including senior management staff, clinical and non clinical programme representatives from all areas of the health service and key external stakeholder representatives. User group participants were provided with a summary of the health status of their catchment area, a summary of key Commonwealth, State and WACHS policies with descriptions about the implications of these policies, plus a standard facilitated presentation, where the service and facility planning process was defined and the key health issues discussed.

User Group participants were also invited to complete a short written questionnaire prior to the workshop. Six standard questions were asked at each workshop, the same questions that appeared in the provided questionnaire.

The standard questions are:

1. What aspects of health service delivery to the Harvey Health Campus catchment area are currently working well?
2. What aspects of health service delivery are not working well?
3. Looking to the future, are there are emerging issues or trends that are likely to impact on the way you deliver services to your community in the future?
4. What service improvements do you feel would enhance service delivery to the catchment area of the Harvey Health Campus?
5. Are there any new services that should be delivered to the community?
6. Are there any services that should be ceased or delivered elsewhere?

The External Health Partners interviewed included representatives from the following organisations: the GP Network; Silverchain; Anglicare; Disability Services; St Vincents; Telecenter; Pathways; Tourist Bureau; Redcross; St
John Ambulance; WA Police; Relationships Australia; DHAC reps; Child Protection; Dept of Justice; Dept Communities and Education; DHAC reps; SW Community Drug and Alcohol Team; Harvey Health and Community Group (including HACC), Hocart Lodge, Harvey Health Campus, Shire of Harvey, and Harvey Senior Citizen Centre.

2.1.3 Round Two: Feedback and Validation Meetings 23-27 May 2011

Summaries of each user group workshop were completed and sent to workshop participants to review and validate. This validated feedback was used to develop a high level summary of the key issues, the draft Service Delivery Strategies for each user group workshop and the emerging higher level themes for the health service’s future directions.

A series of validation workshops were held during the week commencing 23rd May 2011 and involved over 40 individuals. There was a focus on the future, innovation, change and opportunities. Each of the draft Service Delivery Strategies for each user group was workshopped and any changes were agreed to and made directly onto the document at each workshop.

The complete list of Service Delivery Strategies can be found in Appendix 1.

The key issues from round one and the additional issues from the round 2 validation meetings have been addressed further in this Service Plan.
3 PLANNING CONTEXT

The development of this Service Plan, for health services in Harvey, has been guided by a number of National, State and Local Government policies and service planning frameworks, as well as the overall future outlook for the South West region.

3.1 National and State Government Policies

National and State Government policies relevant to the Harvey Service Plan include:

**Commonwealth Government Policy**
- A National Health and Hospitals Network for Australia’s Future - Delivering the Reforms
- Council of Australian Governments (COAG) National Indigenous Reform Agreement
- National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013

**WA Health Policies**
- Health Activity Purchasing Intentions 2010-2011
- WA Health Networks and Models of Care
- WA Health, Greening Health, Building and Renovations (2010)
- WA Health Telehealth Strategic Directions (under development)

**WACHS Policies**
- Primary Health Reform in Country WA 2010-2012
- Aboriginal Employment Strategy 2010-2014
- WACHS Mental Health Strategic Directions (2010)
- WACHS ICT Strategy (awaiting endorsement)

The healthcare reform policies outlined in these documents acknowledge that meeting future demand is not purely about increasing the capacity of facilities. Meeting demand is more reliant on reconfiguring service delivery to ensure patients are managed more efficiently and safely.

A summary of these policies is provided in Appendix 2

3.2 Local service planning frameworks

The following WACHS planning frameworks provide specific reference to health services in Harvey and have been considered in developing this Service Plan:

3.2.1 WACHS - SW Clinical Services Plan (2009)

The key priority areas for service delivery, as outlined in the WACHS - SW Clinical Services Plan (CSP) are as follows:

The overarching strategies for service delivery, as outlined in the WACHS - SW CSP are as follows:
Reduce Demand

- Increase focus/investment on primary prevention and promotion, public health, community health and allied health.
- Improve co-ordination of chronic disease self management across the region and between agencies.
- Increase the capacity of Post Acute Care (PAC) and Hospital in the Home across the region.
- Strengthen partnerships with GPs and aged care facilities.

Enhance the Capacity of Hospitals to meet Demand

- Enhance capacity for integrated district health services and hospital sites to deliver chronic disease management, mental health and aged care services.
- The SW region is developing a regional surgical services plan to manage demand and re-distribute low risk activity to the district sites to enable Bunbury Hospital to undertake more complex / emergency activity.
- Increased use of outpatient strategies such as ‘fast track’ ED streams to facilitate the rapid assessment and management of common conditions.

Ensure Appropriate Use of Resources

- Implement innovative evidence based models of care that engage key health professionals and incorporate evolving support roles to best utilise the specialist skills available.
- Attraction and retention of a skilled workforce, including specialist nursing staff with emergency and theatre skills and midwives is essential in delivering a sustainable service.

Harvey specific initiatives proposed in the WACHS - SW CSP include:

Investigating opportunities to reconfigure the functions of the facility and provide additional services in the community towards chronic disease management and ambulatory care.

3.3 South West Primary Health Care Profile (2011)

This document provides guidance for planning primary health services in the South West Region. Key findings relate to:

Population
- The region is projected to increase by 20% in the next 10 years.
- The Aboriginal population has a younger age structure compared with the non-Aboriginal population.

Determinants of health
- The region has areas with low SEIFA scores.
- Lifestyle behaviours will need to be monitored, particularly those relating to smoking, alcohol use, diet, exercise and body mass index.
Mortality

- Diseases of the circulatory system and neoplasms accounted for nearly two-thirds of the deaths in the region.
- Around two-thirds of deaths of South West residents under the age of 75 could potentially be avoided. Of these more than half could be avoided through the use of primary intervention.

Emergency Departments

- The ED presentation rate among South West residents has increased over the last five years and is significantly higher than that of the State.

Hospitalisations

- The hospitalisation rate of South West residents has increased over the last five years, but is significantly lower than that of the State.
- The hospitalisation rate for all alcohol-related conditions was significantly higher than that of the State for non-Aboriginal residents.
- Chronic conditions accounted for three-quarters of potentially preventable hospitalisations.

Aged Care

- A significantly lower proportion of older South West residents reported receiving their annual flu and five yearly pneumonia vaccinations compared with the State.

Maternal Health

- More than two in five South West Aboriginal women and one in six non-Aboriginal women smoked during pregnancy.
3.4 Service Planning Implications:

- Develop the Harvey Hospital as the central integrated health facility for the catchment. With capacity for other health and human service providers to provide services from the facility.

- Develop a model of care for Harvey Hospital which ensures the facility operates optimally both clinically and financially in the long term.

- Consider how Harvey inpatient beds can be utilized to increase the range of ambulatory same day and step down sub-acute activity.

- Develop and facilitate strategic partnerships with other health and human service providers.

- Promote coordination between hospital care, GP and primary health care and aged care to facilitate the provision of a seamless continuum of care where service duplication and fragmentation are avoided.

- Develop ambulatory care services and illness prevention and health promotion strategies to tackle local issues.

- Focus on workforce development and reform, including increasing Aboriginal workforce participation.

- Focus on improving the health status of local Aboriginal people and, promote service collaboration with South West Aboriginal Medical Services (SWAMS).

- Support the establishment of a single residential aged care facility in Harvey, potentially adjacent to the hospital campus.

- Working with the WACHS Southern Inland Health Initiative project, develop the use of Telehealth and e-health technologies for service provision and staff education and training.
Existing Federal or State Government Commitments

Harvey Redevelopment
The Western Australian State Government has committed $13.9 million of future capital infrastructure funding to upgrade and refurbish the current Harvey Hospital.

COAG National Partnership Agreement – Aboriginal Health Funding

Closing the Gap in Indigenous Health Initiatives

Harvey Aboriginal residents can access programs funded by the GP Down South GP network. The network is funded as part of the Closing the Gap in Indigenous Health initiatives to improve Aboriginal Access to Mainstream Primary Care.

The aim of the program is to contribute towards closing the gap in life expectancy between Aboriginal people and other Australians by improving access to culturally sensitive primary care services for Aboriginal Australians.

The Divisions role includes coordinating and supporting the various Closing the Gap measures relevant to general practice while improving the capacity in general practice to deliver culturally appropriate primary care services.

The program objectives include:

- increase access to mainstream primary care services by Aboriginal Australians;
- improve the capacity of general practice to deliver culturally sensitive primary care services;
- increase the uptake of Aboriginal specific Medicare Benefit Scheme (MBS) items including Aboriginal health checks and follow up items; and
- foster collaboration and support between mainstream primary care and the Aboriginal health sector.

As of 1st May 2010, General Practices can register for the Practice Incentives Program (PIP) Indigenous Health Incentive.

South West Aboriginal Medical Service (SWAMS)

Harvey Aboriginal residents can access also access the South West Aboriginal Medical Service (SWAMS). SWAMS provide comprehensive preventative and primary health programs to Nyoongar People in Nyoongar to achieve "Our Health - Our Way" so that Aboriginal health problems are properly overcome, now and in the future. The SWAMS

- provide a culturally appropriate medical service for the Aboriginal peoples of Bunbury and region;
- promote a holistic approach to good health and healthy lifestyles in a culturally safe environment;
- ensure the health needs (body, mind and spirit) of Aboriginal peoples in Bunbury and region are being addressed in a culturally safe environment;
- network and liaise throughout Bunbury and region with other Aboriginal organisations, non-government organisations/agencies and other
mainstream services such as Bunbury and Commonwealth government departments. This liaison is necessary to ensure better delivery of services to Bunbury and the region’s Aboriginal peoples;

- ensure that the health needs of Aboriginal peoples who are incarcerated are being addressed.

Details on the services currently provided by SWAMS are provided in Sections 6 and 7.

**Governance**

The WACHS – South West services in Harvey are ultimately accountable to the Chief Executive Officer, WACHS – Area Office and line managed by the Regional Director, WACHS – South West.

Several services in Harvey operate within a regional model, with line management provided from Bunbury. The WACHS governance structures for South West Mental Health are summarised in Figure 1 and Population Health is summarised in Figure 2. The South West Inland District Organisational Structure is summarised in Figure 3 The organisational structure for Harvey Health and Community Services is summarised in Figure 4.
Figure 1: WA Country Health Service- South West Mental Health Organisational Structure as at October 2008
Figure 2: WA Country Health Service - South West Population Health Organisational Structure as at October 2008
Figure 3 WA Country Health Service-South West Inland District Structure as at July 2010

Service Plan: Harvey
Figure 4: Harvey Health & Community Services Group
3.5 Key Drivers for Change and Strategic Directions for Service Delivery

3.5.1 Key Drivers for Change

The catchment population, current and projected activity data, and qualitative information have been analysed, with consideration of the planning context outlined above, to identify the following key drivers for developing future models of care and service delivery strategies for WACHS Harvey:

- ageing population, with the highest growth in people over 65 years;
- both physical and staff resources at Harvey Hospital could be more optimally employed;
- potential for enhanced interagency communication and consolidation of services and resources;
- technology to enable greater service provision and staff training/education is not available;
- major workforce constraints, including difficulty recruiting and maintaining an appropriately skilled workforce at both the hospital and other health care providers;
- diverse needs of particular groups within the region;
- lack of capacity within the clinical workforce to address chronic health conditions in admitted clients;
- current focus of community health on acute activity / lack of capacity to provide preventative care etc;
- health status discrepancies between Aboriginal and non-Aboriginal people; and
- demand for locally provided services.

3.6 Key Priorities identified by providers and stakeholders

A series of consultative workshops with service providers and external stakeholders has identified a series of specific issues which are impacting on health service provision in the region. Key issues (in no particular order) identified at workshops that were most common amongst groups included:

- redevelop the Harvey Health Campus as a central integrated health facility for the catchment area, providing facility for health and other human services to be based at, to visit or to use on a booked basis;
- create an environment for the provision of a greater range of ambulatory health care services in Harvey for planned same day activity. This would include visiting medical specialists, outpatient type activity, some planned GP led procedural activity (within established clinical parameters) and other visiting/community based health and non health human service/NGO type services (private and public);
• explore how to better use Harvey Hospital for the following designated and resourced inpatient programmes - Sub-acute Care, Palliative Care and step down post acute care for local patients following discharge from other hospitals, such as Metropolitan or Bunbury;

• explore the potential to develop a Palliative Care programme for the northern part of the regional catchment area at Harvey;

• explore the option of increasing the utilisation of the Harvey Hospital Procedure room for clinically appropriate non-GA procedures and scopes;

• in response to the aging population of the catchment areas explore how to improve access to the full range of primary health care services, residential aged care, chronic disease and other disorders of aging, such as depression, dementia and cancer;

• explore the potential for improved access and use of other human service type existing infrastructure and resources in the community for physical therapies programmes such as OT and physiotherapy and other chronic disease programmes;

• develop a case management system that works across and with agencies to coordinate a shared approach to the management of common patients with chronic disease;

• support the establishment of a single residential aged care facility in Harvey provided by Hocart lodge. In conjunction explore the options to locate a future new purpose built residential aged care facility on or adjacent to the Harvey Health Campus;

• working with the WACHS Southern Inland Health Initiative project, utilise Telehealth and other technologies to increase the level of training and education opportunities available for staff. In addition Telehealth and other technologies will be employed to improve patient care via access to specialists.

• current challenge with patient transport between Harvey and Bunbury and other service providers for both emergency and non-urgent care with poor public transport options and the inability to access PATS funding, there is potential to explore a health service delivered patient transport service;

• there is an identified need for integrated electronic medical records. The lack of a single integrated electronic record is seen as a significant barrier to developing improved operational models of care across the health providers in the region; and

• there is a need to strengthen communication networks between the community and between health care providers. The Community is not always aware of various programs available and therefore not fully utilising them. Communication between health care providers could also be improved to reduce duplication and inefficiencies in service provision and to ensure patients are referred to the most appropriate service provider.
4 DEMOGRAPHICS & EPIDEMIOLOGY

The future models of care for WACHS services in the Harvey catchment will need to be responsive to the needs of the local catchment area and the political, social and economic context from which services operate, including the availability of the resident or visiting workforce. The following section provides an overview of the Harvey catchment area, along with a description of the demography and other factors that influence the health status of the local residents. This information on the population’s health needs informs the types and locations of services required in Harvey over the next ten to twenty years.

4.1 Overview of the Catchment Area

The primary catchment area for the Harvey Health Campus is defined by the Australian Bureau of Statistic’s Harvey Part A and Harvey Part B Statistical Local Areas (SLAs). However, the population of ‘Harvey Part B’ is the predominate user of the Harvey Health Campus. It is a stable but aging population of around 8,000.

A small number of residents from the Shire of Waroona (Waroona SLA) also present to the Harvey Health Campus for services. Waroona is regarded as part of the South Metropolitan Peel Health District.

The location and towns within Harvey Part A, Harvey Part B and Waroona are shown in the Figure below.

Figure 5: Harvey Health Campus catchment area

Source: wsfm184gis/healthtrackviewer/index.html
4.2 Demographics

The demographics of the Harvey catchment will influence the type of services and the models of care delivered at health campuses across the area. This section highlights the population growth, gender, age distribution and cultural diversity of the area that will need to be considered in determining the future Harvey models of care.

4.2.1 Population and Population Growth

The population projections indicate anticipated growth for the Harvey B, Harvey A and for Waroona SLAs. The data shows the greatest growth expected in Harvey Part A (58%), with a modest growth of 4% anticipated for Harvey B. Waroona has the smallest population size at 3,450 people. The population of Waroona SLA is anticipated to grow by 26% by 2021.

Table 3 Population projections for the Harvey Health Campus catchment area, 2011 to 2021

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey Part A</td>
<td>11,534</td>
<td>13,636</td>
<td>15,958</td>
<td>18,283</td>
<td>34%</td>
</tr>
<tr>
<td>Harvey Part B</td>
<td>8,020</td>
<td>8,433</td>
<td>8,476</td>
<td>8,335</td>
<td>-1%</td>
</tr>
<tr>
<td>Waroona</td>
<td>3,450</td>
<td>3,904</td>
<td>4,113</td>
<td>4,334</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: ABS Series B+ Projections. WA Health has endorsed the use of the ABS series B+ population projections rebased to the 2009 Estimated Resident Population. The projections by SLA are obtained by applying the distribution of Department of Planning and Infrastructure population projections by SLA, 5-year age group and sex to the ABS population projections.

The population aged 70 years and over is projected to grow at a faster rate than for all ages between 2011 and 2021 (97% for +70 years in Harvey A compared to 34% and 45% for +70 years in Harvey B compared to -1%). As a result the proportion of residents who are aged 70 years and over is anticipated to grow, reflecting an increasing longevity. With this increase there will be an additional 1,280 older adults aged 70 years and over in the Harvey A and Harvey B SLAs, as shown in Table 4.
## Table 4 Harvey catchment older adult population projections, 2011 to 2021

<table>
<thead>
<tr>
<th>Area</th>
<th>Age</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>Growth (2011-2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey A</td>
<td>70-84 yrs</td>
<td>801</td>
<td>1092</td>
<td>1595</td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td>85 yrs+</td>
<td>143</td>
<td>201</td>
<td>260</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>944</td>
<td>1293</td>
<td>1855</td>
<td>97%</td>
</tr>
<tr>
<td>Harvey B</td>
<td>70-84 yrs</td>
<td>694</td>
<td>837</td>
<td>1005</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>85 yrs+</td>
<td>134</td>
<td>164</td>
<td>192</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>828</td>
<td>1001</td>
<td>1197</td>
<td>45%</td>
</tr>
<tr>
<td>Waroona</td>
<td>70-84 yrs</td>
<td>336</td>
<td>379</td>
<td>500</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>85 yrs+</td>
<td>61</td>
<td>88</td>
<td>105</td>
<td>72%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>397</td>
<td>467</td>
<td>605</td>
<td>52%</td>
</tr>
</tbody>
</table>

Source: ABS Series B+ projections

The age distribution within Harvey catchment, in comparison to that for WA is outlined in the figure below. When the SLA age distributions are compared to WA, the data shows there is a slight difference including:

- higher proportion of people aged 5-14 years in Harvey Part A, Harvey Part B and Waroona;
- lower proportion of people aged 15-55 years in Harvey Part B and Waroona;
- lower proportion of people aged 55 years and above in Harvey A; and
- higher proportion of people aged 65 years and above in Harvey B and Waroona.

These characteristics show that Harvey Part B and Waroona are more of an ageing community.

**Figure 6: Age Distribution for the Harvey Health Campus catchment area, Waroona and WA, by SLA**

Source: Australian Bureau of Statistics. 2006 Census
4.2.2 Gender distribution

In the 2009 estimated resident population there was a similar proportion of males and females in the primary catchment area (52% males Harvey B, 52% males Harvey A). The population projections indicate that this gender balance is projected to remain in the future.

4.2.3 Cultural diversity

Aboriginal people

In the 2006 Census 1.3% of Harvey A SLA, 2.2% of Harvey B SLA, and, 2.6% of the Waroona SLA identified themselves as being Aboriginal. This is less than that of the state (3%).

Ethnicity

In the 2006 Census 15.8 percent of Harvey A residents and 14.7 percent of Harvey B residents reported being born overseas. This proportion is significantly lower than that of the state (27.1%). (ABS, 2007).

Table 5 Busselton, Margaret River and Augusta district proportion of usual residents born overseas, by SLA, Census 2006

<table>
<thead>
<tr>
<th>Area</th>
<th>Born overseas</th>
<th>% Born Overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey A</td>
<td>1,825</td>
<td>15.8%</td>
</tr>
<tr>
<td>Harvey B</td>
<td>1,181</td>
<td>14.7%</td>
</tr>
<tr>
<td>Waroona</td>
<td>541</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

Source: ABS Census 2006

4.3 Factors Influencing Health Status

The following section describes the current health status of the region and summarises the factors (or determinants of health) that will influence the health status of residents now and into the future:

- level of disadvantage experienced in the community (according to the Socio-Economic Indexes for Areas);
- level of remoteness experience by the area (according to the Accessibility Remoteness Index of Australia);
- climate; and
• lifestyle behaviours.
The factors highlighted influence the demand for health services and should be considered when designing the future models of care.

4.3.1 Remoteness

Remoteness is measured by the Accessibility Remoteness Index of Australia (ARIA), where areas classified as very remote have very restricted accessibility of goods, services and opportunities for social interaction.\(^1\) Based on the 2006 ARIA the South West Health Region has areas classified as Inner Regional Australia, Outer Regional Australia and Remote. The Harvey and Waroona SLAs are classified as Inner Regional, as shown in Figure 7.

Figure 7: ARIA classification of the South West Region

![ARIA classification of the South West Region](source)

The distances and approximate vehicle travel time between Perth and Bunbury, Harvey and Waroona towns are shown in Table 6.

Table 6 Distance and approximate travel time from Perth

<table>
<thead>
<tr>
<th>Town</th>
<th>From Perth Hrs:mins</th>
<th>Km</th>
<th>From Bunbury Hrs:mins</th>
<th>Km</th>
<th>From Busselton Hrs:mins</th>
<th>Km</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey</td>
<td>2:15</td>
<td>138</td>
<td>0:55</td>
<td>50</td>
<td>1:55</td>
<td>98</td>
</tr>
</tbody>
</table>

Source: Tourism Western Australia. Travel Times and Distances.

4.3.2 Socio-Economic Disadvantage

The Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage is calculated by the ABS from responses to the Census. It includes 17 different measures including the level of education, income, rent and Aboriginality of an area. The index does not take into account accumulated wealth, infrastructure or differences in costs of living

between areas. It has been shown that more disadvantaged areas have higher proportions of reported ill health or risk factors for ill health. A score below 1000 indicates an area is relatively disadvantaged.

Harvey B and Waroona have greater disadvantage when compared to Harvey Part A. This is supported by the SEIFA Index of Relative Socio-Economic Disadvantage scores. Generally the localities inland are more disadvantaged than coastal communities.

The SEIFA 2006 Index of Relative Disadvantage scores for the Harvey Health Campus catchment area are:

- Harvey Part A - 1058
- Harvey Part B - 965
- Waroona - 964

The SEIFA 2006 Index of Relative Disadvantage scores for localities within Harvey Part B and Waroona, where the majority of patients from the Harvey Health Campus reside.

Harvey Part B localities:

- Binningup – 1042 (min score – 1016)
- Brunswick – 918 (min score - 885)
- Cookernup – 959 (min score – 959)
- Harvey – 949 (min score – 852)
- Myalup – 999 (min score – 999)
- Roelands – 1039 (min score – 1036)
- Uduc – 1027 (min score – 1027)
- Wellesley – 942 (min score – 942)
- Wokalup – 1009 (min score – 1009)
- Yarloop - 810 (min score – 770)

Waroona localities:

- Preston Beach – 985 (min score – 978)
- Waroona – 956 (min score – 861)

**Implications for service planning:**

Both Harvey B and Waroona have overall SEIFA Index of Relative Socio-Economic Disadvantage scores close to 1,000. This would suggest that there are some disadvantaged pockets within the two SLAs. There are areas within the districts with high levels of disadvantage (for example Yarloop with scores of 770 to 810, and Waroona with scores of 861 to 965, indicating that these communities may require targeted services.
4.3.3 Climate

The Harvey catchment has a temperate climate and observes four definite seasons with the average temperature ranging from 14 degrees Celsius in winter to 32 degrees in summer.\(^2\)

4.3.4 Self-reported Risk factors

Lifestyle behaviours are particularly important because of their relationship with chronic conditions that are considered to be preventable\(^3\). Prevention and management of these modifiable risk factors can therefore have a substantial effect on these preventable chronic conditions. Table 7 shows the relationship between these modifiable risk factors and the National Health Priority Areas.\(^4\)

Table 7: Chronic conditions and related modifiable risk factors

<table>
<thead>
<tr>
<th>Chronic disease/condition</th>
<th>Behavioural risk factors</th>
<th>Biomedical risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary heart disease</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Depression</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Asthma</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>COPD(^5)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oral diseases</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

(a) Chronic obstructive pulmonary disease

Source: Reproduced from AIHW’s Chronic diseases and associated risk factors in Australia.

Risk factor information is usually collected by population based surveys, such as the WA Health and Wellbeing Surveillance System (HWSS). The 2009 HWSS information has been analysed by the Department of Health Epidemiology Branch for adults aged 16 years and over and children aged 15 years and under in the Southwest health region. Of particular note is that in 2009\(^1\):


• one in six adults (16.5%) smoke;
• more than four in five adults (85.6%) and more than half the children (53.0%) did not eat the recommended daily serves of vegetables;
• nearly half (44.9%) the adults and one in four children (22.8%) did not eat the recommended daily serves of fruit;
• nearly half the adults (45.6%) who drank alcohol drank at risk for long-term harm;
• almost half the adults (49.2%) and nearly half the children (49.1%) did not do sufficient physical activity;
• one in five adults reported having high blood pressure;
• one in five adults reported having high cholesterol; and.
• one in three adults (29.0%) and 5% of children reported height and weight measurements that classified them as obese.

Implications for service planning:

While the prevalence of risk factors may not be higher in the South West compared to the State, the prevalence is still important as these behaviours are modifiable risk factors for chronic conditions.

One in three adults reported height and weight measurements that classified them as obese. As excess body weight is linked with several chronic conditions, including coronary heart disease and some cancers, the increasing trend of obesity in adults in the State may suggest an increase in these chronic conditions in the future.

Modifiable risk factors suggest the need for primary interventions, including health promotion and health checks.
4.3.5 Health Status, South West health region residents

Self-reported chronic conditions

Chronic conditions refer to long-term conditions that last for six months or more\(^6\). Not all chronic conditions result in hospitalisations and so hospital data does not give the full picture. This type of information is usually collected by population based surveys, such as the WA Health and Wellbeing Surveillance System (HWSS).

The most prevalent chronic conditions for adults in the Southwest health region in 2009\(^7\) were:

- one in five adults (22.1\%) had arthritis;
- one in five adults (21.3\%) had an injury in the last year that required treatment from a health professional; and
- more than one in ten adults (12.2\%) had a current mental health problem. Females reported more than twice the prevalence of men.

Information on the trend of these chronic conditions is not currently available for the South West health region, but it is available at the state level for adults aged 25 years and over\(^8\). Since 2002:

- There has been no significant difference in the prevalence of:
  - Heart Disease;
  - Stroke;
  - Diabetes;
  - Asthma;
  - Respiratory conditions other than asthma; and
  - current Mental Health condition.
- There has been a significant decrease in the prevalence of:
  - Arthritis in males since 2003 and females since 2004; and
  - Injuries requiring treatment in the past year.

Implications for service planning:

The modifiable risk factors and self-reported chronic conditions should continue to be monitored and used as a guide for developing and sustaining public health programs and interventions provided at the Harvey Hospital.


Self-reported service utilisation

The HWSS asks respondents about their health service use in the last year. In 2009:

- nine in ten South West adults (87.3%) and 69.3% of children reported having used a primary health care service. The child utilization was significantly lower compared with the State;
- over half the adults (50.4%) and 63% of children reported having used a dental health care service;
- one in three adults (29.2%) and one in five children reported having used a hospital based health care service; and
- one in twenty adults (5.6%) reported having used a mental health care service (e.g. a psychiatrist, psychologist or counsellor).

Residents of regional areas are more likely to use dental services for treatment, rather than for regular check-ups, which may result in more severe dental problems that are harder to treat.

The following data summarises the health status of the Leschenault Health District as extracted by the Health Profile (2008) by the Department of Health’s Epidemiology Branch. The Leschenault Health District includes the SLAs of Harvey Part A, Harvey Part B, Dardanup Part A and Dardanup Part B. This data is only available for districts – not for individual SLAs.

For males, the major causes of hospitalisations in the health district between 1997 and 2006 were:

- other factors affecting health status (which includes renal dialysis and chemotherapy);
- diseases of the digestive system;
- injury and poisoning;
- diseases of the circulatory system;
- diseases of the musculoskeletal system; and
- neoplasms.

For females, the major causes of hospitalisations in the health district between 1997 and 2006 were:

- complications of pregnancy;
- diseases of the digestive system;
- other factors affecting health status (which includes renal dialysis and chemotherapy); and
- diseases of the genitourinary system.

---


Mortality

Mortality is an important indicator of the health of the population and can help to focus primary and community care services to prevent avoidable mortality. Aboriginal people have a significantly lower life expectancy compared with their non-Aboriginal counterparts, with the gap at the national level estimated to be 11.5 years for males and 9.7 years for females. Between 2003 and 2007 there was no significant difference in the overall mortality rate of all South West residents (the number of deaths per 1,000 people) compared with the state or for Aboriginal residents.

The top five causes of mortality are shown in Table 8. Between 2003 and 2007 the leading cause of death of South West residents was diseases of the circulatory system, followed by neoplasms and diseases of the respiratory system.

Table 8: Leading cause of mortality, South West residents, 2003 – 2007

<table>
<thead>
<tr>
<th>Causes of Death</th>
<th>Rank</th>
<th>No.</th>
<th>% of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease of Circulatory</td>
<td>1</td>
<td>1,338</td>
<td>33.3</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>2</td>
<td>1,268</td>
<td>31.6</td>
</tr>
<tr>
<td>Diseases of the Respiratory System</td>
<td>3</td>
<td>300</td>
<td>7.5</td>
</tr>
<tr>
<td>Injury and Poisoning*</td>
<td>4</td>
<td>259</td>
<td>6.5</td>
</tr>
<tr>
<td>Diseases of the Nervous System</td>
<td>5</td>
<td>185</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Source: ABS Mortality Data

* Main categories include: Transport accidents, other external accidental injuries, intentional self-harm, assault, complications of medical and survival care. (International Classification of Disease - ICD10)

From 1998 to 2007 Aboriginal residents in the South West, Great Southern and Wheatbelt regions had a significantly higher mortality rate for cardiovascular disease and a significantly lower mortality rate for injury and poisoning compared with the State Aboriginal population. Aboriginal residents in the South West, Great Southern and Wheatbelt regions had a significantly higher mortality rate for diabetes, cardiovascular disease, respiratory disease, injury and poisoning, alcohol-related conditions and tobacco-related conditions compared with non-Aboriginal residents of the same region.
Alcohol-related mortality

Between 1997 and 2005 the male and female alcohol-related mortality rates due to alcohol-related diseases and alcohol-related injuries were similar for South West residents compared with all WA residents. The rate for all alcohol-related conditions was significantly lower than the State for Aboriginal South West residents, but similar for non-Aboriginal residents11.

Avoidable Mortality

Each year people die from diseases amenable to medical interventions and/or effective public health programsiii. These deaths are referred to as avoidable mortality and are classified into three categories related to the type of interventioniii.

- Primary interventions include deaths that could potentially have been avoided via effective public health measuresiii;
- Secondary interventions include deaths that could potentially have been avoided by early intervention through primary health care services or early detection through screeningiii; and
- Tertiary interventions include deaths that could potentially have been prevented using medical or surgical techniquesiii.

Between 1997 and 2007 around two-thirds of all South West resident deaths under the age of 75 (64%) and 73% of Aboriginal residents were classified as avoidable. The use of primary care interventions could potentially have avoided more than half (54.0%) these deaths, which is similar to all WA residents (54%). One in four of these deaths could potentially have been avoided through the use of secondary interventions and one in five through the use of tertiary intervention. See Table 9 below.

Table 9: Leading cause of avoidable mortality, South West residents, 0-74 years 1997 -2007

<table>
<thead>
<tr>
<th>Causes of Death</th>
<th>Rank</th>
<th>Deaths.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ischaemic Heart Disease</td>
<td>1</td>
<td>320</td>
<td>24.9</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>2</td>
<td>174</td>
<td>13.5</td>
</tr>
<tr>
<td>Suicide &amp; self inflicted injuries</td>
<td>3</td>
<td>119</td>
<td>9.3</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>4</td>
<td>103</td>
<td>8.0</td>
</tr>
<tr>
<td>Cerebrovascular Diseases</td>
<td>5</td>
<td>71</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>1</td>
<td>108</td>
<td>14.0</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>2</td>
<td>107</td>
<td>13.9</td>
</tr>
<tr>
<td>Ischaemic Heart Disease</td>
<td>3</td>
<td>106</td>
<td>13.7</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>4</td>
<td>65</td>
<td>8.4</td>
</tr>
<tr>
<td>Cerebrovascular Diseases</td>
<td>5</td>
<td>55</td>
<td>7.1</td>
</tr>
</tbody>
</table>

*Source: ABS Mortality Data*

**Hospitalisations**

The overall hospitalisation (separation) rate of South West region residents has increased significantly between 2004/05 and 2008/09, from 338 per 1,000 persons to 365 per 1,000 persons. In each of these years the overall hospitalisation rate of South West residents was significantly lower than that of the state. Similarly, the overall hospitalisation rate of Aboriginal South West residents was significantly lower than that of the Aboriginal State population, but significantly higher compared to non-Aboriginal South West residents.12

**4.3.6 Health Status, South West Aboriginal residents**

From 1998 to 2007 Aboriginal residents in the South West region had a significantly higher mortality rate for diabetes, cardiovascular disease, respiratory disease, injury and poisoning, alcohol-related conditions and tobacco-related conditions compared with non-Aboriginal residents of the same region.

From 2004 to 2008 the hospitalisation rates for diabetes, cardiovascular disease, respiratory disease, injury and poisoning, mental health conditions, kidney disease, alcohol-related conditions, tobacco-related conditions and other drug-related conditions were significantly higher in the South West Aboriginal residents compared with the South West non-Aboriginal residents.

12 DoH, 2010 unpublished WA Hospital Morbidity Data System data
5 CURRENT WACHS SERVICE SCOPE

The HHC is part of the Leschenault Health District which is included in the WACHS - SW Health Region’s integrated network of services.

Figure 8: WACHS Leschenault District – Network of Health Services

Whilst Waroona is part of the South Metropolitan Area Health Service catchment, patients have historically flowed to the Harvey Hospital for some aspects of their health care that include Emergency Department attendance and for booked imaging appointments.

A WACHS capacity pivot applying ABS Series C population projections is endorsed by WACHS as the current modelling tool for small hospitals.

The modelling data indicates that the demand for inpatient beds will require 12 inpatient beds, a decrease in four beds. There is however no intention by WACHS to reduce the number of acute beds in small hospitals such as Harvey.

The modelling also needs to consider the viability of decreasing the bed numbers at Harvey should be questioned on a number of grounds. Firstly, the recorded activity for a number of specialties in 2009/10 surpassed that predicted by the Hardes model. Secondly, a reduction in beds would limit the potential to establish a sub-acute service at Harvey that was able to relieve pressure on Bunbury and other service providers, and ensure Harvey residents are able to access services closer to home. Finally, the projections may be affected in a downward manner by supply side issues such as lack of staff to provide services, and capacity of the facility to provide the service in a clinically safe and appropriate manner. Therefore it is recommended that any bed reduction at Harvey is assessed not only by Hardes data but in conjunction with proposed models of care and within a regional perspective.
The demand for residential aged care for the catchment area is modelled to increase and is represented in Table 10 as continuing to be provided at the Harvey Hospital. It is more likely that in the future residential aged care beds will be provided by the private aged care sector and that the ten existing residential aged care beds at HHC will be used for a new inpatient care programs in Harvey that could include palliative care, sub acute, rehabilitation or step down care for patients discharged from Bunbury Hospital or metropolitan hospitals, such as maternity patients. These possible innovations are described in more detail in Section 7.

**Table 10: Proposed total bed numbers and ED bays for Harvey Health Campus – based on ABS Series C Status Quo Model**

<table>
<thead>
<tr>
<th>Bed Numbers</th>
<th>2007/08</th>
<th>2014/15</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiday</td>
<td>16</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Same day</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Residential Aged Care</td>
<td>10</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total Beds on Site</strong></td>
<td><strong>26</strong></td>
<td><strong>31</strong></td>
<td><strong>32</strong></td>
</tr>
<tr>
<td>ED Bays</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The Harvey Hospital ED currently has two bays (one resuscitation and one acute). Whilst projected ED activity demand is not modelled to increase, to enhance the capacity of the future HHC ED to manage emergency trauma it is likely that future facility planning would make provision for three ED bays, two acute bays and one resuscitation bay.

A summary of the health care services at Harvey are summarised below. Staffing profiles for each facility are attached at Appendix 3.

**Table 11: Service Profile for Harvey - 2011**

<table>
<thead>
<tr>
<th>Service</th>
<th>No. of beds / bays / Key service elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients</td>
<td>16 overnight beds</td>
</tr>
<tr>
<td>Residential Aged Care</td>
<td>Ten beds</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Two treatment bays</td>
</tr>
<tr>
<td>Theatres</td>
<td>Procedure room</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>Part time Nursing outpatient service for Harvey and Yarloop</td>
</tr>
<tr>
<td>Population Health</td>
<td>Services are provided on a visiting basis from Bunbury or Wellington except child and school health and the Allied Health Assistant. As well as providing services at Harvey Hospital health care providers may also services delivered at the local schools, in the community or in client's homes. Services include: School Health Nurse, Child Health Nurse, Immunisation Co-ordinator plus casual to deliver school program, Occupational Therapy for adult and paediatrics, Speech therapy, Social Work, Allied Health Assistant, Health Promotion, Podiatrist, physiotherapy, adult audiology, clinical, and Dietician.</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health, private counsellor</td>
</tr>
</tbody>
</table>
### Service Plan: Harvey

**WACHS South West Hub**

**Bunbury Regional Resource Centre**

**Harvey Health Campus**

**Patient Flows**

<table>
<thead>
<tr>
<th>Service</th>
<th>No. of beds / bays / Key service elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Support Services</td>
<td>Medical Imaging – fixed and mobile X Ray, OPG machine</td>
</tr>
<tr>
<td>Non-clinical Support Services</td>
<td>Fresh cook kitchen, laundry, cleaning, administration</td>
</tr>
</tbody>
</table>

**Source:** WACHS – SW

The South West Health Campus in Bunbury is the ‘hub’ for health services in WACHS – SW and is a Regional Resource Centre under the WA Health Clinical Services Framework. A range of regional services are coordinated from Bunbury to support a number of integrated district health services, and a range of small hospitals such as Harvey Hospital, multi-purpose services and one nursing post. The care pathway is described in Figure 9.

**Figure 9: Continuum of Care at Harvey Health Campus**

As part of the integrated ‘hub and spoke’ model of service delivery the South West Health Campus (Bunbury) Hospital and St John of God Hospital Bunbury provides more specialised care support to residents in the Harvey catchment. Those requiring more specialised care are transferred to metropolitan tertiary hospitals. This level of integrations enables WACHS-South West to:

- provide appropriate and safe care in suitably equipped and appropriately resourced facilities, according to the acuity of the patients; and
- provide care closer to home where possible – reducing the need to travel to Perth for treatment.

Table 12 describes services that are provided for the Harvey catchment but requires patients to travel outside of the Harvey catchment location to access.
Table 12: Clinical services not provided at Harvey and location of access for Harvey catchment residents

<table>
<thead>
<tr>
<th>Clinical Service</th>
<th>Location of service for Harvey residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation oncology (opened 25 July 2011) provided by Genesis Care</td>
<td>South West Health Campus</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>South West Health Campus</td>
</tr>
<tr>
<td>Population Health (Regional level services) including communicable disease treatment and other specialised services e.g. paediatric audiology</td>
<td>Bunbury Tower</td>
</tr>
<tr>
<td>Vascular surgery</td>
<td>Metropolitan Tertiary Hospital</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>St John of God &amp; South West Health Campus</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Metropolitan Tertiary Hospital</td>
</tr>
<tr>
<td>Dedicated after hours GP clinics</td>
<td>South West Health Campus</td>
</tr>
<tr>
<td>Adult, authorised mental health inpatient services</td>
<td>South West Health Campus</td>
</tr>
<tr>
<td>Child and adolescent authorised mental health inpatient services</td>
<td>Metropolitan area</td>
</tr>
<tr>
<td>Intensive Care Unit (ICU) / High Dependency Unit (HDU)</td>
<td>South West Health Campus</td>
</tr>
<tr>
<td>Paediatric neonatology</td>
<td>South West Health Campus</td>
</tr>
<tr>
<td>Cardiac Care Unit (CCU)</td>
<td>Metropolitan Tertiary Hospital</td>
</tr>
</tbody>
</table>

Source: WA Health Clinical Services Framework 2010-2020
6 HEALTH PARTNERS

In addition to the WACHS services described above, a range of healthcare services are also provided or funded by the State and Commonwealth government agencies, non-government organisations and private providers.

WACHS - South West is committed to working cooperatively and in collaboration with a range of health partners, other government agencies and other funders, including the Commonwealth of Australia and any philanthropic organisations.

These services have partnerships with the Harvey Hospital in providing direct care, support or health programs for health consumers. Their role is highlighted below.

Figure 10: WACHS - SW Health Partners Harvey
Description of health partners:

State Government

- WACHS - SW has a number of linkages with metropolitan healthcare services and will continue to explore and further develop these links for the benefit of South West clients and staff.
- WA Police and Fire and Emergency Services (FESA) work together with WACHS, Royal Flying Doctors Service (RFDS) and St John Ambulance (SJA) to coordinate emergency management responses for the South West. (SJA) provides all emergency road transport for the South West. There are three staffed paramedic sites in the South West at Collie, Bunbury and Busselton. The other communities have solely volunteer officers.
- Department of Child Protection focusing on working with children and families assessed as ‘at risk’. Has working relationships with all components of the health service.
- Department for Communities provides advice, support and advocacy to communities, individuals and groups to build strong communities WA wide. The Department’s focus includes child care, seniors, youth and parenting.
- Rural Link provides a specialist after-hours mental health telephone service for the rural communities and health services of WA.
- There are a number of educational institutions that are health partners for WACHS. These include local schools (primary and high schools, plus the Harvey Agricultural College), TAFE and Edith Cowan University (South West Campus in Bunbury) which offers nursing and social work courses.
- WA Dental Health provide public dental care for residents of the Harvey catchment through the dental clinics in Bunbury (ten chairs) and will contract local private dental services if able.

Commonwealth Government

- Centrelink provides statutory services to assist families, individuals, students and older people to live in the community via a well established system of allowances and payments. Social health/support type services provided as appropriate.
- Department of Health & Ageing provides funding for a number of health and aged care services in the Harvey catchment.

Local Government Agencies

- Harvey Shire Council works with the health service, providing environmental health services, health promotion, youth support, active ageing and community development.
Not-for-Profit Agencies/Other Providers

- **South West Aboriginal Medical Services (SWAMS):** Located in Bunbury, SWAMS provides GPs, nurses and allied health services for local Aboriginal people living in the South West. Services are provided in Bunbury only, however transport or in-home care and assistance within the South West is also provided.

- The **Office for Aboriginal and Torres Strait Islander Health (OATSIH)** funded, Social and Emotional Wellbeing Team, is based in Bunbury and contracted to Yorgum. It provides social workers, counsellors & Aboriginal family support workers to deliver a culturally secure counselling, advocacy and support service for issues such as Stolen Generation, Child Removal, grief & loss, past traumas, family relationships, family violence, sexual abuse, self esteem, cultural identity, alcohol & drug use, mental health, suicide prevention & self harming behaviours. Outreach services are provided across the Southwest.

- **Anglicare** operate from the HACC office in Harvey on Fridays offering two appointments between 9.30am and 1pm. They provide a financial counselling service which assists clients in hardship with budgeting education. Anglicare facilitate applications for the WA no interest loan plan for white goods for low income earners and assist clients with home utility payments to access to the ‘hardship grant’.

- **Harvey Health and Community Services Group** is a non-government community based agency based in Harvey that provides a range of health programmes including the Harvey HACC services. HACC funded services provided in Harvey include: allied health (care received at centre), assessment, centre-based day care, client care coordination, counselling/ support information and advocacy (care recipient), counselling/ support information and advocacy (carer), domestic assistance, home maintenance, personal care, respite care, social support and transport. A Meals on Wheels service is also available for residents in the Harvey catchment through the Harvey Senior Citizen Centre. The Harvey Hospital provides Meals on Wheels to Yarloop.

- Harvey and Australind **St Vincent de Paul** can supply food to clients and if needed refer clients to Bunbury Centre for further support. The major **St Vincent de Paul centre** is based in Bunbury and provides support to residents in other communities. St Vincent de Paul provides a one per annum financial assistance to health care card holders to avoid disconnection of power or gas supply. They also provide basic bedding, table and lounge furniture.

- **Red Cross** are based at the South West Commonwealth Respite and Carelink Centre in Bunbury and provided and number of services to the south west community. This includes:
  
  - information on community aged care, disability and other support services. Additionally, they offer referral and advice on a full range of respite care services (including short term and emergency respite

  - a Carers’ Support Group in Harvey that meet on a regular basis to share common experiences and enjoy social interaction while taking a respite break
- the South West Agency partnership which is a free regional network that promotes training, expos, events, partnership opportunities, changes of staff and relocation of services as well as new services. 405 people currently registered.

- the telecross service which provides a daily phone call to people living alone.

- **Relationships Australia** provide mediation and counselling services. Based in Bunbury they offer individual, couple, children and family counselling.

- Pathways is a non-Government not for profit mental health service based in the greater Bunbury area that provides practical support to people with a mental illness, including home visiting. Pathways assist mental health consumers and their carers with accommodation issues, social and recreational activities and advocacy. Pathways work closely with other human service agency plus provide a consumer/carer resource as required. Pathways provide a visiting carer support program to Harvey.

- **Hocart Lodge** is a not for profit Harvey based organisation that provides a range of residential aged care services that allow residents to age in place from independent living units, to hostel to residential (low and high care) aged care beds. In 2010 Hocart was granted 16 additional residential aged care beds (which includes the ten residential high care beds currently provided at Harvey Hospital). Hocart is currently planning how best to expand its service.

- **Silver Chain Nursing Association** provides a range of community based health care for aged, disabled and terminally ill people.

- The **GP Down South General Practice Network** provides primary health care resources and services to support the Peel and South West community, including Harvey. The Network funds a private Psychiatrist to visit Harvey one day per week, based at Harvey Hospital.

- **The Greater Bunbury Division of General Practice** provides primary health care resources and services to support the City of Bunbury, the Shires of Dardanup, Capel and Donnybrook/Balingup and Australind in the Shire of Harvey, in the south west corner of Western Australia.

- There are a number of accommodation agencies based in the South West that provide accommodation for people with disabilities, on low income or who have other forms of disadvantage.

### Private Providers

- **St John of God Hospital Bunbury (SJOGH)** is a private hospital collocated with Bunbury Hospital, on the South West Health Campus. SJOGH is a 120 bed, not for profit, private hospital providing inpatient care in medical, surgical and obstetric services and community based services. SJOGH holds several state government contracts:
  - Alcohol and other drug services - the South West Community Drug Service Team. This team is predominately Bunbury based but does provide a visiting service to Harvey residents if/as required;
  - Palliative Care (Hospice and Community) primarily servicing Greater Bunbury;
Chemotherapy Service which provides eight chairs for chemotherapy in a day hospital setting within the medical centre; and

Renal dialysis satellite service (satellite node relationship to Fremantle Hospital) which currently provides six chairs in Bunbury and six chairs in Busselton.

An eating disorders service for the South West of Western Australia. As part of its national strategy to expand mental health services to young people aged 12 to 25 years, St John of God Health Care has committed to supporting care for young persons in a rural and remote region who are affected by an eating disorder. A Senior Occupational Therapist will provide the specialised service as one of the freely available Social Outreach and Advocacy services operated by St John of God Hospital Bunbury. Initially the service will operate in the South West two days a week and will aim to better meet the needs of young people and their families in the local community who are affected by an eating disorder.

There are a total of two GP practices currently operating in Harvey catchment.

The Harvey Medical Centre operates Monday to Thursday 8:30am - 5:30pm; Friday 8:30 - 3:30pm; Saturday 8:30 - 12pm; Sun 10am emergencies only. The practice provides 24hr care for all patients on a roster shared with the Wellington Medical Centre through the Harvey Hospital. Home visits are available for regular patients. Visiting Services include: Optometrist (Monday afternoons once a fortnight), General Surgeon (Wednesdays once a fortnight), and, a Diabetes educator (Thursday morning once a fortnight shared with the Wellington Medical Centre). The Harvey Medical Centre provides a 24 hour on call GP roster to the Harvey Hospital in conjunction with the Wellington Medical Centre.

The Wellington Medical Centre – operates from Monday to Friday from 8.00am to 6.00pm, Saturday from 8.30am to 12.00pm and Sundays and public holidays when on call from 10.00am. Appointments are provided at Brunswick on Mondays from 11.00am to 12.00pm and Friday from 10.30am to 12.00pm. Appointments are available at Yarloop on Tuesdays from 2.00pm to 3.00pm. The Wellington Medical Centre has two practice nurses, one of which is a diabetes educator (shared with the Harvey Medical Centre). The Wellington Medical Centre provides a 24 hour on call GP roster to the Harvey Hospital in conjunction with the Harvey Medical Centre.

An Occupational Therapist employed by HACC runs an upper limb clinic so all cerebral vascular accident clients are referred for this service. Referrals from the Occupational Therapist are also received.

An Occupational Therapist offers a private service to Harvey and Australind. All community DVA clients are referred to this provider for services and equipment. Private hospital patients may also use this service following surgery.

A Private Massage Therapist is available one to two days per week operating from the town centre.
• An *Audiologist* is available every second Wednesday for adult hearing assessments.
• A *Podiatrist* is available every third Wednesday at Harvey Hospital.
• A *Private Counsellor* is available at Harvey Hospital one day per week. Harvey residents can also access Bunbury based counselling services, some of whom offer outreach or subsidised services.
• Private *Clinical Psychology* services can be accessed from Perth, Peel and Bunbury.
7 CURRENT & FUTURE SERVICE DELIVERY STRATEGY

The following section details the current and projected demand for services at the Harvey Health Campus, and where possible for the Harvey catchment. Future models of care are proposed to manage demand for services, improve efficiencies in patient care, meet the needs of the local catchment area and ensure alignment with existing policies and strategies. The information will provide guidance for determining the optimal mix of services at the facility as it works towards consolidating and improved models of care. Additionally, the information will assist in informing the development of future business cases for the potential redevelopment of services.

Sections 7.1 and 7.2 provide an overview of current activity at Harvey and a description of patient flows within the region and outflows to other regional and metropolitan healthcare facilities.

The remaining sections outline each service area including the current service profile, recent historical activity, forecast demand projections were available, proposed future models of care and overarching service delivery strategies.

It is important to acknowledge that implementing the recommendations will be dependent on appropriate endorsement, the availability of funding and the degree to which the staff and specialists can be attracted and retained to deliver the services.

7.1 Overview of inpatient activity for the Harvey Hospital

Table 13 indicates that there were 762 separations at Harvey Health Campus in 2009/10. 84% of these separations (717) involved residents of the Harvey A, Harvey B and Waroona SLAs. The majority of separations were from Harvey B (84%).

Table 13: WACHS Harvey Health Campus - supply of inpatient services (2009/10)

<table>
<thead>
<tr>
<th>Separations by Resident Grouping at Harvey Hospital</th>
<th>Harvey A</th>
<th>Harvey B</th>
<th>Waroona</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of separations</td>
<td>17</td>
<td>640</td>
<td>60</td>
<td>45</td>
<td>762</td>
</tr>
<tr>
<td>% of Total Separations</td>
<td>2%</td>
<td>84%</td>
<td>8%</td>
<td>6%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Excludes unqualified neonates and boarders.
Source: ATS Online pivot

7.2 Patient Flow

7.2.1 Demand for inpatient health services by residents in the Harvey Catchment

In 2009/10, approximately 4,943 inpatient separations from all WA private and public hospitals involved residents of the Harvey B and Waroona SLAs, the core Harvey Hospital catchment.
Of the 2009/10 Harvey B and Waroona SLA separations:

- 14.1% were from Harvey hospital;
- 18.3% were from Bunbury;
- 2% were from other WACHS - SW hospitals;
- 27.1% were from public metropolitan hospitals; and
- 38.1% were privately treated (19.6% were privately treated in rural facilities and 18.5% were privately treated in metropolitan facilities).

The data is presented in the next Table.

### 7.2.2 Self Sufficiency of WACHS Harvey Hospital

‘Self sufficiency’ is a calculation used to identify the proportion of local resident separations that are managed by Harvey hospital - an indicator of the facility’s capacity to provide care close to home.

In 2009/10 22.8% of Harvey B and Waroona SLA residents who required public health care received that care from the Harvey facility. Furthermore, 55.7% of these residents received their public care within the WACHS South West region.

Due to the distance from Perth and limited availability of onsite specialists, a country health service will not achieve 100% self sufficiency. Highly acute and complex patients will continue to be transferred to Bunbury or Perth where more specialised services and medical equipment are located.

#### Table 14: Harvey B and Waroona SLA resident total inpatient separations, by health facility (2009/10)

<table>
<thead>
<tr>
<th>Area</th>
<th>Hospital</th>
<th>Residents’ Total Separations 2009/10</th>
<th>% of Total Public &amp; Private Separations</th>
<th>% of Total Public only Separations</th>
</tr>
</thead>
<tbody>
<tr>
<td>WACHS South West</td>
<td>Harvey</td>
<td>698</td>
<td>14.1%</td>
<td>22.8%</td>
</tr>
<tr>
<td></td>
<td>Bunbury</td>
<td>906</td>
<td>18.3%</td>
<td>29.6%</td>
</tr>
<tr>
<td></td>
<td>Other South West^</td>
<td>98</td>
<td>2.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Sub-total (WACHS - SW)</td>
<td></td>
<td>1,702</td>
<td>34.4%</td>
<td>55.7%</td>
</tr>
<tr>
<td>Other WACHS Regions</td>
<td>Other</td>
<td>12</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Sub-total WACHS</td>
<td></td>
<td>1,714</td>
<td>34.7%</td>
<td>56.1%</td>
</tr>
<tr>
<td>South Metropolitan Health Service</td>
<td>All</td>
<td>1,035</td>
<td>20.9%</td>
<td>33.9%</td>
</tr>
<tr>
<td>North Metropolitan Health Service</td>
<td>All</td>
<td>219</td>
<td>4.4%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Child and Adolescent Health Service</td>
<td>All</td>
<td>88</td>
<td>1.8%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>
### 7.2.3 Assumptions for Future Patient Flows

The flows of Harvey residents for inpatient treatment and the level of self sufficiency of Harvey hospital is not anticipated to change significantly over the next five to ten years.

### 7.3 Acute Inpatient Care

#### 7.3.1 Overview of Current Inpatient Service Profile

**Harvey Hospital**

Harvey Hospital provides 16 overnight inpatient beds and ten residential aged care beds.

The hospital works closely with the existing four local GPs who provide a Visiting Medical Service (VMP) to the wards and the ED, effectively providing a seamless 24/7 on call coverage to the hospital.

**Table 15: Harvey Hospital: Overview for 2009/10**

<table>
<thead>
<tr>
<th>Stay Type</th>
<th>Seps</th>
<th>Beddays</th>
<th>Average bed occupancy</th>
<th>Number of beds</th>
<th>Occupancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiday</td>
<td>624</td>
<td>2,988</td>
<td>8.2</td>
<td>16</td>
<td>51%</td>
</tr>
<tr>
<td>Sameday</td>
<td>127</td>
<td>127</td>
<td>0.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Aged Care</td>
<td>11</td>
<td>3,997(^{\wedge})</td>
<td>11.0</td>
<td>10</td>
<td>110%</td>
</tr>
<tr>
<td>Total</td>
<td>762</td>
<td>7,112</td>
<td>19.5</td>
<td>26</td>
<td>75%</td>
</tr>
</tbody>
</table>

Data excludes unqualified neonates and boarders.
Data Source: ATS online pivot
7.3.2 Summary of Projected Service Profile

Detailed projections for the WACHS small hospitals have not been undertaken. However, an estimation of future activity has been sourced for Harvey Hospital from the AIM (Hardes) 2007/08 modelling tool, based on ABS Series C.

Table 16: Projected Inpatient Activity WACHS Harvey (2011/12–2021/22)

<table>
<thead>
<tr>
<th>Harvey Hospital</th>
<th>2009/10</th>
<th>2011/12</th>
<th>2016/17</th>
<th>2021/22</th>
<th>% Growth 2009/10-2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiday</td>
<td>635</td>
<td>6985</td>
<td>599</td>
<td>10,171</td>
<td>624</td>
</tr>
<tr>
<td>Sameday</td>
<td>127</td>
<td>127</td>
<td>98</td>
<td>99</td>
<td>118</td>
</tr>
<tr>
<td>Total</td>
<td>762</td>
<td>7112</td>
<td>698</td>
<td>10,270</td>
<td>742</td>
</tr>
</tbody>
</table>

Excludes unqualified neonates and boarders

Source: WACHS Inpatient Demand Status Quo Projections Pivot– based on ABS series C.

By 2021/2022, it is projected that the number of beddays at Harvey will be approximately 10,826. This growth in beddays is primarily due to increased medical/surgical activity and non-acute care. The non-acute relates to rehabilitation, non-acute palliative care, nursing home type and maintenance Enhanced Service related Groups (ESRG). To match the demand it is projected that the multi-day beds will reduce from 16 to 12 by 2021/22 and the residential aged care beds for the catchment area will need to increase from 10 to 20 beds in that same period. It should be noted that it is expected that the existing licences for the ten high care beds in the hospital will transfer to the residential aged care provider.

The modelling data indicates that the demand for inpatient beds will require 12 inpatient beds, a decrease in four beds. There is however no intention by WACHS to reduce the number of acute beds in small hospitals such as Harvey.

The demand for residential aged care for the catchment area is modelled to increase as continuing to be provided at the Harvey Hospital. It is more likely that in the future residential aged care beds will be provided by the private aged care sector and that the ten existing residential aged care beds at HHC will be used for a new inpatient care programs in Harvey that could include palliative care, sub acute, rehabilitation or step down care for patients discharged from Bunbury Hospital or metropolitan hospitals, such as maternity patients.

The data for Harvey Hospital is derived using the Hardes status quo model, i.e. forecast population growth and demographic trends in the absence of strategies to change the existing referral patterns and/or service mix. This provides a significant issue for this analysis and when determining the bed numbers requirements for a hospital which intends to change its model of care and service profile. As changes to the model of care and the service profile are proposed for the Harvey Hospital it is imperative that the Hardes data is not the sole driver in determining the bed requirements. The information compiled in the consultation process, key policy and legislative requirements, technological advances, and regional requirements are all key to determining the appropriate model of care at Harvey and the bed numbers required to support the model.
### 7.3.3 Medical Services & Surgical Service

#### Current Service Model

Medical services to Harvey hospital are provided by local GPs and a range of visiting medical specialists providing:

- Medical/Surgical - one two hour planned day non-GA theatre list weekly and occasional booked procedures under local anaesthetic outside the scheduled lists;
- Non-acute services;
- Mental Health – for patients not referred to Bunbury a visiting Psychiatrist and Mental Health Team come to the Hospital once a month;
- Medical cover for out of town patients - admitted patients who do not have a local GP is provided on a rostered basis;
- Palliative Care from Specialist on referral; and
- a Geriatrician on referral.

Due to the low patient volumes, activity for Harvey hospital has been grouped into total medical/surgical activity. Based on the service mix at Harvey, it is acknowledged that the activity largely relates to medical admissions. The grouping excludes activity relating to palliative care, obstetrics, mental health, drug & alcohol and non-acute SRGs.

Overall activity between 2007/08 and 2009/10 is steadily increasing.

**Table 17: Recent Medical Separations at for Harvey Hospital, +15 years (2007/08 – 2009/10)**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Number of separations</th>
<th>% change 07/08 to 09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey</td>
<td>593</td>
<td>670</td>
</tr>
</tbody>
</table>

Excludes unqualified neonates and boarders. and activity classified elsewhere such as obstetrics, mental health, paediatrics, etc. Includes NHT patients.

Data Source: ATS online Pivot.

#### Projected Service Profile

**Table 18: Projected Medical Separations for Harvey Hospital, +15 years (2011/12 – 2021/22)**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Number of separations</th>
<th>2011/12</th>
<th>2016/17</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey</td>
<td>612</td>
<td>663</td>
<td>713</td>
<td></td>
</tr>
</tbody>
</table>

Excludes unqualified neonates and boarders. and activity classified elsewhere such as obstetrics, mental health, paediatrics etc. Includes NHT patients.

Source WACHS Inpatient Demand Status Quo Projections Pivot– based on ABS series C.

The data predicts that the steady growth experienced over the last three years will continue to 2021/22.

It should be noted that the projections for 2009/10 total medical/surgical activity (excluding only unqualified neonates and boarders) is 762 is almost equal to that projected by the Status Quo Hardes model for 2021/22 (787). This infers that the growth in the past three years has been higher than that
anticipated by the model. It will be important to monitor the data to determine if the growth continues how it will affect the service profile.

Of particular significance is that the population aged 65 year+ account for at over 50% of the total separations at Harvey hospital.

**Surgical Outflows**

Currently, the majority of the public surgical services provided in the South West are provided at Bunbury Hospital. Given the low level of surgical outflows from Harvey it is not possible to separate their surgical activity levels out of the dataset.

**Identified Issues and Challenges – Medical & Surgical Inpatient Services**

- investigate how best to increase the utilisation of the procedure room by increasing the number of lists per week with clinically appropriate procedures that local GP are credentialed to provide. At a minimum the procedure room at Harvey could be better utilized for scoping and more clinically appropriate non general anaesthetic procedures;
- a current limitation in attracting more visiting specialists is that they are able to operate but not often able to provide follow up visits;
- the proposed South West Central Waiting List for Surgery is anticipated to improve coordination of surgical services for the whole region;
- the Bunbury Hospital is approaching capacity for surgical activity creating a demand the potential for patients to receive sub-acute care at Harvey following surgery in Bunbury may alleviate some of this pressure on Bunbury and increase activity for Harvey; and
- determine if data could be captured to indicate the primary surgical outflows for Harvey residents. This would assist when determining the viability of a procedural and scoping service at Harvey, and to estimate potential activity levels if a post operative care service was introduced.

**Proposed Service Model / Key Service Strategies**

<table>
<thead>
<tr>
<th>Medical &amp; Surgical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Explore how to better utilize Harvey Hospital for the following designated and resourced inpatient programmes - Sub-acute Care, Palliative Care and step down post acute care for local patients following discharge from other hospitals, such as Peel or Bunbury.</td>
</tr>
<tr>
<td>Create an environment for the provision of a greater range of ambulatory health care services in Harvey for planned same day activity. This would include visiting medical specialists, outpatient type activity, some planned GP led procedural activity (within established clinical parameters) and other visiting/community based health and non health human service/NGO type services (private and public)</td>
</tr>
<tr>
<td>Ensure there is capacity within the health service and the staff to expand the clinically appropriate procedural and scoping services at the future Harvey Health Campus.</td>
</tr>
<tr>
<td>Develop strategies to attract more GPs to the area and support them to provide a greater range of local clinical services.</td>
</tr>
</tbody>
</table>
Work with the WACHS Southern Inland health Initiative to improve and increase the use of Telehealth to provide more outpatient type services and clinical support to the existing clinical workforce, including local GPs.

Maximise the existing experienced nursing skill set that exists at Harvey Hospital to provide an improved range of services, such as more planned ambulatory care procedural activity.

Investigate the potential to provide post op care and Obstetrics services as a ‘step down’ service from Bunbury Hospitals and metropolitan hospitals.

Consider offering Australind GPs admitting rights to Harvey Hospital and ensuring that the broader population are fully aware of the Harvey Hospital service profile and what can be provided in Harvey.

Improve and implement the use of technology to support complex care across disciplines e.g, clinical i-pads and other innovations such as electronic medical records.

The development of a region wide ‘Surgical Services Coordinator’ role is recommended to coordinate the scheduling of services to utilise smaller hospitals more appropriately and relieve pressures at Bunbury.

Develop mechanisms for GPs to provide follow up outpatient care for post surgical patients. Funding for this will need to be reviewed and formalized.

Ensure that the Yarloop residents who experience Multiple Chemical Sensitivity are aware Harvey has capacity to manage this patient group.

### 7.3.4 Maternity Services

#### Current Service Model

There is no capacity for birthing at the Harvey Hospital. Table 19 illustrates the low level historical and projected (unplanned) obstetric activity at Harvey Hospital.

**Table 19: Recent and projected obstetrics separations for Harvey Hospital (2007/08 – 2021/22)**

<table>
<thead>
<tr>
<th>Harvey Catchment</th>
<th>Historical</th>
<th>Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics Total</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

Data Source (Historic Activity): ATS online pivot  Data Source (Projected Activity): WACHS Inpatient Demand Status Quo Projections Pivot (Based on ABS Series C)

The birthing data for residents of Harvey Part B and Waroona indicates that they access various public and private facilities for birthing.
Table 20 indicates that in 2009/10 159 births were recorded for Harvey B and Waroona residents. Given the volume of births to residents it would be worthwhile investigating the potential to implement a strengthened ante natal and post natal service at Harvey. The potential to offer inpatient post natal care for well mothers and babies would provide residents with services closer to home and alleviate pressure on other facilities in the region and in Perth.
Table 20: Harvey Part B & Waroona Resident Deliveries 2007/08 to 2009/10

<table>
<thead>
<tr>
<th>District of Treatment</th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Private</td>
<td>19</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Rural Private</td>
<td>28</td>
<td>32</td>
<td>37</td>
</tr>
<tr>
<td>Bunbury</td>
<td>65</td>
<td>51</td>
<td>68</td>
</tr>
<tr>
<td>NMAHS</td>
<td>13</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>SMAHS</td>
<td>23</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>TOTAL</td>
<td>148</td>
<td>129</td>
<td>159</td>
</tr>
</tbody>
</table>

Data Source: HMDS

Identified Issues and Challenges

- analyse data to determine if there is adequate volume to provided a more extensive ambulatory service for patients during their pregnancy, including ante natal, delivery and post natal care;
- ensuring safe access to maternity services for all types of deliveries;
- established flows for low risk deliveries and medium to high risk deliveries; and
- determine capacity to deliver post natal care in Harvey following birth at another facility.

Proposed Service Model / Key Service Strategies

**Obstetrics Services**

**Recommendations**

Ensure all maternity service providers are aware of patient flows for the delivery of low, medium and high risk births.

Determine the viability of developing a range of pre and post natal services as part of the expansion of ambulatory care services at Harvey.

Explore opportunities to provide antenatal and postnatal services such as discharge home visiting service in Harvey.

Investigate the potential for Harvey hospital to provide inpatient post natal care for well mothers and babies.

There are private midwives in the South West who provide a home birthing service. Ensure Harvey residents have access to these services if home birthing is their preference.

Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to support the existing clinical workforce, including local GPs.
7.3.5  

**Paediatrics Services**

**Current Service Model**

A small number of paediatric patients are treated at the Harvey Hospital each year. Projections indicate that paediatric activity will continue to slowly decrease in the period to 2021/22. In 2009/10 paediatric activity made up 3.7% of the total number of separations at Harvey Hospital. If clinical capabilities and staff capacity to treat paediatric patients are maintained it would be appropriate to continue to provide paediatric services at Harvey.

Bunbury Hospital has a designated paediatric unit supported by four resident paediatricians who work across the public and private sectors. Residents of the Harvey catchment access this service.

**Table 21: Paediatric services activity, for Harvey Hospital, 0 to 14 years (2007/08-2009/10)**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey</td>
<td>35</td>
<td>30</td>
<td>28</td>
</tr>
</tbody>
</table>

*Data Source: ATS Online pivot*

**Projected Service Profile**

Paediatrics activity for residents in the Harvey catchment is projected to 2021/22 and shown in Table 22.

**Table 22: Projected paediatrics activity for Harvey Hospital, 0 to 14 years (2011/12 – 2021/22)**

<table>
<thead>
<tr>
<th>Harvey Hospital</th>
<th>20011/12</th>
<th>2016/17</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey</td>
<td>32</td>
<td>30</td>
<td>28</td>
</tr>
</tbody>
</table>

*Data Source (Projected Activity): WACHS Inpatient Demand Status Quo Projections Pivot (Based on ABS Series C)*

**Key Issues and Challenges**

- It is expected that the trend for paediatric patients to receive inpatient care at Bunbury Hospital and PMH is expected to continue.
- Ensure Harvey continues to provide lower acuity paediatric inpatient care where clinically viable.

**Proposed Service Model / Key Service Strategies**

**Paediatric Services**

**Recommendations**

The current model for paediatrics services is anticipated to continue. Ensure that Harvey residents can easily access Bunbury for acute inpatient paediatric services.

Where clinically appropriate maintain paediatric services at Harvey.

Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to support the existing clinical workforce, including local GPs.
7.3.6 Mental Health and Drug & Alcohol Inpatient Services

Current Service Model

There is an Acute Psychiatric Unit (APU) in Bunbury providing inpatient services for the adult South West population. This includes involuntary and voluntary admissions.

Given the pressures on the Perth bed management system, there is increasing pressure on Bunbury to manage 100% of the local Mental Health need.

There are no dedicated inpatient drug and alcohol services in the South West. Inpatient detoxification services may be provided at some hospital sites where GPs have admitting rights. These services are not well coordinated with other Alcohol and Other Drug service providers. All clients need to travel to Perth for specialist inpatient Alcohol and Other Drug Rehabilitation.

St John of God Healthcare in Bunbury are contracted to provide the South West Community Drug Service Team. This team provides outreach and in home pharmacotherapy support for people requiring withdrawal and maintenance treatments and is further described in Section 0

Community Mental Health Services are described in section 7.5.7, including the plan for an Older Age Mental Health (OAMH) programme in the South West.

The table below demonstrates Mental Health and Drug & Alcohol inpatient activity at Harvey Hospital between 2007/08 and 2009/10. Mental Health inpatient separations decreased by 49% in the period 2007/08 to 2009/10. This change coincides with a significant expansion and improvement of the inpatient services provided at the Bunbury Hospital APU. In the same three year period Drug & Alcohol inpatient activity increased by 92%. This growth is in both assessment and treatment services. The stable numbers of Mental Health admissions in the past two years indicates a need to continue to provide inpatient care at Harvey Hospital for mild to moderate Mental Health. The significant increase in Drug and Alcohol inpatients indicates a need for continued inpatient care and improved integration or AOD type services.

It should be remembered that the analyses is on small numbers of admissions and percent growth or decline can be misleading.

Table 23: Mental Health and Drug & Alcohol Inpatient activity for Harvey Hospital, 15 years and over (20007/08 – 2009/10)

<table>
<thead>
<tr>
<th>Harvey Hospital</th>
<th>Number of separations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007/08</td>
</tr>
<tr>
<td>Mental Health</td>
<td>41</td>
</tr>
<tr>
<td>Drug &amp; Alcohol</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: WACHS online ATS detail pivot
Patient Flows

In 2009/10 there were 172 mental health separations of residents 15 years and over from the Harvey catchment. Two thirds of these residents who required public health care received that care from a local WACHS facility.

Table 24: Harvey catchment-residents of Harvey B & Waroona SLA) mental health inpatient separations, 15 years and over (2009/10)

<table>
<thead>
<tr>
<th>Area</th>
<th>Hospital</th>
<th>Residents’ Total Separations 2009/10</th>
<th>% of Total Public &amp; Private Separations</th>
<th>% of Total Public only Separations</th>
</tr>
</thead>
<tbody>
<tr>
<td>WACHS South West</td>
<td>Harvey</td>
<td>40</td>
<td>23.3%</td>
<td>31.3%</td>
</tr>
<tr>
<td></td>
<td>Bunbury</td>
<td>41</td>
<td>23.8%</td>
<td>32.0%</td>
</tr>
<tr>
<td></td>
<td>Other South West</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sub-total (WACHS - SW)</td>
<td></td>
<td>81</td>
<td>47.1%</td>
<td>63.3%</td>
</tr>
<tr>
<td>Other WACHS</td>
<td></td>
<td>&lt;5</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Sub-total WACHS</td>
<td></td>
<td>81</td>
<td>47.1%</td>
<td>63.3%</td>
</tr>
<tr>
<td>Metropolitan Health Service</td>
<td></td>
<td>47</td>
<td>27.3%</td>
<td>36.7%</td>
</tr>
<tr>
<td>Total Public*</td>
<td></td>
<td>128</td>
<td>74.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td>44</td>
<td>25.6%</td>
<td></td>
</tr>
<tr>
<td>Total (Private and Public)</td>
<td></td>
<td>172</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Data includes acute mental health and drug and alcohol ESRGs.
Data Source: WA Hospital Morbidity Data System

Projected Service Profile

Mental Health and Drug & Alcohol inpatient activity is anticipated to be steady at Harvey hospital, as outlined in Table 25.

Table 25: Projected mental health and drug & alcohol inpatient activity for Harvey, 15 years and over (2011/12 – 2021/22)

<table>
<thead>
<tr>
<th>Harvey Hospital</th>
<th>Separations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011/12</td>
</tr>
<tr>
<td>Mental Health</td>
<td>37</td>
</tr>
<tr>
<td>Drug &amp; Alcohol</td>
<td>11</td>
</tr>
</tbody>
</table>

Source WACHS Inpatient Demand Status Quo Projections Pivot- based on ABS series C.

When combined the demand for drug and alcohol services has been quite constant in the period 2007/08 and 2009/10. The Hardes projections do not reflect the recent growth in demand for inpatient drug and alcohol services. It would be appropriate to assume that the projections are underestimating the demand and that inpatient services will need to be increased or provided from
an alternative facility. An alternative to this may be increasing community based drug and alcohol services to reduce the need for inpatient treatment.

The development of mental health services in the South West will be guided by the WACHS Strategic Intent for Mental Health Services. In the meantime, Harvey hospital will monitor the growth in demand and determine the most appropriate way to provided mental health and drug and alcohol services for the catchment population.

**Key Issues and Challenges**

Mental Health patients requiring more acute and/or authorised care will be transferred to the Acute Psychiatric Unit Bunbury Hospital or a metropolitan tertiary facility.

Patients with co-morbid presentations (alcohol, drugs and mental illness) have and will continue to pose management challenges for general hospital staff.

Patients requiring Mental Health admission are often treated for co-existing substance use problems.

**Proposed Service Model / Key Service Strategies**

<table>
<thead>
<tr>
<th>Inpatient Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>The potential to establish more community based mental health services, able to provide in-reach type services to the Harvey Hospital should be explored.</td>
</tr>
<tr>
<td>Ensure that referrals from GPs to South West Community Drug Service Team (SWCDST) and referrals from GPs to Adult Mental Health Services work well, including appropriate referrals for older people with mental health complications.</td>
</tr>
<tr>
<td>Need to ensure patients are appropriately referred to adult mental health services as/ if required.</td>
</tr>
<tr>
<td>Plan to address the growing alcohol and drug related issues</td>
</tr>
<tr>
<td>Ensure the development of mental health services are in line with WACHS Strategic Intent for Mental Health Services.</td>
</tr>
<tr>
<td>Define and further develop the care pathway for mental health services for residents in Harvey to Bunbury and Perth.</td>
</tr>
<tr>
<td>Develop models of shared care for mental health inpatients (GP, MH Service, Community Health, Aged Care, CDST, NGO etc.) as indicated by patient presentation.</td>
</tr>
<tr>
<td>Enable improved integration between hospital inpatient MH providers and community MH services/CDST.</td>
</tr>
<tr>
<td>Encourage NGO in reach support to provide diversional activity and social support for MH inpatients</td>
</tr>
<tr>
<td>Explore the development of enhanced community based mental health services. ensure appropriate levels of in-reach care is able to be provided to the Harvey Hospital.</td>
</tr>
<tr>
<td>Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to support the existing clinical workforce, including local GPs</td>
</tr>
</tbody>
</table>
7.3.7 Palliative Care

Current Service Model

WACHS–SW has established Cancer Coordination and Palliative Care teams based in Bunbury and is now rolling out the endorsed WA Health Network models of care across the South West.

Inpatient Palliative Care services for the region are provided by St John of God Bunbury. Silver Chain provides a linked community based palliative care service under contract to WA Health. WACHS provides Palliative Care visiting specialists and services to the South West Region (excluding Bunbury and Busselton).

There are currently no designated in-patient palliative care services at Harvey. The recent and projected palliative care activity at Harvey is presented in Table 26. Please note that the data in Table 26 is also counted in Table 17 and Table 18 which provided total current and projected medical activity at Harvey Hospital. The reason for examining the palliative care activity in isolation is that it is projected to increase by 90% between 2011/12 and 2021/22. (Note the small numbers)

Table 26: Recent and projected palliative care activity at Harvey Hospital (2006/07 – 2021/22)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Historical</th>
<th>Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Data Source (Historic Activity): ATS online pivot
Data Source (Projected Activity): WACHS Inpatient Demand Status Quo Projections Pivot (Based on ABS Series C)

Key Issues and Challenges

- The Palliative Care Service is provided at regional level by St John of God at Bunbury. To increase the usage of inpatient beds at Harvey and to enable palliative care closer to home consideration should be given to establishing a Palliative Care and hospice service for the northern part of the regional catchment area at Harvey.

- Ensure residents in the Harvey catchment are aware of the various palliative care services available from different providers to them during this time.

- Ensure there is capacity and resources to integrate hospital in the home palliative care as part of any service development at Harvey.

- The establishment of the Cancer and Palliative Care Network Model of Care for WA and the rolling out of the Model across all of WA Health.
Proposed Service Model / Key Service Strategies

<table>
<thead>
<tr>
<th>Palliative Care Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Explore potential to establish a coordinated palliative care service on site. From a regional perspective there is a need for a dedicated 'overflow/step down' Palliative care service in addition to the higher acuity SJOG Palliative care service which is set up for Physician led care with a 2/52 ALOS. New palliative care service model for Harvey area with new positions currently being created.</td>
</tr>
<tr>
<td>A palliative care service in Harvey with capacity to provide a palliative care and hospice type of services for a broader catchment area that caters for local patients and their family and links with regional palliative care service/team.</td>
</tr>
<tr>
<td>The palliative care service would be a sub acute step down palliative care service, networked with St John of God.</td>
</tr>
<tr>
<td>Establishment of a governance structure for palliative care services that reflects the Rural Palliative Care Model as developed by the Cancer and Palliative Care Network.</td>
</tr>
<tr>
<td>WACHS works with existing palliative care providers to implement the Cancer and Palliative Network Model of Care.</td>
</tr>
<tr>
<td>Promote the use of Telehealth technology to connect with specialists in Perth or other areas.</td>
</tr>
<tr>
<td>WACHS reviews the regional provision of palliative care to ensure governance, quality and value for money.</td>
</tr>
</tbody>
</table>

7.3.8 Sub Acute Inpatient Care

One of the planned deliverables outlined in the WACHS Operational Plan is to implement the COAG sub acute care National Partnership Agreement. Sub-acute care is defined as interdisciplinary care in which the need for care is driven primarily by the patient's functional status and quality of life rather than the underlying medical diagnosis. It may include care for patients who have multiple diagnoses, none of which is a principal diagnosis.

The residential aged care services available to Harvey residents are outlined in Section 7.6.

A five bed Sub-Acute inpatient unit and day therapy unit for older adults was opened at Bunbury Hospital in March/April 2011. This unit has the potential to increase to ten beds in the future. The aim of the Sub-acute Care Unit (SCU) will be to provide rapid and early access to rehabilitation, geriatric evaluation management and Psychogeriatric care. A Geriatrician for the SW Sub-acute program has been appointed. The recruitment process for the Sub-acute care coordinator is progressing.

Key Issues and Challenges

- With self sufficiency targets to be achieved for the South West, and excess inpatient capacity at Harvey, it would appear that the development of a sub-acute inpatient service at Harvey is a viable option for the future.
- With the increased need to accommodate the step down care for patients following their admission to the Bunbury, there will be a need to develop a care pathway for the delivery of these services for both inpatient and outpatient services.
• Harvey subacute care services would be linked to the Bunbury Hospital sub-acute service based on the hub and spoke model. This would assist with issues such as access to patient records and staff education and training.

• Data collection for sub acute and rehabilitation patients is inconsistent and does not identify the real level of demand for these services.

### Proposed Service Model / Key Service Strategies

<table>
<thead>
<tr>
<th>Sub Acute Care Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Develop a dedicated hospital sub-acute resource to improve inpatient care, discharge planning (from Bunbury and metropolitan hospitals), carer support and potentially reduce the unplanned admissions rates.</td>
</tr>
<tr>
<td>Develop an allied health team for the sub-acute activity at Harvey with capacity to manage step down care from Bunbury and other acute inpatient providers. This will also enable the community health allied health staff to focus on the community continuum of care.</td>
</tr>
<tr>
<td>Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to support the existing clinical workforce.</td>
</tr>
</tbody>
</table>

### 7.4 Emergency Services

#### Current Service Profile

Harvey has a 24 hour nurse triage service with on 24/7 call support from local GPs. There are four GPs providing services to Harvey Hospital, including a seamless after hours on call roster for ED.

The hospital is locked from 8.00pm to 7.00am.

The historical and projected numbers of emergency presentations to the Harvey Hospital are outlined below. The data illustrates that there has only been a 1% increase in total presentations. The increase in acuity of those presentations has increased, with triage 1 and 2 presentations increasing by 76% and 52% respectively. However, the most likely reason for this increase is due to a change in categorisation of patients.

Emergency presentations are projected to increase by 51% between 2011/12 and 2021/22. This data projects that between 2011/12 and 2021/22 there will be large increases in triage 3 and 4 category presentations at Harvey hospital.
Table 27: Harvey hospital: current and projected ED activity, by triage category.

<table>
<thead>
<tr>
<th>Triage</th>
<th>Historical presentations</th>
<th>Projected Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>26</td>
</tr>
<tr>
<td>Triage 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>143</td>
<td>182</td>
</tr>
<tr>
<td>Triage 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>524</td>
<td>515</td>
</tr>
<tr>
<td>Triage 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>937</td>
<td>930</td>
</tr>
<tr>
<td>Triage 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>486</td>
<td>374</td>
</tr>
<tr>
<td>Total</td>
<td>2,107</td>
<td>2,027</td>
</tr>
</tbody>
</table>

Source: Historic= WACHS Online ED Data, extracted 10 Feb 2011
Projections= WACHS ED Projections Pivot (Based on ABS Series B+)

Emergency Transfers via RFDS

Given Harvey’s proximity to Bunbury there is little RFDS activity from Harvey as most patients are transported via road ambulance. The following table outlines the number of RFDS transfers from Harvey Hospital in 2007/08 and 2009/10.

Table 28: RFDS Transfers 2008/09 & 2009/10

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFDS Transfers</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

Source: Royal Flying Doctor Service Accessed 12/05/2011

Inter-hospital patient transfers via Ambulance

Table 29 outlines the number of inter-hospital patient transfers from the Harvey Hospital. The table includes transfers via road ambulance both from the emergency department and from the inpatient ward. All ambulance transfers are provided by St John Ambulance (SJA).

Table 29: Harvey Ambulance Transfers 2008/09 – 2009/10

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer from ED</td>
<td>108</td>
<td>91</td>
</tr>
<tr>
<td>Transfer of inpatient</td>
<td>67</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>175</td>
<td>151</td>
</tr>
</tbody>
</table>

Source: inpatient= ATS online pivot, ED= ED online pivot

Summary of Projected Service Profile

Demand modelling by WACHS Area Office Planning Team shows that the two ED treatment spaces will be required to meet future demand by 2021/22.

Table 30: Projected demand: ED Services, WACHS Harvey (2011/12 - 2021/22)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2011/12</th>
<th>2016/17</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Present.</td>
<td>bays</td>
<td>Present.</td>
</tr>
<tr>
<td>Harvey</td>
<td>2,274</td>
<td>1.4</td>
<td>2,823</td>
</tr>
</tbody>
</table>

Source: WACHS ED Projections Pivot (Based on ABS Series B+)
The following benchmarks were applied in calculating the projected number of WACHS ED bays required.

Table 31: ED Planning Benchmarks

<table>
<thead>
<tr>
<th>Measure</th>
<th>Treatment Space</th>
<th>Benchmark</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Attendances (all ages)</td>
<td>Fast Track</td>
<td>1/3000 yearly T4 and T 5 attendances</td>
<td>Adapted from Emergency Demand Treatment Space Calculator, The Advisory Board Company, 2009</td>
</tr>
<tr>
<td></td>
<td>General ED</td>
<td>1/2000 yearly T 2 and T3 attendances</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma/Critical Care</td>
<td>1/500 yearly T1 attendances</td>
<td></td>
</tr>
</tbody>
</table>

Source: WACHS Planning Team

As Harvey has funding for redevelopment it would be prudent to investigate whether a third ED bay with full resuscitation capacity should be incorporated in the redevelopment plans. From both an operational and future proofing perspective a third ED bay would provide greater flexibility for the management of patients and ensure there is capacity to hold patients in a clinically appropriate environment prior to transfer to another facility or until one of the local GPs is onsite to administer treatment.

Disaster preparedness and response services are proposed to remain at Level 1 for Harvey Hospital.

Identified Issues and Challenges

- There is a lack of appropriate facilities within the ED to manage mental health presentations or other patients who require 1:1 counselling.
- The demands on the four local GPs to provide a seamless 24/7 ED service is significant, meaning effectively a 1:3 roster is required.
- There are identified challenges with patient transport between sites, both emergency and non-urgent, due to the largely volunteer ambulance workforce.
- There is concern regarding the future sustainability of volunteer ambulance services, particularly with demand placed upon them for routine non urgent patient transfer between hospital sites.

Key Service Strategies / Proposed Models of Care

Emergency Services

Recommendations

- Analysis the capacity for the redevelopment to incorporate three ED Bays for operational efficiency and future proofing of the service.
- Establish an ED retrieval system in the region to both coordinate and manage the retrieval of emergency patients from district sites to Bunbury Hospital.
- Improve linkages using Telehealth technology from the Harvey ED to Bunbury for ED FACEM clinical consultation.
- Explore using innovation technology and e health system in ED to improve access to Doctors after hours and reduce the ED on call demand for local GPs. Harness the Telehealth resources available from the WACHS Southern Inland Health Initiative.
- Agree a sustainable model of medical staffing for Harvey ED that meets the needs of the local service and the region.
Emergency Services

Ensure ED service is retained, emergency retrieval response if/as required will continue to be provided from Bunbury. Continue good linkages with St John Ambulance patient evacuation Helicopter.

Consider including observation area in or near the ED to reduce inpatient admission to the ward and/or transfer to Bunbury hospital.

Introduce nurse practitioners into Harvey hospital ED to support a fast track model of assessment and treatment of the triage 4 and 5 patients.

Improve the Mental Health assessment capacity in EDs (facility requirement and care pathway review).

Explore the feasibility of establishing a health service supported patient transport service.

Develop a system to help support nurses, working in smaller settings without 24/7 medical cover, when patients deteriorate. Options include the use of a virtual ED model and Telehealth technologies.

7.5 Ambulatory Health Care Services

Ambulatory Health Care Services is a broad title that generally refers to the planned services provided to patients who are able to ‘walk in and walk out’ on the same day e.g. procedural day surgery, outpatient services, primary health care, community based clinic services (child health, school health, community health) and community based programmes such as community mental health services.

Ambulatory Health Care facilities are usually staffed by nurses and allied health with procedural or specialist medical input provided in a planned and structured way. Depending on resourcing and availability, community based mental health services will provide varying levels of crisis/emergency response.

Ambulatory Health Care Services provided for Harvey residents are outlined below.

WACHS is currently developing an Area and Regional Primary Health Care plans. These primary health care plans will provide the future direction for the development of these primary health care type services, with a focus on six key primary health care priorities:

- Maternal and Child Health;
- Chronic disease;
- Primary Mental Health;
- Communicable Disease;
- Environmental health;
- Dental Health; and
- Aged Care.

Environmental health services in the South West are provided by the local shire councils with liaison as required with the Public Health Unit and Disease Control staff.
7.5.1 Medicare Locals

In recent funding allocations the South West Health Alliance Limited comprising Great Southern General Practice Network, Greater Bunbury Division of General Practice and General Practice Down South have been selected to form the Country South West Medicare Local. The first of 19 Medicare Locals across Australia are to commence in July 2011. They will evolve from Australia’s General Practice Networks and have been designed to better integrate general practice and other primary health care services such as Aboriginal health, physiotherapy, occupational therapy and mental health services, around the needs of local patients and communities.

The model for the Medicare Local developed by the South West Health Alliance was designed to be community centred and provide flexible primary health care. It will use a holistic approach to primary health care that enables patients and consumers to more easily access services available and to increase access to preventative health programs and community health service focussed on keeping people healthier within their communities and out of hospital.

The GP Divisions currently provide services which include:

- a comprehensive range of Aboriginal Health Services within their existing catchment areas, through ‘Closing the Gap’, ‘Healthy for Life’ and primary health care initiatives involving GPs, Aboriginal Medical Services, allied health services, and community health services;
- asthma education services; services to socially disadvantaged; free counselling services; and nutrition and wellbeing programs;
- development of new programs supporting practice nurses, and general practice, resulting in best practice in primary health care;
- co-ordination of outreach specialist services for identified needs in the local area;
- as a Medicare Local, the three Divisions will work together to undertake the following additional activities:
  - identify the top five health care priorities for the region;
  - establish Clinical Leaders groups to address each of the top five health priorities for the region;
  - implement a Clinical Governance Strategy for the Medicare Local catchment;
  - work with more remote communities and services within the catchment to identify and develop sustainable primary health care models;
  - increase and coordinate the number health promotion activities to inform stakeholders and patients of services in their local catchment area through the development of a comprehensive website; and
  - facilitate access to services that were previously unavailable.

7.5.2 Outpatient Services

The following outpatient services are provided at Harvey through visiting medical and surgical specialists:
• Geriatrician;
• Psychiatrist; and
• Palliative Care Specialist

Nursing outpatient services are provided at Harvey Hospital. The Harvey/Yarloop Clinic operates on Tuesdays, for four hours in Yarloop and four hours in Harvey.

Allied health services are community and private based in Harvey. Harvey residents are able to access at the Hospital counselling and podiatrist services. Within the catchment Occupational Therapy, Audiology, massage therapy, Physiotherapy, and counselling services are available. Harvey residents are also able to access other services such as Chiropractors and Naturopaths from Australind and counselling services from Bunbury.

Key Issues & Challenges

• Ensure that a full complement of allied health staff from Bunbury are able to service Harvey and investigate viability of establishing permanently based allied health staff at the Harvey Hospital;
• many allied health services are not available within the catchment;
• there is little coordination of between allied health providers and no real knowledge base of local, visiting and outreach services. Visiting teams often struggle to build a rapport with the local community;
• there is potential to expand Nursing led clinics utilising current staff and introducing nurse practitioner led services; and
• there are often patients seen at their home through the post acute discharge service that could attend the hospital for consult. This would require the use of an outpatient consult room at the hospital.

Proposed Service Model / Key Service Strategies

<table>
<thead>
<tr>
<th>Outpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
</tbody>
</table>

Explore the notion of a ‘one stop shop’ for all ambulatory type health services as a way of integrating operations and assisting the patient to navigate the continuum of care, particularly for those patients presenting with multiple co-morbidities.

Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to provide an increased range of locally provided outpatient services.

7.5.3 Renal Dialysis

The majority of Harvey B and Harvey A SLA residents access renal dialysis via a contracted service at St John of God Bunbury. In 2009/10 there were 795 renal separations for residents of Harvey B and Harvey A SLAs. Projected activity for renal dialysis is not available at SLA level.
**Proposed Service Model / Key Service Strategies**

It would be appropriate to monitor the number of renal separations for Harvey residents to determine if a patient transport service to Bunbury for renal dialysis patients is viable.

<table>
<thead>
<tr>
<th>Renal Dialysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Under the WACHS Renal Plan 2010-2021, the service at SJOGH Bunbury will increase from six to twelve chairs.</td>
</tr>
<tr>
<td>Ensure Harvey renal dialysis patients have access to a patient transport service for renal dialysis in Bunbury.</td>
</tr>
</tbody>
</table>

### 7.5.4 Cancer Care Coordination and Chemotherapy

Chemotherapy services are provided under contract from WA Health through SJOGH for the South West Region. An eight chair clinic is delivered in a day hospital setting within the Bunbury SJOGH medical centre.

The outflows from Harvey B and Harvey A SLA residents in 2009/10 for chemotherapy services are outlined in the table below. Note activity for Waroona residents is captured in the metropolitan activity data sets.

**Table 32: Chemotherapy flows (seps) from Harvey residents (2009/10)**

<table>
<thead>
<tr>
<th>SLA of Residence</th>
<th>WACHS</th>
<th>Metro Public</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey A</td>
<td>106</td>
<td>88</td>
<td>165</td>
<td>359</td>
</tr>
<tr>
<td>Harvey B</td>
<td>51</td>
<td>65</td>
<td>109</td>
<td>225</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>157</td>
<td>153</td>
<td>274</td>
<td>584</td>
</tr>
</tbody>
</table>

*Source: HMDS via Clinical Modelling Unit*

Demand projections for Harvey residents requiring chemotherapy services are not available at this level.

As part of the improvement of cancer services in the South West it is planned that there will be a Comprehensive Cancer Centre located at the South West Health Campus, Bunbury. Chemotherapy services, complementary therapies and outpatient services will be provided from this Centre that will be provided under contract by St John God Health Care.

A new two linear accelerator radiation oncology service will be located on the South West Health Campus. This service will be provided under contract by Genesis Health Care from July/August 2011. This service will work cooperatively with the planned Comprehensive Cancer Centre and other health providers across the South West and metropolitan area and be operationally linked to Royal Perth Hospital Radiation Oncology and when commissioned the new Fiona Stanley Hospital. Patients from outside the South West region will also be referred to this service.

The catchment population is aging and growing and the nature of cancer treatment is constantly changing. The need to ensure that South West Cancer Services are configured to provide optimal clinical care and be adaptable to changes in treatment regimes is imperative.
Having more sites in the South West where outpatient cancer treatment could occur would be positive and could improve waiting times, however it is important to acknowledge that not all cancer can be treated at these types of satellite services and there will continue to be patient flows to Perth (public and private).

SJOGH (current contracted provider) has raised issues about access to medical specialists and the challenges of getting the doctors to travel. It is therefore the preference of SJOGH as the current provider to have all chemotherapy services located in the one regional centre to ensure service sustainability and operational/clinical governance. This aligns with the current planning for the combined cancer centre on the South West Health Campus.

The development of broader Cancer Care Coordination services will be described in the Statewide Cancer Plan that is currently under development during 2011 as part of the WA Operational Plan 2010/11. This Statewide Cancer Plan will provide an improved focus on the care continuum and patient pathways for both the patient and family during all phases of cancer care, including prevention and early detection and research. A focus of the model will be to improve access to and awareness of cancer care services that are available.

**Proposed Service Model / Key Service Strategies**

<table>
<thead>
<tr>
<th>Chemotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Harvey residents will continue to receive chemotherapy treatment in Bunbury or the metropolitan area depending on their clinical need.</td>
</tr>
<tr>
<td>Determine if it is possible for Harvey Hospital to utilize on site Telehealth technologies to reduce the need for patients to travel for routine outpatient type consultations.</td>
</tr>
<tr>
<td>Determine if nursing and allied health staff with interests in treatments for issues such as lymphodema could provide such services from Harvey or if patient transport to access these services can be improved.</td>
</tr>
<tr>
<td>Continue to develop the coordination of cancer care across the South West as per the Cancer and Palliative Care Network’s model of care (inpatient and domiciliary)</td>
</tr>
<tr>
<td>Review and develop strategies to implement recommendations of the yet to be published 2011 Statewide Cancer Plan, as appropriate for the catchment.</td>
</tr>
<tr>
<td>Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to improve levels of service provision and to support the existing clinical workforce, including local GPs</td>
</tr>
</tbody>
</table>

**7.5.5 Palliative Care**

WACHS–SW has established Cancer Coordination and Palliative Care teams based in Bunbury and is currently introducing the endorsed WA Health Network models of care across the South West.

This will ensure that palliative care services are provided in a standard way with improved access across the whole region, the intention being to provide high quality safe care closer to home.

The regional Palliative Care team has identified that the HHC is possible future location to develop inpatient services for the broader northern parts of
the South West Region (excluding the greater Bunbury area). This would maximise the use of the HHC built facility providing a different use for some of the residential aged care beds that are likely to be relocated to the private residential aged care sector.

### Palliative Care

**Recommendations**

- Work with the regional Palliative Care team to explore the development of Palliative Care service based at the HHC.
- Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to improve levels of service provision and to support the existing clinical workforce, including local GPs

### 7.5.6 Population Health Services

WACHS - Population Health Service is an essential element of the continuum of care for the Harvey catchment. Population Health services cover the age and care continuum. The focus is on health promotion and prevention plus interventions directed at preventing or minimizing the progression of disease where possible.

The following table provides an outline of recent Population Health activity. This data should be used as a guide only, as there are often inconsistencies in recording community health data and staff vacancies often prevent the service from delivering at capacity.

**Table 33: Harvey Primary Health Occasions of Service (OCS) – Individual 2007/08 to 2009/10**

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>31</td>
<td>139</td>
<td>215</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>264</td>
<td>471</td>
<td>603</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>175</td>
<td>284</td>
<td>270</td>
</tr>
<tr>
<td>Dietetics</td>
<td>82</td>
<td>145</td>
<td>149</td>
</tr>
<tr>
<td>Podiatry</td>
<td>191</td>
<td>130</td>
<td>155</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>175</td>
<td>271</td>
<td>236</td>
</tr>
<tr>
<td>Community Nursing</td>
<td>1900</td>
<td>1508</td>
<td>1061</td>
</tr>
</tbody>
</table>

Source: WACHS South West

**Current Service Provision**

All Population Health services at Harvey are provided on a visiting basis from Bunbury or Wellington districts with the exception of child and school health and the Allied Health Assistant. All of the clinicians spend some time at the hospital however their services may be delivered at local schools, in the community or in client's homes. There are also some services delivered from Yarloop CHC and there is a child health clinic in Brunswick.

The community nurses (school, child health and immunisation) do not deliver any of their services to in/outpatients of the hospital. However school health and immunisation services do access offices within the hospital and the child health clinic is on hospital grounds.
The current service model, with services provided from Bunbury enables positions to be backfilled from Bunbury. In the last few years this has ensured that the Harvey community has had continuity of allied health service across all specialist disciplines. This centralised model also enables significant advantages in mentoring and providing governance as opposed to sole clinicians based in Harvey. Additionally, roles can be split and clinicians with particular skills and knowledge allocated e.g. paediatric Occupational Therapy and adult Occupational Therapy.

There has been a significant effort to increase the number of population health staff provided at Harvey. Particularly, there has been increased capacity in occupational therapy, social work, allied health assistants, health promotion and administrative services. Increased allocations have also been achieved by re-orientating resources from Yarloop.

Currently, the allied health team travel together from Bunbury to Harvey and this enables networking and promotes good multidisciplinary work amongst the team. Previously allied health staff at Harvey, were employed on a primarily part time basis, worked on different days, and were based in different parts of the hospital with little capacity for interaction. This model was problematic for recruitment and backfilling of positions and it did not easily facilitate multi-disciplinary patient care.

The following Population Health staff are currently allocated to provide a service for the Harvey catchment area/Harvey Hospital:

- School Health Nurse 1FTE
- Child Health Nurse 0.6FTE
- Immunisation Co-ordinate 0.1FTE plus casual hours to deliver school program
- Admin 0.4FTE Harvey 0.2FTE Yarloop
- Occupational Therapy 0.3FTE adult services, 0.2FTE Paediatrics
- Physiotherapy 0.6FTE (adults and Paediatrics)
- Speech 0.4FTE
- Social Work 0.4FTE
- Allied Health Assistant 0.8FTE
- Health Promotion Harvey Yarloop 0.3FTE
- Podiatrist 0.1FTE
- Dietitian 0.2FTE

In addition, Harvey residents can access population health services provided at a regional level, based in Bunbury. Such services include paediatric audiology and clinical psychology.

**Key Issues and Challenges**

- in line with other South West districts, chronic disease is a growing trend with the associated multiple health morbidities and need for health care services;
• allied health staff travel to Harvey daily from Bunbury by shared government vehicles. This results in each clinician effectively losing on average two hours clinical time from their day – directly due to travel requirements;

• population health has made significant efforts to employ Allied Health based at Harvey with no success. For example the physiotherapy position at Harvey was advertised 3 times unsuccessfully. Such challenges in recruitment may require a change in the model of care. Investigating the potential to develop a new model of care which incorporates and utilises therapy assistants and seeks to develop a multi-sector team with other public and private sector may be more attractive for recruitment and retention. A catchment population of 8,000 needs an allied health service, especially with an aging population.

• there is minimal private allied health presence in Harvey. The new Medicare Local will likely be contracted to provide primary health care that incorporates a number of population health services. This may assist in developing a new model of care and increase in local based services.

• the team is physically located across the hospital at present making multi-disciplinary team work and team cohesiveness difficult. As there is no designated outpatient area for booked outpatients, it is difficult to provide effective administration support / client registration and customer service. To access allied health, patients are required to walk through acute hospital area’s which is not appropriate. Currently, the hospital procedure room and a room adjacent to the ward are occasionally used to see paediatric, occupational therapy and speech therapy clients. As a non-purpose built facility for this type of care, using this facility to see patients unwittingly promotes a message of sickness rather than community based child development service;

• the lack of bookable consultation rooms means most clinicians see clients in their offices and while the offices are quite large, given that they are often old ward rooms or birth suites, it is often not appropriate, flexible or efficient use of space. This is potentially unsafe for some patient cohorts such as mental health and/or Alcohol and Drug patients. There is no designated room for social work type consultations. The group room/exercise area is quite a distance from the physiotherapy individual consult/office area meaning clients have to be transported a reasonable distance mid-appointment to be taught exercises etc; and

• there is a lack of storage areas and as rooms have not been set up either as consult or office there is generally not e.g. appropriate storage or shelving within the treatment / office areas either. Home care equipment storage problematic and processes in receiving and allocating inefficient as a result.
### Proposed Service Model / Key Service Strategies

<table>
<thead>
<tr>
<th><strong>Population Health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Review the allocation of allied health resources from various providers across the catchment and develop a comprehensive ambulatory service plan and potentially locate onto one site.</td>
</tr>
<tr>
<td>Investigate potential to work closely with other providers (HACC, GP Division, Medicare Locals, NGO, private etc) to create a local multidisciplinary team that may not need to solely rely on visiting staff from Bunbury. Determine capacity for key providers to create what patients and carers view as a local service.</td>
</tr>
<tr>
<td>Review and develop alternative models to reduce allied health staff travel time from Bunbury to Harvey.</td>
</tr>
<tr>
<td>Ensure that any facility development addresses the current lack of purpose built consulting rooms and provides necessary space for equipment storage.</td>
</tr>
<tr>
<td>Ensure that any future operational planning is linked to the WACHS Primary Health Care Plan and Regional Primary Health Care Plan, both currently under development.</td>
</tr>
<tr>
<td>Enhance the interdisciplinary and multidisciplinary team approach across programs, e.g. population health, mental health, chronic disease and aged care.</td>
</tr>
<tr>
<td>Collocate with community based Mental Health Services and the CDST visiting staff</td>
</tr>
<tr>
<td>Ensure allied health input into community health programs (e.g. child development, regional therapy and maternity).</td>
</tr>
<tr>
<td>Continue to develop and improve access and communication flow between the SW Public Health Physician and health service staff regarding any emerging public health issues and potential human epidemics.</td>
</tr>
<tr>
<td>Increase formalised access to expert staff in Bunbury and Perth for Telehealth consultations and advice, harnessing Telehealth resourcing and staff available from the WACHS Southern Inland health Initiative project.</td>
</tr>
</tbody>
</table>

#### 7.5.7 Community Mental Health Services

The South West Mental Health Service (SWMHS) provides a visiting service to Harvey for Adult Community Mental Health. In addition, services such as clinical psychology are based in Bunbury and provided by the SWMHS for Harvey patients who meet the inclusion criteria.

Currently there is an allocation of one FTE adult mental health worker and 0.2 FTE Child and Adolescent Mental Health Service (CAMHS) Clinical psychologist at Harvey.

The SWMHS staff utilise rooms at the Hospital when they are visiting.

Table 34 provides information on the utilisation of the community mental health service by Harvey A and Harvey B residents in the last three years.
Table 34: Occasions of service for the Harvey region for the South West Community Mental Health service

<table>
<thead>
<tr>
<th>Community Mental Health</th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey Part A</td>
<td>70</td>
<td>92</td>
<td>83</td>
</tr>
<tr>
<td>Harvey Part B **</td>
<td>60</td>
<td>62</td>
<td>72</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>154</td>
<td>155</td>
</tr>
</tbody>
</table>

Source: PSOLIS, SWMHS data set, 2011

Note: 2010/11* is not the complete year. It is for the period 01 July 2010 to 14 June 2011.

Harvey Part B** is the dominate catchment population for the HHC.

Additionally, a number of Harvey patients opt to attend Bunbury Clinic and the Community Mental Health Rehabilitation centre in Bunbury for services. Other CAMHS services are accessed at Bunbury Clinic by Harvey clients.

The SWMHS advise that the planning to increase both medical officer and community mental health nursing time to Harvey in the coming months as this service plan is finalised in response to the increased demand for services. It is anticipated that the adult mental health worker FTE will increase to two.

WACHS published in late 2010 the WACHS Mental Health Strategic Intent framework. This key intent of this document is described in Section 3.1

Seen as an initial stage in the alignment of the State and National Mental Health services planning across the WACHS, the document identifies immediate, intermediate and longer term strategies that are to be developed by 2020. A key focus is early intervention to maximise patient recovery from mental illness and to ensure the sustainability of the patients care across the full continuum of care. There is a strong focus on the need to improve services for infants, children, adolescents and youth, especially the 14 to 25 years of age group that have been identified as being a vulnerable group that also benefits most from early interventions and assertive treatment strategies.

Older Age Mental Health (OAMH) Programme

Planning is underway to establish an Older Age Mental Health (OAMH) programme in the South West which will work collaboratively with public, private and non government health services. The programme will ideally be functionally integrated with the community based mental health services and work closely with the district based Population Health and the South West Aged Care team to provide specialised mental health assessment, consultation and care coordination for older people in the South West.

The proposed collaborative model reflects the planned limited allocation of resource at this time (three FTE) for the SW region and as such is more reflective of development funding. The current proposal is that the SW MH Management team will create three nurse positions and one visiting psycho-geriatrician for 20 planned visits to the SW each year. The mental health nurse would make the initial assessment, provide the diagnosis and care strategy and liaise with the Psychiatrist and GP for medication care strategies. The initial focus will be on people with a mental health condition who are inpatients in SW hospital facilities.

Specialist inpatient treatment will continue to be provided in Perth until such time a dedicated OAMH inpatient facility can be considered for the South West. As the OAMH program in the South West builds and more FTE is secured, the capacity for a dedicated OAMH service with full assessment, treatment and case management capacity will be increased. It is expected
that the planning for this programme will be finalised in 2011, and that the development of the OAMH service will be occur over a five year time frame.

**Key Issues and Challenges**

- there is an increasing level of need and unmet demand for older persons mental health services. There is a need to recruit additional staff to Harvey;
- the ongoing challenges managing complex co-morbid patients who present with alcohol and other drug and mental illness is identified as an unmet need;
- the rooms currently being used for community mental health consultations at Harvey are not appropriately fitted out for Mental Health patients;
- there are no multifunction rooms at Harvey with capacity to provide group therapy work. Home visits are becoming more difficult because of the safety requirement for two staff to visit. Clients are therefore not able to access services they require locally;
- there is little direct clinical support available in Harvey. Mental Health staff will visit if very urgent. Often this type of client cannot afford to travel to Bunbury, are not eligible for HACC funding and generally arrive at the hospital in crisis;
- the 2011/12 Commonwealth budget provided a significant increase for mental health care services throughout Australia. Of particular significance for Harvey is the expansion of the Access to Allied Psychological Services (ATAPS) program. ATAPS funds Divisions of General Practice to broker allied mental health professionals to provide psychological treatment to people with a diagnosed mental disorder. The expansion will target hard to reach areas and communities that are currently underserviced and or unable to access medicare delivered services. The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme which encourages GPs to work collaboratively with psychiatrists, psychologists and other allied mental health providers will be streamlined. The Medicare rebate for GP mental health care plans will be reduced to better match the time usually taken for the completion of a plan, while maintaining an incentive for GPs to complete Mental Health Skills Training; and the total number of allied psychological consultations available each year under the program will be capped at ten rather than twelve, reflecting the fact that the vast majority of patients receiving allied health treatment through the Better Access program receive between one and ten allied health services each year.
- informed by the outcomes of this evaluation and other evidence, in 2011-12 the Government will increase the cost-effectiveness of the Better Access initiative to ensure Better Access is targeted at those for whom the program was designed – people with common disorders of mild to moderate severity. This will allow funding to be redirected into the ATAPS program (which is more effective at meeting the needs of vulnerable and hard-to-reach groups) and other measures in the mental health reform package that will benefit more Australians with mental illness;
- Mental Health Commission - the introduction of new State level Strategic Plan/Policy is expected to commence in July 2011; and
- ensure implementation of recommendations contained in the WACHS Mental Health Strategic: Strategic Framework for service planning to 2020 (2010) paper.

**Proposed Service Model / Key Service Strategies**

<table>
<thead>
<tr>
<th>Community Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>The redevelopment should include a room appropriately fitted out for community mental health services. Such a room includes: two exits, viewing window, suitable furniture, duress response, lockable cabinets, room for safe storage of brochures/forms/equipment, capacity to store hospital equipment that could be used as a weapon, easy access and ensures patient confidentiality/privacy. Additional requirements include: access to meeting rooms for education and case conferences, supervised waiting area, reception support, and air conditioning/heating.</td>
</tr>
<tr>
<td>Ensure staff safety when visiting clients with drug and mental health issues.</td>
</tr>
<tr>
<td>Review and implement strategies identified in the WACHS Mental Health Strategic Intent Framework (2010) document.</td>
</tr>
<tr>
<td>Continue to monitor increases in mental health service utilisation to facilitate requests for additional resourcing for the Harvey by the SWCDST is required.</td>
</tr>
<tr>
<td>Provide resources to all human services to raise the awareness of and attendance at the wellness programs.</td>
</tr>
<tr>
<td>Encourage stronger relationships between Mental Health, Drug and Alcohol and Community Health. This will be aided by collocation of mental health and community health providers.</td>
</tr>
<tr>
<td>Develop a plan that includes mental health promotion and an integrated service delivery model for drug and alcohol and mental health disorders (WACHS Revitalizing Action 5).</td>
</tr>
<tr>
<td>Improve the access and utilisation of Telehealth (harnessing the additional resources available from the WACHS Southern Inland Health Initiative project) in the treatment and management of mental health patients across multiple agencies.</td>
</tr>
<tr>
<td>Improve referral pathways and communication linkages with general practice.</td>
</tr>
<tr>
<td>Collocate with Population Health Services and work together to develop early intervention programmes.</td>
</tr>
<tr>
<td>Improve the pathways to care for Aboriginal people suffering from a mental illness.</td>
</tr>
<tr>
<td>Explore the development of partnerships with general practice, maximising the application of Commonwealth funded programmes.</td>
</tr>
<tr>
<td>Provide formal support and assistance to mental health carer and consumer organisations to enhance and develop their services.</td>
</tr>
</tbody>
</table>
7.5.8 Alcohol and Other Drug Services

The South West Community Drug Service Team (CDST) is provided from a clinic in Bunbury and visits all major centres in the South West. The program is funded by the State through the Drug and Alcohol Office and provided by SJOGH.

The team works together with general practitioners to provide patient centred multidisciplinary care, including counselling and brief intervention programs, for people with alcohol and/or other drug problems. Community awareness raising programs are also provided.

The service works collaboratively with the SWMHS for patients with co-morbid clinical issues.

Patients with drug and alcohol problems are seen occasionally at Harvey by the CDST on a visiting basis following request. However, in general it is expected that patients will travel to Bunbury to be seen at the CDST Clinic.

WACHS have published in late 2010 the WACHS Mental Health Strategic Intent framework. This key intent of this document is described in Section 3.1

The document supports the development of alternative service models to provide integration of mental health and drug and alcohol services that will offer a range of interventions including detoxification services, facilities and rehabilitation.

Identified Issues & Challenges

- explore the capacity to reduce patients travelling from Harvey to Bunbury to access services; and
- there is an identified need to provide practical support for parents on how to deal with drug and alcohol issues, and to prioritise services to ensure children obtain the support they require.

Proposed Service Model / Key Service Strategies

<table>
<thead>
<tr>
<th>Drug &amp; Alcohol Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Review and implement dual diagnosis strategies identified in the WACHS Mental Health Strategic Intent (2010) framework document.</td>
</tr>
<tr>
<td>Work with CDST to increase access to services in Harvey and seek funding to establish a local base, including exploration of the possibility of collocating with the CMH services.</td>
</tr>
<tr>
<td>Develop a plan that includes mental health promotion and an integrated service delivery model for drug and alcohol and mental health disorders (WACHS Revitalizing Action 5).</td>
</tr>
<tr>
<td>Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to improve levels of service provision and to support the existing clinical workforce, including local GPs</td>
</tr>
</tbody>
</table>
7.5.9 **Community Aged Care**

**South West Aged Care Services**

The South West Regional Aged Care Program based in Bunbury includes the:

- Aged Care Assessment Team (ACAT);
- Older Patients Initiative (OPI) Coordinator;
- Friend in Need (FINE) - Client Care Coordinator;
- Community Care Services / Coordinator;
- Home and Community Care (HACC) Project Officer; and
- South West Home Appliance / Modifications/ CAEP Program.

The Aged Care Assessment Team (ACAT) assesses the care needs of the aged care client and refers them to community and residential aged care service providers. The regional SW ACAT team comprises 4.5 FTE, who are responsible for travelling to Harvey to assessing residents.

The Older Patients initiative (OPI) provides older patients with in home care to maintain independence and to encourage patients to remain in their own homes with support for their changing health needs.

South West Aged Care facilities can seek advice from the Dementia Advisory Service.

A full time Geriatrician began working with the South West Subacute program in February 2011.

As outlined in Section 7.5.7, mental health service do not routinely see anyone over 65 years for assessment or treatment unless there is an identified psychiatric condition. An older persons Mental Health Service for the South West is currently in the planning stage.

**Identified Issues / Challenges**

- there is an increasing level of need and unmet demand for older persons mental health services;
- there is a lack of communication and integration of services between directorates involved in the provision of aged care services (e.g. aged care, mental health and population health); and
- provision of direct care for people with needs relating to older age is not seen as core business for generic health services, but in reality older persons are the majority of unplanned and planned patients in the acute settings.
Proposed Service Model / Key Service Strategies

<table>
<thead>
<tr>
<th>Community Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Develop integrated share care models across programs/directorates (i.e. mental health, population health and aged care) focused on patient outcomes to ensure risk screening, assessment, diagnosis and treatment occurs in a timely manner.</td>
</tr>
<tr>
<td>Develop the Older Person Mental Health program in collaboration with other directorates (mental health and population health)</td>
</tr>
<tr>
<td>Move the ten residential high care beds from Harvey hospital to an approved local residential aged care provider.</td>
</tr>
<tr>
<td>Plan to consolidate and strengthen the provision of the full range of aged care services in Harvey.</td>
</tr>
<tr>
<td>Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to improve levels of service provision and to support the existing clinical workforce, including local GPs</td>
</tr>
</tbody>
</table>

**7.5.10 Community Aboriginal Health**

The SW Aboriginal Medical Service (SWAMS) is jointly Commonwealth and State funded. A medical clinic is located at the South West Health Campus, Bunbury. This clinic provides bulk billed GP services to the Aboriginal and wider community and a range of allied health and community nursing services. Patients are also seen at a clinic closer to the Bunbury central business district SWAMS provides a visiting clinical service within 40km radius of Bunbury. Aboriginal clients from the region may choose to travel to Bunbury to access the GP clinic and support services.

SWAMS provides a comprehensive patient transport service to ensure attendance at booked clinical appointments, plus also support all Aboriginal families in the South West to be members of the St John Ambulance, effectively ensuring Aboriginal people can readily access emergency road ambulance services.

SWAMS is currently in the implementation phase of a mobile medical clinic. This clinic will be able to travel across the region, basing itself for booked periods of time at various hospital locations. This service will endeavour to provide a female GP service, plus other primary health care, health promotion and illness prevention initiatives for local Aboriginal and the broader community.

The proportion of Aboriginal people in the Harvey catchment population is lower than the overall South West. However, Aboriginal residents in the South West have a significantly higher mortality rate for cardiovascular disease and a significantly lower mortality rate for injury and poisoning compared with the State Aboriginal population. Aboriginal residents in the South West, had a significantly higher mortality rate for diabetes, cardiovascular disease, respiratory disease, injury and poisoning, alcohol-related conditions and tobacco-related conditions compared with non-Aboriginal residents of the same region. Therefore community health services need to be targeted to Aboriginal residents to address these key health needs.
Identified Issues and Challenges

- ensuring Aboriginal people have access to services provided in a culturally appropriate way; and
- ensuring any redevelopment of the facility provides a pleasant outdoor area that caters for large family groups.

Proposed Service Model / Key Service Strategies

<table>
<thead>
<tr>
<th>Aboriginal Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>Develop improved care pathways and cultural security for Aboriginal clients and lower social-economic groups to access health services.</td>
</tr>
<tr>
<td>Explore the capacity of the SWAMS services to integrate with future Ambulatory Health Care clinics at Harvey.</td>
</tr>
<tr>
<td>Build on and develop partnerships in service delivery with Aboriginal health and related services</td>
</tr>
<tr>
<td>Health service to continue to support the SWAMS ‘care pathway’ model which employs a designated Aboriginal Outreach Workers to ensure patients attend appointments, have medications and access transport.</td>
</tr>
<tr>
<td>Promote the new South West Aboriginal Medical Service (SWAMS) mobile clinic that will travel to Harvey and allow it be parked on the Hospital site whilst clinics are run.</td>
</tr>
<tr>
<td>Work with the WACHS Southern Inland Health Initiative to improve and increase the use of Telehealth to improve patient access to a range of health services</td>
</tr>
<tr>
<td>Ensure the provision of cultural awareness training for all health service staff</td>
</tr>
<tr>
<td>Work with SWAMS to explore the provision of patient transport to assist patients attend the SWAMS clinic in Bunbury</td>
</tr>
<tr>
<td>Review and implement Aboriginal employment strategies as described in the Aboriginal Employment Strategy 2010 – 2014 publication</td>
</tr>
</tbody>
</table>

7.5.11 Public Dental Care

Current Service Profile

Adult dental care is available to residents of the Harvey catchment through the public dental clinics in Bunbury (ten chairs). Care for school children is available at Dental Therapy Clinics at a range of schools. The OPG machine at Harvey hospital is utilised for dental x-rays.

A private dentist operates in Harvey three days per week. Were possible, private dentists are also contracted by Dental Health to provide public services.

Appointment times are kept vacant for urgent cases.

Identified Issues and Challenges

- the adult dental service is currently not meeting demand in the area with Harvey patients waiting two months on the general waiting list before being seen by either a public or a private dentist for routine dental treatment.
Proposed Service Model / Key Service Strategies

Public Dental Care

Recommendations

Consider additional resources to reduce waiting lists and provide a more comprehensive service.

Consider including development of additional dental resources within the new Harvey health campus.

7.6 Residential Aged Care

Current Service Model

The following public and private residential aged care services are available for residents living in the Harvey catchment:

Table 35: Residential Aged Care Facilities in Leschenault Districts

<table>
<thead>
<tr>
<th>Residential Care Facility</th>
<th>Location</th>
<th>High Care Beds</th>
<th>Low Care Beds</th>
<th>Respite Beds</th>
<th>Dementia Specific</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey Hospital</td>
<td>Harvey</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Hocart Lodge</td>
<td>Harvey</td>
<td>28</td>
<td>2</td>
<td>10</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10</strong></td>
<td><strong>28</strong></td>
<td><strong>2</strong></td>
<td><strong>10</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

Source: WACHS – Aged Care

In addition to the aged care beds in the Harvey catchment, Harvey residents as part of the South West Region are able to access aged care beds in and around the greater Bunbury area. This includes the Bethanie Fields facility which provides 60 high care beds and 100 low care beds.

Additionally, Amana Living is in process of developing up to 114 Retirement Units at Treendale. There is a with possibility that in the future high and low care residential aged care beds will be developed on that site.

Activity Trends and Projections

Activity recorded in 2008/09 and 2009/10 relating to residential care activity at Harvey Hospitals is outlined in the following table. This includes data relating to acute beds being utilised for residential care activity. The total occupancy rate for the ten residential care beds at Harvey was 48% in 2009/10.

Table 36: Residential Aged Care Bed activity – WACHS Harvey Hospital 2008/09 to 2009/10

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Residential care</th>
<th>Beddays</th>
<th>No. of residential care beds</th>
<th>Occupancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td></td>
<td>2302</td>
<td>10</td>
<td>63%</td>
</tr>
<tr>
<td>2009/10</td>
<td></td>
<td>1788</td>
<td>10</td>
<td>48%</td>
</tr>
</tbody>
</table>

Data Source: Harvey Hospital
Commonwealth aged care planning benchmarks for high and low care residential aged care places, applied to forecast populations, provide another indicator of demand. The current benchmarks are for the provision of 44 high beds and 44 low care beds for every 1,000 people, non-Aboriginal aged 70 years and over, and Aboriginal aged 50 years and over. It is projected that the total number of residents over 70 years within the Harvey Part B catchment will reach 828 by 2011 and 1197 by 2021 (ABS Series B+). Even without considering the number of Aboriginal residents aged 50 to 70, it is evident that there is a lack of residential aged care beds available across the SW coastal corridor. Significant growth in residential care options for this area will be crucial to meet the rapidly growing and ageing population.

There are 50 Commonwealth aged care beds currently allocated for Harvey Part B.

Identified Issues and Challenges

- services are not operating efficiently due to fragmentation and lack of coordination between service providers;
- staff retention/training and support is needed in order to maintain the staff base for residential aged care services; and
- the care pathway for people aged 65 years and over with physical disabilities is unclear.

Key Service Strategies / Proposed Models of Care

Residential Aged Care Services

Recommendations

Consolidation of aged care beds in Harvey would facilitate greater efficiencies for providers and a more effective and streamlined service for residents. The Commonwealth have indicated that they support moving the ten residential high care beds at Harvey Hospital to a private aged care provider. A timeframe for the relocation of the aged care beds may not be congruent with the timeframe for the redevelopment of Harvey Hospital and contingency for the ten residential aged care beds remaining within the Hospital should be incorporated into all planning activities.

The preferred model of care is to consolidate all residential aged care beds on to one residential care provider site. A preferred site for the consolidated service must also be determined.

Consider how residential care in the future can be provided adjacent to the Harvey Hospital/future health Campus.

Confirm the role of WACHS - SW geriatrician and psychogeriatrician will provide services to people in residential aged care, including consideration of how best to use the available Telehealth human and technical resources.
7.7 Current and Future Clinical Support Services

7.7.1 Medical Imaging

The Medical Imaging service at Harvey Hospital is provided by a mobile and a fixed X-ray OPG machine. A medical imaging operator works three days per week and there is a once weekly ultrasound service. There are four nurse operators on site.

Images are scanned at Harvey and sent directly to Imaging Partners Online for reading and reporting.

**Identified Issues and Shortcomings**

- ensure that equipment is optimally utilized. Dental patients are currently utilizing the OPG machine. It would be appropriate to investigate the potential to provide other health care professionals with access to imaging equipment;
- encourage staff to maintain credentialing as on site operators; and
- ensure new technologies are implemented to maintain service.

**Key Service Strategies**

<table>
<thead>
<tr>
<th>Medical Imaging Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Promote access to imaging equipment to greater range of health care providers to achieve greater efficiency.</td>
</tr>
<tr>
<td>Ensure consultation and liaison occurs with WACHS Area Chief Medical Imaging Technologist regarding any future service development and digital imaging technology</td>
</tr>
</tbody>
</table>

7.7.2 Pharmacy

WACHS - South West has a regional pharmacy service based at Bunbury Hospital. The service provides regular outreach to all the public facilities in the region. Medications are managed on an imprest system and supplied to the facilities on a weekly basis.

A Clinical Nurse with pharmacy as a portfolio undertakes the role of a pharmacy assistant at Harvey.

**Identified Issues and Shortcomings**

In 2006 the Federal Government introduced various reforms to the PBS Scheme. These reforms were designed to improve the continuum of care for patients moving between the hospital and community setting and to improve the way patients’ access their medication by making it easier and more convenient for patients to receive adequate medication. To implement the reforms hospitals may need to have increased capacity to dispense medication on discharge.
Key Service Strategies

Pharmacy Services

**Recommendations**

Future planning processes will need to consult with South West Regional pharmacy services to confirm the local implications of the PBS reform, including the number of regional pharmacists required and the size of hospital dispensaries.

Implement Pharmacy reform as per Action 15. WACHS Operational Plan 2010/11.

7.7.3 Pathology

PathWest are contracted to provide all pathology services for WACHS. Harvey is a specimen collection centre. Specimens are picked up daily from the hospital Monday to Friday between 09.30 and 10.30. Specimens are sent from Harvey to Bunbury Pathwest laboratory or Perth if more specialised testing is required.

There is no on call afterhours service. Urgent specimens are transferred to Bunbury by relatives, hospital staff and or ambulance as appropriate.

**Identified Issues & Challenges**

- need to review appropriateness of current specimen transfer methods; and
- if there is an increase in ambulatory, procedural and step down sub-acute care at Harvey the increase in demand for pathology services may result in the introduction of point of care testing or additional collection times from Harvey.

**Key Strategies**

Pathology Services

**Recommendations**

Provide training and development, where needed, to ensure staff are appropriately trained in specimen collection and storage.

Monitor the impact of technological advancements in pathology on patient flow and service delivery at WACHS Harvey.

Work cooperatively with PathWest to identify sites where point of care testing could be introduced.
7.7.4 Sterilising Services

A Hospital Sterilising Services Unit (HSSU) service for Harvey Hospital is provided by the Bunbury Health Campus.

Transportation of HSSU products to local sites is by Pathwest staff. This system works well at present. In the future it would be beneficial to be able to utilise a courier service if Pathwest staff are unavailable.

<table>
<thead>
<tr>
<th>HSSU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>Continue to utilize HSSU service from Bunbury.</td>
</tr>
<tr>
<td>Consider developing a strategy to access couriers if Pathwest staff are unavailable.</td>
</tr>
</tbody>
</table>

7.7.5 Infection Control

The role of the infection control team is to reduce hospital and healthcare infections through education, surveillance, process and consultancy. A Clinical Nurse has the portfolio responsibility for infection control at Harvey. There is no FTE allocated to infection control for community health.

A key responsibility for this Clinical Nurse is to provide a framework to manage outbreaks throughout the District.

**Identified Issues & Challenges**

- increasing surveillance and education requirements for staff require a partial dedicated FTE on site; and
- there is a lack of storage space for PPE equipment in the event of outbreaks.

**Key Strategies**

<table>
<thead>
<tr>
<th>Infection Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>Role description of infection control staff needs to be formalized to ensure all surveillance and staff education requirements are met.</td>
</tr>
<tr>
<td>Ensure staff with an interest in infection control are encouraged to continue studies for roles in the future.</td>
</tr>
<tr>
<td>Any redevelopment of the facility should ensure sufficient space for PPE equipment required during outbreaks.</td>
</tr>
</tbody>
</table>
7.7.6 Telehealth and e-health

All South West health care facilities currently utilise Telehealth technology for the delivery of staff meetings; a number of outpatient services; for staff education purposes and to enable families to contact clients who have transferred out of the district for medical management.

WA Health is in the process of developing a Telehealth Strategic Directions document, see Section 3.1. As well as new equipment and modification to infrastructure, the key to introducing a Telehealth programme is the management of the workforce change that is required to deliver a successful Telehealth programme. This assists to ensure that Telehealth becomes a positive adjunct to day to day clinical service provision. In addition, WACHS has secured additional resources to improve the use of and access to Telehealth equipment and technology. This project is known as Stream 5 – Telehealth Investment Programme for the Southern Inland Health Initiative and will be progressively implemented in 2011/12.

Demand for Telehealth technology across the South West is increasing due to the remoteness of the hospitals in the region and the availability of specialists on site. In addition to staff training, Telehealth technology will be increasingly used in the future to connect to specialists based in Bunbury or Perth to provide patient assessment and assist in the development of care plans. This will provide improved access and efficiency of health services delivered within hospitals, the community and the home.

At the time of writing WA Health was in the process of launching the ‘Connecting Health’ infrastructure, an internal video bridging service, which will improve videoconferencing technology, enable partnering with other health providers such as Aboriginal Medical Services, GPs and home based services, the ability to stream and record education events and facilitate a move toward desktop videoconferencing.

Along with greater use of videoconferencing, WA Health will be able to utilise a range of technologies (including mobile technologies such as phones and tablet computers, and home monitoring) to deliver high quality and safe clinical service models within and across District Health Services. This will provide the following benefits:

- efficient and cost effective service delivery while improving service access, equity, safety and quality;
- improved health outcomes through increased service access and support;
- better education, training and support opportunities for local health care providers; and
- improved collaboration and communication between health care providers.
Key Strategies

Telehealth Services

Recommendations

Ongoing service planning, as well as site service, facility and ICT upgrades will need to ensure staff and visiting specialists have appropriate and timely access to Telehealth facilities at all facilities across the South West. Providing an effective system connecting Harvey to Perth, Bunbury and other regions will support training and development of staff and enable specialists to provide advice and direct patient assessment – improving efficiencies in patient care.

Harnessing the allocated resources made available to the South West Region via the WACHS Southern Inland Health Initiative Telehealth resources, plan to have a flexible Telehealth system in clinical areas and workstations that facilitates patient engagement.

With the increasing demand for Telehealth facilities, the existing infrastructure and capacity to meet demand should be assessed. Staff training and technical support will also need to be considered.

Review the soon to be published WA Health Telehealth Strategic Directions and work with the WACHS Telehealth team to implement recommendations.

7.8 Current and Future Non-Clinical Support Services

7.8.1 Food Services

Harvey Hospital has a cook fresh kitchen which provides catering for patients and staff. The kitchen also provides Meals on Wheels (MOW) to Yarloop.

7.8.2 Laundry

Harvey Hospital currently has an in house laundry service that supplies Harvey Hospital. It operates three days per week.

Laundry stores are delivered by a local courier service.

7.8.3 Cleaning and Gardening

Cleaning staff are PCA’s and orderlies with a dual role responsibility. Gardening services are provided by locally employed WACHS staff at all sites.

7.8.4 Engineering, Maintenance & Supply

The Collie Engineering and Maintenance team has responsibility for the continuity of essential services at the Harvey hospital.

The team comprises one electrician RMO, one apprentice, and one carpenter. Plumbing and refrigeration services are outsourced

7.8.5 Supplies

A regional service is operated out of Bunbury, providing a ‘just in time’ service.
7.8.6 Learning and Development

The Bunbury based Learning and Development team is responsible for the coordination of training and development across twelve sites in the SW region. The team includes 0.6 manual handling FTE who conducts workshops across the region. 2.2 FTE nurse educators visit sites for training and competency evaluation. Clinicians at the sites also take on the role of competency evaluation.

The district managers organise Essential Skills Days to keep staff up-to-date with clinical skills, as well as fire and safety procedures.

7.8.7 Information and Communication Technology

A regional centralised ICT model is provided with a staff help desk based in Bunbury. The service is provided from 7.00am to 5.30pm with an on call service outside these hours.

85% of calls can be dealt with by Helpdesk staff, and only 8% require a site attendance.

Computer hardware is provided by the Health Information Network (HIN) and the ICT department work closely with HIN.

7.8.8 Corporate Services

WACHS - SW has regional corporate functions centralised in Bunbury for Finance, Human Resources and ICT.

Health Corporate Network (HCN) (WA Health's shared services centre) was established five years ago and provides WA Country Health Service with centralised Employment and Payroll Services. In addition, HCN provides support to components of the finance function.

The Health Information Network was established in 2005 as Health's shared ICT service. HIN provides WA Country Health Service with a range of ICT related services, but ICT staff remain managed through WACHS.

Key Issues and Challenges – Non clinical support services

- SJOGH is developing concept of banqueting (cook chill) and could potentially provide this service to other hospitals in the South West;

- the lack of a single integrated electronic record is seen as a significant barrier to developing improved operational models of care across the region and districts; and

- explore potential to increase utilization of the kitchen and laundry at Harvey hospital.
Non-clinical Support Services – Key Strategies

<table>
<thead>
<tr>
<th>Non-clinical Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>Ensure Harvey Hospital kitchen has the capacity to provide Meals on Wheels for Yarloop and Harvey Senior Citizens.</td>
</tr>
<tr>
<td>Investigate the capacity of Harvey Hospital to provide laundry services to other facilities to raise revenue as it is currently only utilised three days per week.</td>
</tr>
<tr>
<td>Encourage the use of online e-learning WACHS training programs combined with practical assessment of skills, including using Telehealth technology.</td>
</tr>
<tr>
<td>WA Country Health Service is currently establishing an ICT Strategic Plan that will guide developments for the next five years, including equipment investment and application development. Service and workforce implications of establishing electronic medical records and human resource systems will need to be identified.</td>
</tr>
<tr>
<td>Any future facility planning must consider this ICT strategy and include broader Health Information Network requirements.</td>
</tr>
</tbody>
</table>
8 OTHER FACTORS ENABLING SERVICE DELIVERY

8.1 Transport and Retrieval

The lack of patient transport was an issue raised repeatedly throughout the Service Plan user group workshop consultations. The lack of public transport and community based transport providers from Harvey to other health care facilities is a major impediment for the catchment population when accessing health services not provided at Harvey. Access to services is also affected by Harvey residents are not being eligible for PATS funding (Harvey is less than 70km from Bunbury one way).

This results in both increased pressure on the St John’s Ambulance Service which relies predominantly on volunteers and, residents not attending appointments in Bunbury and other locales.

There is a need to coordinate and improve patient transport options for specialist appointments at Bunbury Hospital. In the case of patients travelling to 'non emergency' type care a designated patient transport vehicle may be a viable investment, similar to the patient transport model introduced by the South West Aboriginal Medical Service which aims to improve access to specialist care in Bunbury.

Another alternative may be to investigate the potential to develop a consolidated transport service with other health, aged care and human service providers to share costs and limited resources.

A number of other facilities in the South West Area have also reported a need for improved patient transport and clinical coordination to and from Bunbury Health Campus for emergency cases and for non-emergency patient transfers.

The concept of a South West Emergency Retrieval System being established out of Bunbury Health Campus across the region that coordinates and manages the planned retrieval of emergency patients from district sites (by road or air) should be further explored. This would help to relieve the pressure on the medical and nursing staff at the smaller sites (currently needing to physically escort critically unwell patients to Bunbury Hospital leaving smaller sites understaffed), and supporting the safe planned care of critically injured patient transport within the region.

A health service delivered non emergency patient transport service has been recommended as an important support to reduce the pressure on the emergency ambulance services and supplement the community based and non government agency support programs that provide this service across the community.

This would facilitate the prompt transfer of patients returning to Harvey for step down care following treatment at Bunbury Health Campus, as well as the inter-hospital transfer of patients who require a specialist or access to diagnostic investigations that are not available at the smaller sites.
8.2 Workforce including Education and Training

On a local level a number of workforce issues were raised during the consultations. Local staff and stakeholders have expressed the need for:

- support local GPs to maintain their current practices and support GP medical workforce recruitment via the development of strategies to attract more GPs to the area and support them to provide a greater range of local clinical services. This would include reviewing the current GP model and on-call roster for the GPs. The potential to recruit a female GP should also be investigated;
- consider offering GPs in the wider surround such as Australind with admitting rights to Harvey Hospital to increase utilisation of inpatient beds and outpatient and day only service provision;
- support the introduction of Nurse Practitioners at Harvey. In particular the Nurse Practitioners in the ED would greatly assist with the management of triage level 4 & 5 patients;
- consider supporting nurses with interest and knowledge in specific areas to provide more local services such as post-operative breast cancer care and lymphoedema care as part of breast cancer treatment and management service;
- investigate alternative models of care as part of allied health workforce planning. This may include increasing the provision of allied health assistants and therapy staff and developing multi-sector teams with other providers which may assist with the recruitment and retention of locally based staff and increased allied health services in Harvey. This may include strategies to encourage more private sector allied health professionals to Harvey;
- need to better utilise the existing health service and hospital facilities with a more appropriate mix of staff. This includes monitoring current demand for outpatient services and ensuring when staff are on extended periods of leave that their position is back-filled;
- improve staff access to technology which will enable medical, nursing and allied health staff to consult with services in Bunbury and Perth for patient consultations and professional supervision. This technology should also be available to local GPs to enable teleconferencing for clinical consultations with Specialists in the Region and Metropolitan area;
- 24/7 access to computers in a training room for staff to facilitate the completion of competency and skills training. Trend for more simulated training requires physical space as part of multipurpose areas;
- use technology to deliver training electronically such as the new Regional Induction programme; and
- develop strategies within other health and aged care providers such as Hocart Lodge to address high turnover of staff, and difficulties with recruitment.

Additionally, staff believe it is imperative that Human Resources is involved in the early stages of the redevelopment project to ensure a strong workforce planning perspective is included.
At the Regional and District level there is a growing need for workforce planning to occur as a priority. The following strategies have been identified to assist in the recruitment, education and training of staff:

- Regional approach to provide an increased level of clinical staff upskilling;
- development of online e-learning WACHS training programs that will be combined with practical assessment of skills, access to computers and training of staff;
- provision of web based packages that staff can access from home, or provision of CDs that staff can take away and study in their own time;
- exploration of the purchase of expert external training services wherever possible and partnerships with an external organization for targeted service delivery, freeing up internal resources for training (develop criteria for those programs needing external training);
- development of future partnerships with GPs and other health care professionals to engage in team learning;
- strengthen links with universities through the Rural Clinical School; and
- implementation of learning and development programs focusing on individual departments for Clinical Support e.g. Imaging, Pathology.

Workforce planning for Harvey will need to align with WACHS wide initiatives, as outlined in the WACHS Operational Plan 2010-2011. These initiatives include:

- develop a clinical workforce plan which includes recruitment and retention strategies for medical, nursing and allied health staff; and implementation of the clinical governance framework for allied health;
- implement the Rural Generalist Pathway; and
- implement the Nursing and Midwifery WA Strategic Framework.

8.3 Staff Accommodation

There are staff quarters on the Harvey campus. It is comprised of four single rooms with common amenities, kitchen facilities and a lounge room. The building is old but is neat and clean.

When required for the recruitment or retention of skilled staff, the health service may assist in the accommodation of staff in off-site accommodation. If the staff accommodation is to be upgraded a number of issues should be considered. These include: ensuring there is capacity to provide staff with overnight and long term accommodation, will the accommodation be available for both staff and their families, can it be utilised for health students, and, could it be utilised by other staff from other Agencies.

8.4 Disaster preparedness and response

Under the WA Health guidelines, ‘Redundancy and Disaster Planning in Health’s Capital Works Program’, Harvey is identified as a Group 4 facility.

The report acknowledges that the conversion of existing WA Health facilities to meet the disaster planning guidelines is likely to be cost prohibitive. However,
it is noted that in the event of a hospital being developed in some way, then it is expected that these guidelines will be addressed as part of the planning and design process.

8.5 Contemporary Facility Design

All future facility design will incorporate detailed and contemporary design plans for Telehealth, e-health, ICT, medical imaging and other non-clinical and clinical support services in line with the relevant strategic plans for those areas. All future design will need to align with the WA Health Departments, Greening Health, Building and Renovations (2010) publication to maximise sustainability and energy efficiency. See Section 3.1 and Appendix 2.

The redevelopment of the Harvey Health Campus provides an opportunity to develop a new model of care and scope of services to be provided from the site to better meet the health care needs of the catchment population.

Key issues to be addressed through improved facility design include:

- support for the establishment of the Harvey Health Campus as a central integrated health facility for the catchment area, providing facility for health and other human services to be based at, to visit or to use on a booked basis;

- the introduction of an integrated model of care for all ambulatory care will provide a critical mass in Harvey for visiting health professional staff. The increased in the provision of ambulatory care services will require purpose built care spaces for individual and group activities;

- planning should provide multipurpose meeting areas, as the current lack of space is restrictive on services that can be provided e.g. outpatient clinics;

- whilst adhering to the applicable clinical and safety constraints the facility should provide a number of consulting areas for visiting medical services and to facilitate regular outpatient clinics. These rooms should also be designed for use for allied health consultations;

- the procedural room should be appropriately equipped to enable increased procedural and scoping activity, within the applicable clinical and safety constraints;

- improve the design of the Emergency Department to optimise clinical effectiveness and efficiency;

- ensure that 'state of art' technology is introduced as a standard. The new facility must make maximum use of health technology and 'e' health innovation such as Telehealth and electronic medical records to provide more direct clinical care. Use of technology should improve workforce orientation and training capacity, and reduce patient and staff travelling by providing the capacity for patient/client appointments with specialists to be held utilising said technologies. This will require the development of a range of suitable rooms and installation of clinical equipment for patient consultations and case conferencing and staff training and using Telehealth. In addition to providing Telehealth in clinical areas, a robust wireless network which provides capacity for bedside video conferencing, and can be used by staff to access: on-line essential patient records, training programs, and human resource management is required;
• upgrade the communications central computer room in Harvey to support Phone/paging system including DECT phone system;
• plan and design the facilities so that they are seen as welcoming by various cultural groups, especially for Aboriginal people;
• maximise the use of the pleasant outdoor areas at Harvey Hospital and link any future sub acute/palliative type care to the outdoors, also ensuring adequate space for large family groups and cater for a more culturally appropriate setting for Aboriginal people with open spaces;
• ensure there is adequate storage space for clinical equipment that is used both within the facility and for hospital in the home type services;
• the facility requires an increase in amenities and for patients, staff and visitors;
• promote the capacity for Harvey based human service agencies to utilise and share physical resources at the Harvey Health Campus;
• health service to support the proposal to have the HFSS co-locate on the Harvey Health Campus site;
• explore how additional facilities that have a broader community use (such as a hydrotherapy pool) could be developed/enhanced for Harvey;
• ensure that the facility consolidates administration and billing services to reduce traffic through the clinical areas. Appropriate storage for administration equipment should be incorporated into the facility design;
• consider upgrading the pharmacy area to improve efficiency and to be accessible for ambulatory care services;
• provide any upgrades to the onsite staff accommodation facility to ensure it is attractive to visiting staff and able to be utilised by RMOs and Registrars (visiting Bunbury Hospital), Locums, Nursing and Allied Health staff at Harvey;
• as part of facility development it would be advantageous to investigate the potential for the development of inter-agency staff and student accommodation on the Harvey site; and
• assess and determine how best to upgrade the patient evacuation helicopter landing area.

In addition as part of the facility design process the potential to locate a future new purpose built residential aged care facility on or adjacent to the Harvey Health Campus should be explored. The establishment of a single residential aged care facility in Harvey offering a full spectrum of residential and community aged care services and located close to the hospital would enable optimal use of physical and staff resources. It would provide an opportunity to achieve health and cost efficiencies.
9 PROPOSED FUNCTIONAL MODEL OF CARE

The following section provides a visual representation of the proposed functional model of care for Harvey within the South West region.

In developing the functional model, it has been essential to consider the range of services to be provided across the District, patient flows within the district; intraregional flows and the relationship with Bunbury Health Campus; along with outflows to metropolitan and private healthcare facilities.

Figure 11 provides an overview of the proposed clinical services available at Harvey and the interrelationships between Harvey, the greater South West region and Perth.

Figure 11: Future Functional Model of Care for Harvey
10 CONCLUSION

This Service Plan suggests a strategic direction for service delivery at Harvey to 2020. The following overarching priorities have been developed:

- create an integrated Health Campus with a focus on planned ambulatory care across the full care continuum and the promotion of the full range of primary health care interventions;

- support using Telehealth and other technologies the Harvey Hospital ED, linking the department to the Bunbury Hospital ED for FACEM consultation and advice available for nurses and doctors;

- introduce Nurse Practitioners into Harvey ED;

- collocate all community based programs in a purpose built ambulatory care centre supporting a shared and integrated approach to the management of the full range of chronic diseases;

- investigate models of care and capacity for service providers to work closely together to increase locally provided allied health services;

- transfer the ten residential high care aged care beds to a private provider;

- provide planned step down sub acute and some rehabilitation care;

- provide improved and targeted ante natal and post natal care and potentially offer step down maternity care;

- develop a palliative care and hospice program for a broader northern regional catchment population to be based at the future Harvey Health Campus;

- increase the use of the Harvey Hospital procedure room for more planned non GA type of use; and

- maximise at all levels of the health services and with health partners the use of Telehealth technology and other ICT technology to provide direct patient care, reduce patient and staff travelling time and to provide a range of staff services such as e learning.

The strategic directions for service delivery outlined in this Service Plan will enable Harvey to better manage demand for services, improve efficiencies in patient care, meet the needs of the local catchment area and ensure alignment with existing policies and strategies.

The Plan will also assist in informing the development of future business cases for the potential redevelopment of services. It is essential that this plan is reviewed as facility planning progresses, National/State policies are introduced and the needs of the community change. An ongoing proactive approach to service planning will ensure that healthcare services remain responsive to the rapidly changing community, new policy developments and advances in medical care and technology.
11 RECOMMENDATIONS

The following recommendations should be undertaken over the next six to 12 months as planning progresses to Business Case development and beyond.

It is recommended that WACHS – South West and Harvey staff form working groups to undertake the following:

- confirm the preferred future functional model of care for health services at the Harvey Health Campus;
- confirm the capital budget for the project and identify any additional funding opportunities/sources;
- determine workforce and recurrent cost implications;
- confirm the clinical governance for changes to the models of care;
- actively progress the usage of Telehealth technology across all aspects of clinical and non-clinical service delivery;
- determine the not-for-profit, private and inter-governmental partnerships to be formed to enable the future models of care to be established;
- explore opportunities for the private sector to be engaged in the redevelopment and future service delivery on-site;
- explore opportunities to utilize and access the infrastructure and resources of other health and human service providers already existing in the community; and
- develop an Implementation Plan to identify the key operational and facility initiatives arising from the service delivery strategies outlined in this document. This will assist in ensuring all key issues arising from the Service Plan are considered during facility planning processes for the redevelopment of the Harvey Health Campus.
APPENDIX ONE – SERVICE DELIVERY STRATEGIES
Table 37: WACHS – South West FTE in Harvey (2009/10)

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<tr>
<th>FTE Category</th>
<th>FTE Funded</th>
<th>Actual FTE</th>
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<td>Harvey Hospital</td>
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<tr>
<td>Medical</td>
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<tr>
<td>Position</td>
<td>Percentage</td>
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