



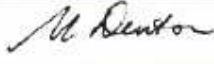
Government of **Western Australia**
Department of **Health**
WA Country Health Service


Murchison Health District Service Plan 2015-2020

WA Country Health Service – Midwest

*Working together for a healthier **country WA***

SIGNATORY PAGE

To be completed by the Regional Director	
I certify that the <i>Murchison Service Plan</i> has been developed to my satisfaction, and that all requirements have been stated within the document.	
Signed 	Date: 15 May 2015
Print Name Margaret Denton	
Position Regional Director	

To be completed by the Chief Operating Officer Operations	
I certify that the <i>Murchison Service Plan</i> has been developed to my satisfaction, and that all requirements have been stated within the document.	
Signed 	Date: 20 May 2015
Print Name Shane Matthews	
Position Chief Operating Officer Operations	

To be completed by the Chief Executive Officer	
I endorse this <i>Murchison Service Plan</i> has been developed to my satisfaction, and that all requirements have been stated within the document.	
Signed 	Date: 23 / 10 / 15.
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Position Chief Executive Officer	

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Acknowledgements

Thank you to the following persons / groups who have contributed information and or feedback in the development of this Service Plan:

Service Plan Development Process 2011

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1 Introduction to the Murchison Health Service Plan

This Service Plan was undertaken at the request of the Western Australian Country Health Service's (WACHS) - Midwest Region in response to proposed changes to service delivery models, concerns regarding service accessibility, and the need to consider the health infrastructure requirements for the district.

It provides the strategic directions for service delivery for the Murchison Health catchment population of around 4150 people for the next three to five years (Tomorrow WA, 2015). The Murchison health district catchment includes the Shires of Meekatharra, Mount Magnet, Cue, Yalgoo, Sandstone and Wiluna and for the purpose of this plan includes the Shire of Murchison. It adds to the body of health services planning work that the region has progressed in recent years (Southern Inland Health Initiative, Midwest Health District service planning, consultations regarding SJOG Geraldton, Cancer service planning and Mental Health planning).

Planning Objectives

To develop a service plan that:

1. describes the health needs of, and the future demand for health services by the population who reside in and visit the Murchison catchment.
2. identifies strengths, needs, service gaps and priority areas for future clinical and non clinical service development.
3. informs future service model development, particularly primary health care and emergency service provision in partnership with other providers; and
4. informs future capital design and development, business cases and funding submissions.

Planning Process

The Midwest Region conducted a planning process for the Murchison District that included significant community consultation in 2010 and 2011, however the service planning was not completed at that time. Following a request from the Region in 2014, a revision of the draft service plan was completed for the Murchison utilising the 2011 draft document, combined with:

- an updated analysis of the demographic, epidemiological issues and needs plus the demand and supply activity planning data for the catchment area now and over the next ten years
- an audit of existing WACHS services, and other providers of health and social services; and
- targeted investigation with relevant individuals and agencies regarding specific health issues/services.

1.1 Summary of Strategic Service Reform and Improvement Priorities for Murchison

The service planning process has identified the following strategic reform and improvement priorities for implementation, within the WACHS – Midwest funding parameters, over the next five years in line with the *WACHS Strategic Directions 2015 – 2018*.

The current service model within Murchison ensures provision of a 24/7 emergency services, a selected range of inpatient services, and outpatients services largely provided via a visiting model from Geraldton, and through available GP practice services. The proposed future service directions will not result in significant changes to emergency or inpatient services but will see an increase in access to outpatient services via mixed modals of visiting, resident and telehealth outpatient services.

The Murchison resident population and health profile detailed within this plan combined with the historical service activity and infrastructure issues indicates a need for health care service and infrastructure improvements to better meet their needs now and into the future within government and WACHS' budget constraints. Key components include:

WACHS Strategic Direction 1: Improving Health and the Experience of Care

- Deliver multi-disciplinary community services from a new primary health care centre in Meekatharra which will deliver population health, mental health, community aged care services and other primary care services will be accommodated in a stand-alone primary health care centre.
- Deliver multi-disciplinary community health services from a new emergency and Primary Health Care Centre at Mt Magnet in co-location with the current Primary Care facility operated by the Geraldton Regional Aboriginal Medical Service (GRAMS).
- Replacement of the ageing Meekatharra Hospital, with facilities for acute care, emergency services with consideration of residential aged care facilities on site.

WACHS Strategic Direction 2: Valuing consumers, staff and partnerships

- Implement staff workforce attraction and retentions strategies aligned to WACHS recruitment policies and Aboriginal employment strategies.
- Staff housing upgrades in Meekatharra to assist workforce attraction and retention.
- Work in partnership with consumers, GPs, RFDS GRAMS, the WA Country Primary Health Alliance regional office and other agencies to ensure health service provision is maintained

WACHS Strategic Direction 3: Governance, performance and sustainable services

- Support GRAMS and the local Shire to secure a regular and sustainable General Practitioner (GP) service at Meekatharra and Mount Magnet.
- All improvements need to be implemented within the available funding and budget parameters of the WACHS – Midwest region in order to be sustainable.
- Pursue service and funding partnerships to improve service sustainability.

A collaborative service model is proposed between WACHS, GRAMS and other suitable service providers. This paper outlines the way in which proposed services are to be delivered.

Next Steps

WACHS Infrastructure team with the WACHS – Midwest Regional Executive will develop a Business Case and, Concept Brief for the Murchison hospital redevelopment. WACHS – Midwest will develop a comprehensive Implementation Plan for the other key recommendations for endorsement by the WACHS – Midwest Regional Executive which includes clearly stated short, medium and long term strategies, actions, timeframes, accountable officers, funding sources and methods of evaluation and monitoring the achievement of the Implementation Plan.

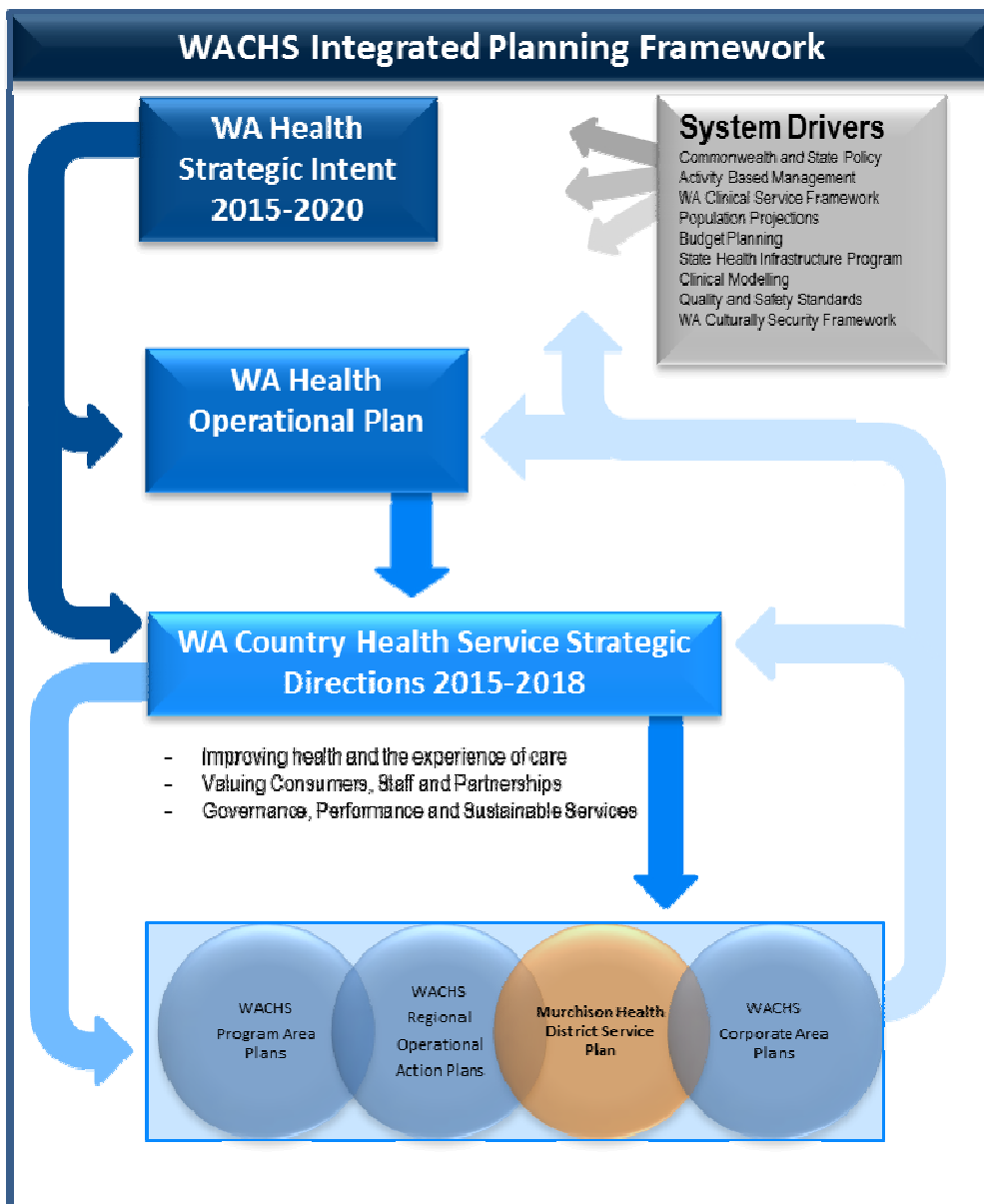
It is essential that this Health Services Plan is reviewed if and when facility planning occurs, new National/State policies are introduced and as the needs of the community change. An ongoing proactive approach to service planning ensures services remain responsive to the changing community, new policies, service model development and advances in health care and technology.

Further detail on the process and findings can be accessed from the WACHS Planning and Evaluation Unit.

2 The Planning Framework, Context and Strategic Directions for Health Services

All planning in WACHS occurs within an Integrated Planning Framework which considers the recommendations of National, State and local government policies (including the WA Health Strategic Intent, WA Clinical Service Framework and WACHS Strategic Directions). It includes planning at State, organisational, health regional and district levels, as well as specific program area planning as shown in Figure 1.

Figure 1 WA Country Health Service Integrated Planning Framework



2.1 Additional drivers of planning for the Murchison health district

2.1.1 WA Clinical Service Framework 2014-2024

The WA Clinical Service Framework (CSF) is the government endorsed framework to guide health service planning throughout Western Australia. The CSF is reviewed and updated periodically to ensure it remains responsive to the principles of health reform and reflects changes in the health care environment . The WA Clinical Service Framework 2014 -2024 (CSF 2014) was published in 2015. While it is a key guide to health service current and planned future capability, the service levels proposed in the framework need to be provided within the funding and budget constraints of government and WA Health.

Murchison service types and role delineation levels in the CSF 2014 are provided under section 5.

2.1.2 Building Condition Audit, 2010

In October 2010, the Department of Treasury and Finance (DTF), Building Management and Works (BMW)¹ on behalf of the Department of Health commissioned GHD Pty Ltd to conduct a building condition audit on Meekatharra Hospital. This report identified a number of issues, including:

- the main hospital, staff accommodation and morgue buildings are timber framed and are approximately 60 years old. The reports states, "...a building of this type of constructions normal life expectancy would be around 40 – 50 years, indicating Meekatharra Hospital is 10-20 years past its design life"
- fire assessment identified non-compliance issues, some related to the age of the building
- "...as the building ages and further defects occur, such as corrosion to steel and rot to timber elements, cost of maintenance will increase significantly. The longevity of the building structure as a whole will depend upon maintenance works to be completed in the future"; and
- significant defects including asbestos, termite damage and a leaking roof.

2.1.3 Southern Inland Health Initiative

In mid 2011 the \$565 million Southern Inland Health Initiative (SIHI) was announced to reform and improve access to health care for the Southern Inland area of WA, including \$240 million investment in health workforce and services and \$325 million in capital works. The SIHI catchment stretches from Kalbarri and Meekatharra in the north, to Laverton in the east, down to Esperance in the south. SIHI has six funding streams, three of which are particularly aligned to the needs of the Murchison District. These include:

- District Medical Workforce Investment Program (\$182.9 million) funding supports increased medical and general practice resources in smaller country towns, enabling a 24 hour emergency response, better medical coverage for inpatients and improved access to general practice.
- Telehealth Investment (\$36.5million) has introduced innovative "e-technology", increased use of telehealth, including equipment upgrades and introduction of the Emergency Telehealth Service.
- Small Hospital and Nursing Post Refurbishment Program (\$108.8million) will provide a capital works program for small hospitals and nursing posts to be refurbished or, if required, rebuilt to enable delivery of health care services that will match the needs of their communities.

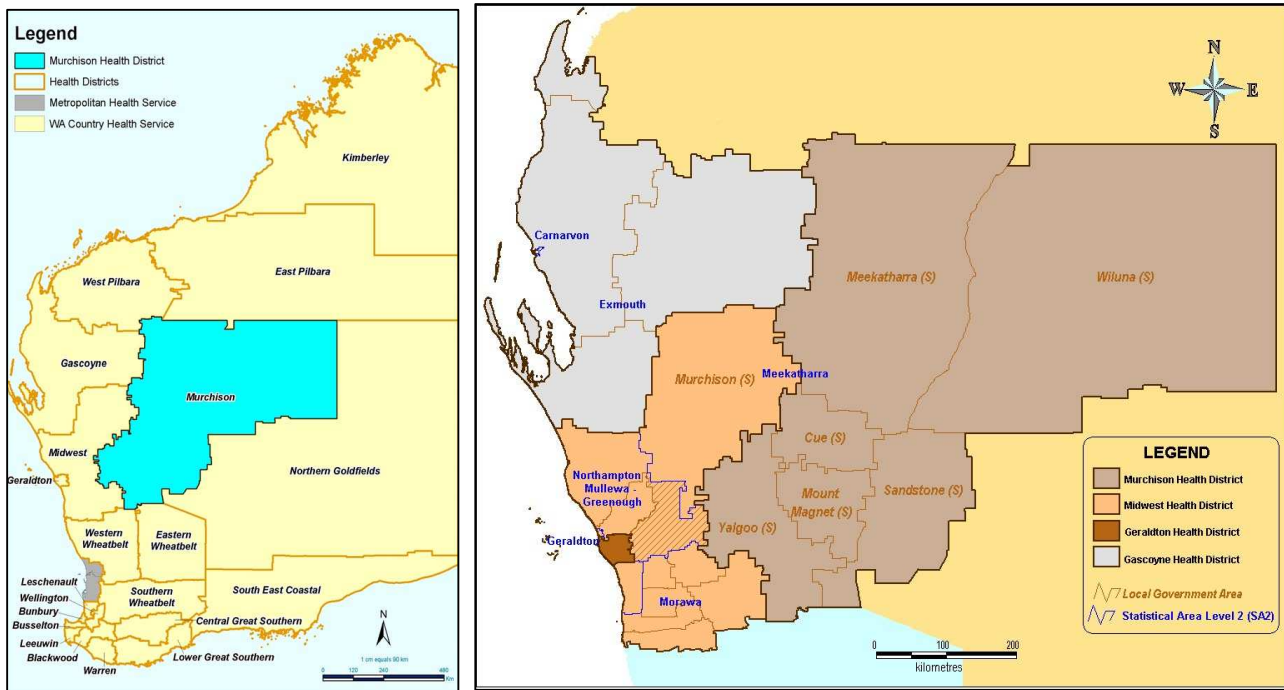
¹ GHD Report for Northampton & Meekatharra Health Centres, Condition Assessments, 2010. Department of Treasury & Finance.

3 Murchison Area Overview

3.1 Geography

The Murchison health district of the Midwest health region of the WA Country Health Service includes the Shires of Meekatharra, Mount Magnet, Cue, Yalgoo, Sandstone and Wiluna and has a total population of 4,150 (WA Tomorrow, 2015). The Shire of Murchison (located within Midwest health district) has also been included within this plan as the majority of health services for Shire of Murchison residents (90 people) are provided by Meekatharra Hospital.

Figure 2 and 3: WACHS Midwest - Murchison Health District



Source: WACHS Planning and Evaluation Unit, 2012

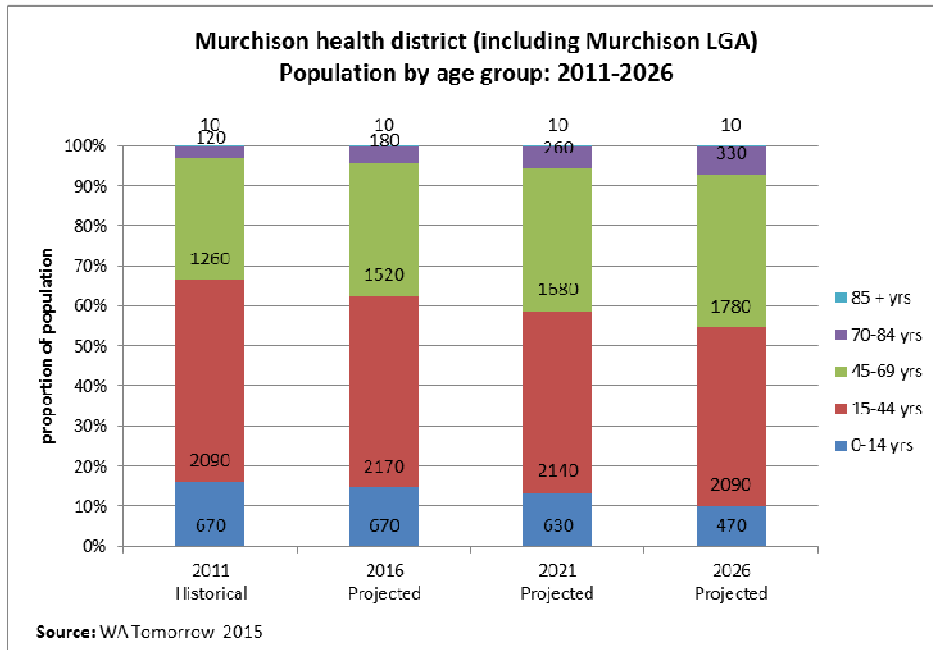
3.2 Current and Projected Population

Detailed population demographics and epidemiological information for the Murchison is provided within in Section 8 of this plan. This section provides an overview of the key points.

The Murchison catchment had an estimated resident population (ERP) in 2011 of 4,150. The two main population centres within the Murchison District are Meekatharra with 1,420 people and Wiluna where 1190 people reside (WA Tomorrow, 2015).

While a slight population increase is projected into the future, the age profile of the catchment is projected to reflect the overall ageing of the WA population, with a higher proportion of the population in the 70 years and over age group, as shown in the figure below.

Figure 4 Murchison Population Projections by Age group, 2011-2026



3.2.1 Aboriginal Population

Within the Murchison catchment approximately 30 per cent of the population is of Aboriginal and/or Torres Strait Islander descent which is a significantly a higher proportion of Aboriginal people than other areas within the region (Australian Bureau of Statistics ERP 2011).

Across WA the Aboriginal Population has a much younger age structure than the non-Aboriginal population which should be considered in the delivery and development of culturally appropriate services. Between 2001 and 2011, the Aboriginal population of the Murchison health district decreased by 9 per cent from 1,411 to 1,291 persons. (Australian Bureau of Statistics ERP 2011) .

WACHS recognises the health inequities within the region and is committed to improving the health status of Aboriginal people who experience greater multiple co-morbidities and lower life expectancy than other population groups. The explicit identification of Aboriginal Health programs and services reflects a dedicated effort through targeted initiatives to focus on key areas for improvement in the health outcomes for Aboriginal people in the Midwest.

Through an increased awareness of Aboriginal Health issues, WACHS will ensure that mainstream services are inclusive of Aboriginal perspectives and health needs and central to all activities - policy development, research, advocacy/dialogue, resource allocation, and planning, implementation and monitoring of programs and projects.

3.2.2 Other population groups

The Murchison catchment has a relatively high proportion of relatively disadvantaged people and high unemployment rates across the district compared to other locations within the Midwest. In addition to the resident population there is a relatively large tourist population, many of whom are retirees travelling Australia and away from their usual health providers and supports.

3.3 Self-Reported Risk Factors and Health Conditions

Lifestyle behaviours are particularly important because of the relationship with preventable chronic conditions (Joyce and Daly 2010). Prevention and management of modifiable risk factors through a range of public health, primary and secondary prevention strategies and improved self-management by patients can have a positive effect on the progression and outcomes of preventable chronic conditions.

Table 1 shows a range of self-reported health indicators for the Murchison Area. The data should be viewed with some caution due to small sample sizes at the district level and also the limited sampling of vulnerable populations. While a number of health indicators in the Murchison are experienced at rates similar to the State, some rates are cause for concern, particularly smoking, obesity and overweight. It should also be acknowledged that the rates of mental health indicators are likely to be under-reported.

Table 1 Risk Factors and Health Behaviours, adults 16 years and over, Murchison Health District, 2009-2012

Indicator	Murchison Prevalence Estimate		WA Prevalence
	Persons	Pop Estimate	Persons
Current high blood pressure	18.8	655	16.8
Current high cholesterol	12.5	436	19
Overweight (1)	42.5	1,485	39.6
Obese (1)	32.6	1,139	26.9
High or very high psychological distress	5.2	181	8.2
Lack of control over life in general (2)	0.7	25	4.2
Currently smokes	33.8	1,179	15
Does not eat two serves of fruit daily	47.6	1,661	47.5
Does not eat five serves of vegetables daily	92.3	3,221	88.7
Drinks at high risk levels for long-term harm (4)	41.7	1,455	36.7
Drinks at high risk levels for short-term harm (5)	11.9	414	16.6
Insufficient physical activity (6)	46.5	1,624	47.4
Notes			
(1) Overweight (25≤BMI<30) Obese (BMI≥30).			
(2) Often or always feels a lack of control over life in general.			
(3) Lower level of self reported mental health indicators may be under-reported			
(4) Drinks more than 2 standard drinks and (5) more than 4 standard drinks on any one day.			
(6) Did not do 150 minutes or more of moderate activity over five or more sessions.			
Limited inference can be drawn due to small sample sizes and limited responses by vulnerable populations			
Source: Health Tracks Accessed Monday 8 September 2014			

3.3.1 Other indicators of health and wellbeing

Mortality: the most common causes of death for residents of the Murchison Health District are diseases of the circulatory system and neoplasms (cancer) which accounts for approximately half of all deaths. Across all causes the death rates for Aboriginal people was significantly higher than the non-Aboriginal rate (5.6 times higher, 6.5 times higher for males and 5.3 times higher for females) (Health Tracks 2014).

Avoidable Mortality: It is estimated around 61 per cent of deaths of all Murchison residents under the age of 75 could have been avoided. Many of these deaths could have been avoided through effective primary and population health care interventions. As for all cause deaths, Aboriginal people are overrepresented in avoidable deaths with rates 5.5 times higher than that for non-Aboriginal people (Health Tracks 2014).

Hospitalisations: Acute inpatient separations for Meekatharra hospital have remained relatively consistent from 2009-10 through to 2012-2013, with a slight decrease evident in 2013-14. The leading causes of hospitalisations for Murchison residents (for the period 2008-2012) were haemodialysis, chemotherapy, injuries, vaginal births (and antenatal and other obstetric admissions), respiratory infections and cellulitis (Health Tracks 2014).

Preventable Hospitalisation: Many hospitalisations are considered potentially preventable hospitalisations (PPH) as they result from conditions such as diabetes, acute and chronic respiratory diseases and circulatory diseases. PPHs collectively account for over 65 per cent of the PPHs in the Murchison (Health Tracks 2014).

Maternal Health: Women in the Murchison Health District gave birth to 36 babies in 2012. Of these, 77.8 per cent were Aboriginal women. There is a higher rate of teen pregnancy in the Murchison district with 29.7 per cent of births in 2012 to mothers aged less than 20 years. There is also a higher rate of sexually transmitted infections. (Health Tracks 2014).

Australian Early Development Census (AEDC) found that in 2009-10 68 per cent of children in Meekatharra were developmentally vulnerable in one or more domain and 53 per cent of children were vulnerable in two or more domains in Meekatharra. Across Australia 23.5 per cent of children were developmentally vulnerable on one or more domains and 11.8 per cent for two or more domains.

Industry: Mining and agriculture are the largest industries in the region and the greatest contributors to the regional economy. However it also brings issues that are inherent with an itinerant workforce such as social isolation, risk taking behaviour and higher usage of alcohol and drugs. This poses challenges for health service delivery across the continuum of care and at various health sites.

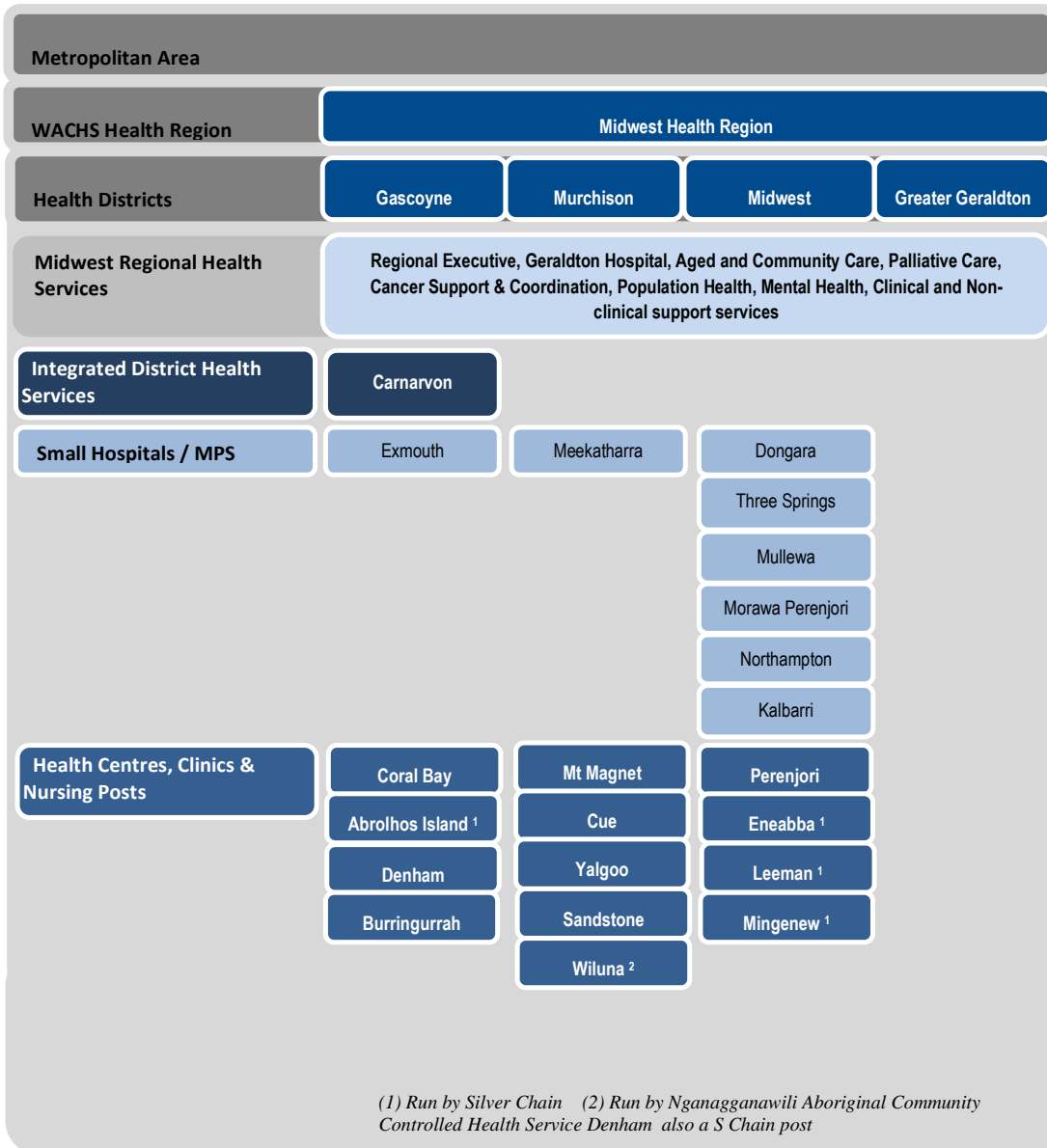
All available epidemiological data and trend information demonstrates significant health issues that will need to be addressed in planning for future health service delivery. Key areas include lifestyle and chronic disease prevention and management.

Detailed population demographics, epidemiological information and health service activity for the Murchison catchment is provided within in Section 10 of this plan.

4 Midwest Health Region- Organisational Model and Murchison Service Model

WACHS Midwest health region oversees the WACHS services across four health districts. The Murchison health district provides the Murchison Multi-Purpose Service (MPS) which delivers acute, aged care, primary and population health services from Meekatharra Hospital and four Nursing Posts/ Health Centre services throughout the district. An overview of the organisational governance is provided in the figure below.

Figure 5. WACHS Midwest Health Region - Organisational Model



4.1 Overview of the Service Delivery Model for the Murchison Health District

The Murchison health district catchment includes the towns and communities of Meekatharra, Yulga Jinna, Karalundi, Cue, Mount Magnet, Paynes Find, Murchison Settlement, Sandstone, Yalgoo, Pia Wadjarri and Wiluna.

The Service Providers within the area include WACHS Midwest health region, the Geraldton Regional Aboriginal Medical Service (GRAMS who work together to provide quality, culturally appropriate health care at the Meekatharra Hospital. The Royal Flying Doctors Service (RFDS) provide visiting GP services to Sandstone, Cue, Yalgoo and Paynes Find and emergency retrieval services for the Murchison and work collaboratively with WACHS and GRAMS.

WACHS Midwest health region operates the Murchison Multi-Purpose Service (MPS) which provides acute, aged care, primary and population health services from Meekatharra Hospital/ WACHS Midwest also operate:

- Mt Magnet Health Centre (Nursing Post),
- Cue Health Centre (Nursing Post),
- Yalgoo Health Centre (Nursing Post); and
- Sandstone Health Centre (Nursing Post).

The Murchison District has been a Multi-Purpose Service since 1998, and was established in consultation with the community and stakeholders to pool resources to develop a flexible and community responsive health service All multi-purpose services are designed to provide:

- One management structure for all health and aged care services.
- Pooled funding costed to Acute Services, Residential Aged Care and HaCC services.
- One accountability process for all the health and aged care services offered in a community.

The Murchison MPS, managed by a Health Service Manager / Director of Nursing based at Meekatharra Hospital, provides pooled and flexible funding for:

- Residential Aged Care – Meekatharra Hospital
- Home and Community Care (HACC)
- Meekatharra Hospital
- Mt Magnet, Cue, Yalgoo and Sandstone Health Centres (Nursing Posts)
- Social Work
- Community Nursing
- Community Health
- Visiting Medical Specialists.

RFDS (WA Branch) have a base in Meekatharra and in partnership with WACHS had been providing 24 hour medical coverage for Meekatharra Hospital and GP services to the Meekatharra community. This medical coverage was transferred to WACHS as an interim provider in October 2014.

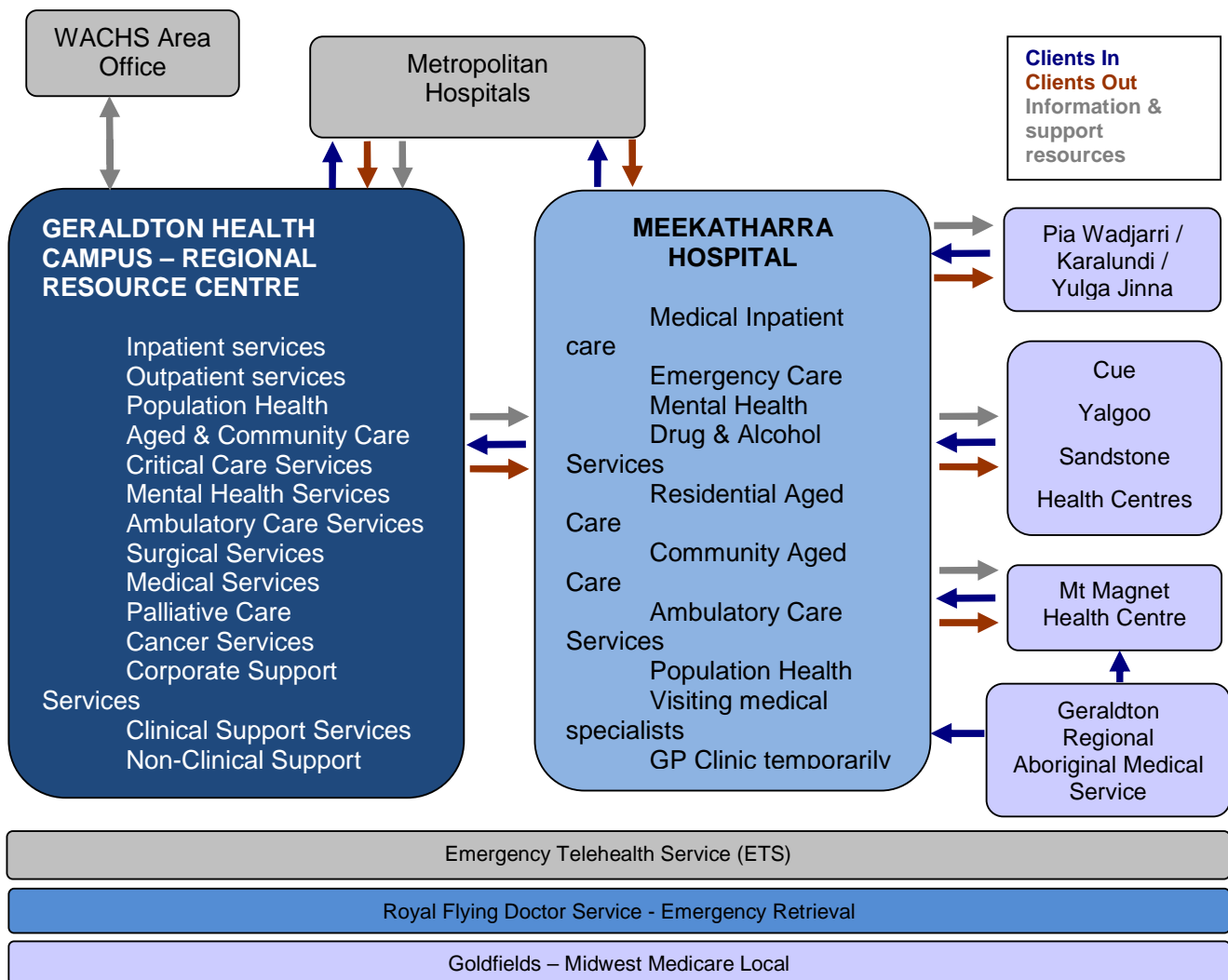
GRAMS provide a visiting service throughout the Murchison district that is now based from their primary health care facility in Mt Magnet. Visiting staff from GRAMS include a GP, Aboriginal Health Workers and Allied Health Staff. The St John Ambulance (SJA) service provide a volunteer driven emergency ground retrieval service in Yalgoo, Mt Magnet, Cue, Sandstone and Meekatharra.

Ngaggangwili Aboriginal Medical Health Service is the primary health care service provider in Wiluna, with limited visiting services from WACHS. A small number of discrete services from the other health organisations are provided as requested

In developing service models, it has been essential to consider the range of services to be provided across the region, patient flows between and within the networked sites and regions and their relationship with Geraldton Health Campus; along with in and outflows to metropolitan healthcare facilities.

Figure 6 below provides an overview of the clinical services available at each site and the inter-relationships between facilities within the Perth metropolitan area, Geraldton, the greater Midwest Health Region and the Murchison Health District.

Figure 6: Murchison District Functional Model of Care Diagram 2014



4.2 WA Clinical Service Framework 2014 - 2024

The CSF 2014 describes the role delineation levels for the inpatient and outpatient services provided at Geraldton Regional Health Campus and Meekatharra along with the community based services provided in the Midwest Health Region's health districts.

Table 2: CSF 2014 Hospital Role level delineation for Meekatharra Hospital

Please note each speciality and level of role delination has an allocated description. For further information regarding the role level delienations descriptions the full CSF document can be accessed at: www.health.wa.gov.au/hrit/home/clin_serv_frame.cfm

	Geraldton RRC			Meekatharra SHHC		
	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25
Medical Services						
General	5	5	5	3	3	3
- Outpatients	IV	IV	IV	-	-	-
Geriatric	4	4	5	3	3	3
- Outpatients	IV	IV	IV	-	-	-
Palliative care	4	4	4	2	2	2
- Outpatients	-	-	-	II	II	II
Surgical Services						
Burns	3	3	3	2	2	2
- Outpatients	II	II	II	II	II	II
Trauma	4	4	4	3	3	3
- Outpatients	II	II	II	II	II	II
Vascular surgery	3	4	4	3	3	3
- Outpatients	III	III	III	II	II	II
Emergency Services						
Emergency	4	4	4	3	3	3
Obstetrics and Neonatal Services						
Neonatology	4	4	4	1	1	1
- Outpatients	III	III	III	II	II	II
Obstetrics	4	4	5	1	1	1
- Outpatients	III	III	IV	II	II	II
Paediatrics Services						
Emergency	4	4	4	2	2	2
General Medical	4	4	4	1	1	1
- Outpatients	4	4	4	II	II	II
Trauma	3	3	3	3	3	3
Rehabilitation Services						
Rehabilitation	5	5	5	3	3	3
- Outpatients	IV	IV	IV	II	II	II
Child and Adolescent Mental Health						
Emergency Services	4	5	5	3	3	3
Mental Health Inpatient Services	2	4	4	-	-	-
Adult Mental Health Services						
Emergency Services	4	5	5	3	3	3
Mental Health Inpatient Services	3	5	5	-	-	-
Older Persons Mental Health Services						
Emergency Services	4	5	5	3	3	3
Mental Health Inpatient Services	3	5	5	-	-	-
Disaster Preparedness and Response						
Disaster Preparedness	4	4	5	3	3	3
Clinical Support Services						
Infection Control	3	3	3	2	2	2
Pain Medicine	4	4	4	3	3	3
- Outpatients	III	III	III	II	II	II
Pathology	4	4	4	3	3	3
Pharmacy	3	4	4	2	2	2
Radiology	5	5	5	2	2	2

Note: All lines role delineated for Meekatharra Hospital are shown, and selected lines only for Geraldton Hospital provided by way of comparison

Table 3: CSF 2014 Community and Integrated service Role level delineation for Geraldton, Midwest and Murchison health districts

Please note each speciality and level of role delineation has an allocated description. For further information regarding the role level delineations descriptions the full CSF document can be accessed at:

www.health.wa.gov.au/hrit/home/clin_serv_frame.cfm

Geographical Area	Geraldton			Midwest			Murchison		
	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25
Public Health and Prevention - Actions directed at strengthening the skills and capabilities of individuals, as well as the actions directed towards changing social, environmental and economic conditions to alleviate their impact on population and individual health¹.									
Breastscreen Services	A	A	A	A	A	A	A	A	A
Comm Disease Control	A B	A B	A B	A	A	A	A	A	A
Drug and Alcohol Prevention	C	C	C	B	B	B	B	B	B
EnvironHealth Protection	B	B	B	B	B	B	B	B	B
Health Promotion Programs	C	C	C	C	C	C	C	C	C
Primary Care - first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximises community and individual self reliance and participation and involves collaboration with other sectors².									
Child Health, School Health and Immunisation Programs	C	C	C	C	C	C	C	C	C
Maternity Services	B	B	B	A	A	A	A	A	A
Primary Health Care	BC	BC	BC	BC	BC	BC	BC	BC	BC
Sexual Health Services	C	C	C	B	B	B	B	B	B
Targeted Aboriginal Health	C	C	C	A	B	C	C	C	C
Complex and Long Term Care - integrated & coordinated service delivery to optimally manage consumers living with one or more chronic conditions that follows a pattern of recurrence and deterioration³.									
Ageing and Aged Care - Services that support National Aged Care	B	B	C	A	A	B	B	B	B
Ageing and Aged Care - Continuing Care for the Older Person	B	B	B	A	A	A	A	A	A
Arthritis and other Musculoskeletal Services	B	B	B	B	B	B	B	B	B
Asthma Services	B	B	B	A	A	A	A	A	A
Cancer Services	B	B	B	B	B	B	B	B	B
Cardiovascular Disease Services	B	B	C	B	B	B	B	B	B
Chronic Respiratory Services	B	B	C	A	A	B	A	A	B
Diabetes Services	C	C	C	B	B	B	B	B	B
Digestive Services	B	B	C	A	A	A	A	A	A
Drug and Alcohol Treatment and Support Services	B	B	B	A	A	A	A	A	A
Mental Health - Child and Adolescent	B	D	F	B	B	B	B	B	B
Mental Health - Adult	B	D	F	B	B	B	B	B	B
Mental Health - OlderAdult	B	D	F	B	B	B	B	B	B
Neurological Services	B	B	B	A	A	A	A	A	A
Overweight and Obesity	B	B	B	B	B	B	B	B	B
Paed Complex Care Coord	B	B	B	A	A	A	A	A	A
Paediatric Developmental Allied Health Services	B	B	B	A	A	A	A	A	A
Pain Management Services	A	A	A	A	A	A	A	A	A
Palliative Care Services	C	C	C	B	B	B	B	B	B
Rehabilitation Services	C	C	C	A	A	A	A	A	A
Renal Dialysis	A B	A B	A B	A	A	A	A	A	A
Dental Services - Includes services provided through government funded dental clinics, itinerant services and private dental practitioners participating in the metro, country and orthodontic patients dental subsidy schemes									
Dental children 0-4 yrs	A	A	A	A	A	A	A	A	A
Dental - School5-16 yrs	A	A	A	A	A	A	A	A	A
Dental - Adult	A	A	A	A	A	A	A	A	A
Dental - Specialty Services	-	-	-	-	-	-	-	-	-

5 CURRENT & FUTURE HEALTH SERVICE ACTIVITY

5.1 Overview of Patient Activity for Meekatharra Hospital

Inpatient care at Meekatharra Hospital currently consists of 11 acute and three (3) residential aged care beds. Services include medical, inpatient mental health, maternity, paediatrics, rehabilitation / subacute inpatient care, residential aged care (nursing home type patients) and cancer and palliative care. In addition Meekatharra hospital has a seven (7) bed low care residential aged care hostel on site which includes one respite bed.

In 2009-10 there were 569 acute inpatient separations at Meekatharra, which stayed relatively consistent through to 2012/13, before decreasing in 2013-14 (HCare, 2014).

Acute separated bed days decreased by 12 per cent, from 2009-10 to 2012-13 with respite bed days increasing from 0 to 97 and Flexible care increased by over 100 per cent. But these bed day numbers are inconsistent due to the nature of Aged Care (e.g. when a long standing aged care resident separates it significantly inflates the number of bed days in that year).

Table 4. Meekatharra hospital Inpatient separations 2009/10 – 2013/14

		2009/10	2010/11	2011/12	2012/13	2013/14	
Acute	Maternity	8	15	<5	<5	<5	
	Medical	404	405	404	424	316	
	Mental Health	22	27	47	24	18	
	Neo-Nate Baby	<5			<5		
	Other Non-Acute Patient			<5			
	Paediatric Medical	56	81	56	53	42	
	Paediatric Surgical	<5		<5	<5		
	Palliation	<5	<5	9	7	7	
	Rehabilitation	<5	<5				
	Respite	10	21	10	11	8	
	Same Day Chemo					<5	
	Surgical	<5		7	<5	<5	
	Boarder	60	65	37	47	16	
	Qualified Newborn				<5		
	Unqualified Newborn	<5	<5				
	TOTAL		569	622	576	576	410
	Meekatharra Residential Aged Care	Care awaiting placement	<5				
Respite		0	<5	8	11	<5	
Flexible Care		<5	<5	<5	<5	<5	
Residential Care total		5	<5	9	15	6	
TOTAL		574	624	585	591	416	

Data Source: HCARE & TOPAS via Data Warehouse accessed 22nd August 2014 (2014/15 data not fully coded at time of writing).

Table 5.Meekatharra Hospital Inpatient separated bed days 2009/10 – 2013/14

		2009/10	2010/11	2011/12	2012/13	2013/14	
Acute	Maternity	8	18	<5	<5	<5	
	Medical	825	930	729	781	574	
	Mental health	106	84	89	43	27	
	Neo-nate baby	<5	0	0	<5	0	
	Other non-acute patient	0	0	9	0	0	
	Paediatric medical	106	160	84	77	62	
	Paediatric surgical	<5	0	<5	3	0	
	Palliation	34	27	50	73	58	
	Rehabilitation	24	<5	0	0	0	
	Respite	76	163	64	51	25	
	Same day chemo	0	0	0	0	<5	
	Surgical	<5	0	24	<5	5	
	Boarder	92	110	68	88	25	
	Qualified newborn	0	0	0	<5	0	
	Unqualified newborn	<5	<5	0	0	0	
		TOTAL	1275	1500	1120	1123	778
	Meekatharra Residential Aged Care	Care awaiting placement	196	0	0	0	0
Respite		0	38	135	97	215	
Flexible Care		2458	854	457	5192	1482	
Residential Care total		2654	892	592	5289	1697	
	TOTAL	3929	2392	1712	6412	2475	

Data Source: HCARE & TOPAS via Data Warehouse accessed 22nd August 2014(2014/15 data not fully coded at time of writing).

Occupied Bed Days gives a more valid representation of bed days used in residential care. In the four years from 2009-10 to 2012-13 there were 3418, 3501, 3804 and 3647 occupied bed days respectively (WACHS online occupied beddays pivot). This is more than seven (7) beds worth of activity which suggests residential patients have been residing in acute beds. Patients tend to flow to Perth or to a lesser extent Geraldton for more complex treatment as shown in Tables 20 and 21 below. The Murchison district is able to care for around 35 per cent of the inpatient activity required by its residents and 65 per cent are treated outside the district.

Table 6. Midwest Health Region Patient Flows by hospital 2008/09 – 2012/13

treat_district	hospital	2008/09	2009/10	2010/11	2011/12	2012/13
Gascoyne	Carnarvon	16	16	20	14	23
	Exmouth					2
Geraldton	Geraldton	378	319	300	404	271
	SJOG Geraldton	1	1	2	1	15
Midwest	Morawa			1	1	1
	Mullewa	1				
Murchison	Meekatharra	481	469	519	440	487
Midwest Total		877	805	842	860	799
Other WACHS		67	56	47	29	42
Metro		553	505	512	706	559
Metro Private		100	72	97	76	92
Rural Private		27	30	35	38	26
Private total		127	102	132	114	119
Public Total		1497	1366	1401	1595	1400
TOTAL		1624	1468	1533	1709	1519

Table 7. Murchison District Self Sufficiency 2008/09 – 2012/13

	2008/09	2009/10	2010/11	2011/12	2012/13
District self sufficiency	32%	34%	37%	28%	35%
Region self sufficiency	59%	59%	60%	54%	57%
% to Geraldton	25%	23%	21%	25%	19%

Source: WA Hospital Morbidity Data System, via Clinical Activity Modelling Unit
 Note: Excludes unqualified neonates and boarders

As shown in the Table below, the majority of patients at Meekatharra hospital are from the Meekatharra shire (82%) this has increased since 2011 when 70 per cent of patients in Meekatharra hospital were from Meekatharra. There are very few patients from the shires of Sandstone, Wiluna or Yalgoo, despite Meekatharra hospital being the closest hospital.

All patients evacuated by RFDS from the nursing posts in Sandstone and Wiluna are taken to Perth hospitals, and public transport between the Murchison District and Perth is more frequent than the link to Geraldton which increases patient flows to Perth. Yalgoo patients tend to travel straight to Geraldton by road.

Table 8. Murchison Patients Separations for 2012-2013 by LGA (residential LGA)

LGA	2012/13	% of separations
Cue (S)	45	9%
Meekatharra (S)	399	82%
Mount Magnet (S)	34	7%
Sandstone (S)	3	1%
Wiluna (S)	6	1%
Yalgoo (S)		0%
Grand Total	487	

Excludes boarders, unqualified neonates and residents. Source: WA Hospital Morbidity Data System, via Clinical Activity Modelling Unit

5.2 Aged Hostel

Meekatharra has a hostel (low level residential facility) which includes six low-care beds and one respite bed. At September 2014 it has six to seven residents (in July 2009 there were nine residents and in June 2011 there were six residents).

Table 9. Murchison Residential Aged Care by type

type	2009/10	2010/11	2011/12	2012/13	2013/14
CARE AWAITING PLACEMENT	74	0	0	0	0
Flex care	3323	3484	3669	3545	3216
Respite	21	17	135	102	211
Total	3418	3501	3804	3647	3427

Data Source: Consolidated HCARE, TOPAS and webPAS extracts (2014/15 data not fully coded at time of writing).

Table 10. Activity Projections Meekatharra Hospital Inpatients (excludes residential aged care).

srg_desc	Actual			Projected								
	2011/12			2016/17			2021/22			2026/27		
	seps	bed days	beds	seps	bed days	beds	seps	bed days	beds	seps	bed days	beds
33, Non Subspecialty Surgery	78	100	0	73	122	1	76	120	1	83	126	1
17, Respiratory Medicine	65	132	1	56	147	1	56	138	1	58	130	1
01, Cardiology	40	60	0	38	69	0	40	66	0	43	69	0
42, Psychiatry - Acute	41	81	0	33	154	1	28	135	1	26	122	1
41, Drug & Alcohol	34	40	0	29	47	0	28	44	0	28	42	0
28, Orthopaedics	31	45	0	27	58	0	27	52	0	27	52	0
14, Neurology	26	82	0	22	52	0	22	46	0	22	42	0
07, Gastroenterology	21	28	0	21	37	0	23	39	0	26	41	0
19, Non Subspecialty Med	19	44	0	17	47	0	18	48	0	20	50	0
45, Non-acute	22	123	1	18	189	1	16	178	1	15	160	1
Top ten SRGs total	377	735	3	335	921	4	335	865	4	348	834	4
other SRGs	147	302	1	122	277	1	114	251	1	111	237	1
Grand Total	524	1037	4	457	1198	5	449	1117	5	459	1072	5

Data Source: DOH Clinical Modeling unit: 2011/12 base year draft model (H1112_Sc1_Sc1: Data does not include boarders, unqualified neonates or Nursing Home type patients.

The inpatient activity projections indicate that the total number of acute beds required by 2026-2027 at 65 per cent occupancy is 5 beds. Allowing for some possible growth it is proposed that 6 acute beds would meet the current and future demand for Meekatharra – Murchison.

Meekatharra currently has 11 acute beds and 3 Residential Aged Care beds There is enough capacity to meet the future acute and sub acute demand within the existing bed numbers however there is not enough beds to also provide the maximum number (12) high care beds the MPS is funded for. At present three beds are reserved for high care residential aged care. It is proposed that this be increased to five high care beds to meet the current and future demand for Meekatharra – Murchison, additional staff to open new beds may also be required. Projections’ modelling is currently being updated and when available will be used to update these projections. The total required beds projected for Meekatharra Hospital is eleven (11).

5.3 Emergency care

In regional areas with health workforce shortages and challenges (e.g. insufficient GPs) many residents use hospital services for primary care. This is a significant issue across the Midwest health region where emergency attendance is twice as high as the rate for all residents within the State. Within the Murchison this trend has likely been ‘reinforced’ by the historical RFDS medical model with the doctor based in the hospital, the absence of private town GPs and/or resident cost avoidance behaviour. However the table below shows that the volume of emergency occasions of service (OOS) for all the Murchison catchment has seen a steady decline over the past five years.

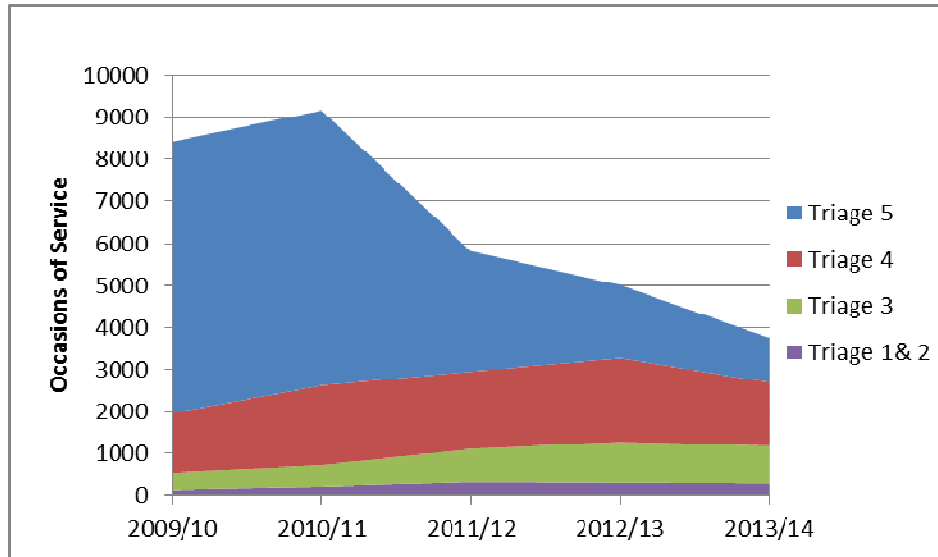
Table 11.. Emergency Department OOS in Murchison District

FACILITY	2009/10	2010/11	2011/12	2012/13	2013/14
Cue Nursing Post	1874	1800	1411	993	554
Meekatharra Hospital	2975	3230	2425	2303	1951
Mt Magnet Nursing Post	3237	3291	1548	1258	922
Sandstone Nursing Post	n/a	n/a	n/a	142	65
Yalgoo Nursing Post	334	838	425	311	257
Total	8420	9159	5809	5007	3749

Source: HCARE & TOPAS via Data Warehouse – updated 22/09/2015 (2014/15 ED data not fully coded at time of writing).

The figure below shows that while overall volume of emergency presentations is decreasing, it is mainly for the triage level 5 presentations.

Figure 7 Murchison Emergency Occasions of Service by Triage Level, 2009/10 – 2013/14



Source: WACHS Online ED Pivot

The emergency activity projections demonstrate three (3) ED bays are required; Operational requirements also require a resuscitation bay be available. ED projections' modelling is currently in progress. There are no activity projections available for small Health Centres (Nursing Posts) (Cue, Sandstone, Mount Magnet and Yalgoo).

The last two years worth of activity shows a marked decline in presentations to these Health Centres compared to the previous few years. Local consultation will need to take place in order to forecast potential future activity (Draft ED model: ED_1213_SQ from Clinical Modelling Unit - Both Inpatient and ED modelling are preliminary).

The emergency activity projections demonstrate three (3) ED bays are required; Operational requirements also require a resuscitation bay be available. ED projections' modelling is currently underway and will be used to update the following projections in Table 12.

Table 12. Murchison Emergency Activity Projections 2012/13 – 2027/28

ED	triage	2012/13	2016/17	2021/22	2027/28
OOS	T1&2	151	224	264	303
	T3	586	595	708	850
	T4&5	1562	1750	1662	1642
Meekatharra Total		2299	2569	2633	2795
bays	T1&2	0.2	0.2	0.3	0.3
	T3	0.6	0.6	0.7	0.9
	T4&5	0.5	0.6	0.6	0.5
Meekatharra Total		1.3	1.4	1.5	1.7

Data source: draft ED model: ED_1213_SQ from Clinical Modelling Unit
 Note: Both Inpatient and ED modelling are preliminary

There are no activity projections available for small Health Centres (Nursing Posts) (Cue, Sandstone, Mount Magnet and Yalgoo). The last two years worth of activity shows a marked decline in presentations to these Health Centres compared to the previous few years. Local consultation will need to take place in order to forecast potential future activity.

5.4 Emergency Retrieval and Transfer Services

In terms of acute care and retrieval, Royal Flying Doctors Service (RFDS) provide a whole of state service. Table 13 below depicting the Transfers & Evacuations from Meekatharra by RFDS over a six year period. There is also a breakdown of the most prevalent diagnostic groups flown out of the district.

Table137. RFDS - Murchison Transfers and Evaluations 2006/7 – 2012/13

from	to	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Meekatharra District Hospital	Goldfields	1						1	
	Metro	97	101	107	120	118	144	129	
	Midwest	2	8		5	6	3	11	
	Pilbara			2					1
	Private Country				1				1
	Private Metro	1		1	2	3	4	3	
Meekatharra District Hospital Total		101	109	110	128	127	151	146	

Data source: RFDS pivot: WACHS online data

As shown in Table 13, over 90 per cent of transfers from Meekatharra are to Perth, with a few going to Geraldton. The main reasons for transfer from Meekatharra are injury and poisoning and circulatory problems.

Table 14. ICD groupings for patients airlifted out of Meekatharra on RFDS 2012/13 – 2013/14_march

ICD_CHAPTER	Total
Injury And Poisoning	73
Circulatory system	34
Symptoms, Signs, And Ill-Defined Conditions (780-799)	33
Digestive diseases	26
Complications Of Pregnancy, Childbirth, And The Puerperium	14
Diseases Of The Respiratory System	14
Diseases Of The Skin And Subcutaneous Tissue (680-709)	11
Diseases Of The Musculoskeletal System And Connective Tissue (710-739)	10
Diseases Of The Genitourinary System	9
Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders (240-279)	8
Infectious And Parasitic Diseases	8
Mental and behavioural disorders F00–F99	9
Diseases Of The Nervous System And Sense Organs	6
Neoplasms (140-239)	5
Congenital Anomalies	2
TOTAL 1213 -1314 YTD	262

Data source: RFDS pivot: WACHS online data

Table 15. RFDS Interhospital Transfers & Primary Evacuations Murchison sites 2010-2011

	Meekatharra Hospital		Mt Magnet Health Centre		Karara Mine		Mt Keith Mine		% of total RFDS Transfers / Evacuation for country WA	
	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011
Interhospital transfers	34	28							14.4%	18.4%
Primary Evacuation			5	20	0	4	1	4		

Source: Royal Flying Doctor Service Base, Jandakot, Perth WA

Table 16. RFDS Fly-outs Midwest Health Region 2010/11

Diagnostic Group	%	Number
Injury & poisoning	28%	88
Cardiovascular	20%	63
Symptoms / signs ill defined	10%	32
Digestive system	8%	24
Respiratory system	7%	22
Pregnancy / Childbirth & puerperium	6%	19
Mental Health	6%	19

Source: Royal Flying Doctor Service Base, Jandakot, Perth WA

The concept of establishing a Midwest Regional Emergency Retrieval System out of GHC to coordinate and manage planned retrieval of emergency patients from district sites (by road or air) has been suggested which would support Murchison retrievals. It would help to relieve pressure on medical and nursing staff, who are often required to escort critically unwell patients to GHC leaving Meekatharra understaffed. Coordinated retrieval will also support safe planned transfer of critical patients within the region.

In addition, the strengthening and extension of the newly introduced Geraldton based SJA non-urgent patient transport service is recommended as an important support to reduce the pressure on volunteer Ambulance services in the Murchison district. This would facilitate the prompt transfer of patients returning to Meekatharra for step down care following treatment at GHC, as well as the inter-hospital transfer of patients who require a specialist or access to diagnostic investigations that are not available in Meekatharra or Mt Magnet.

5.5 Primary Care, Primary Health Care and Population Health

Across the Murchison health district a range of service providers provide services that include primary care, non-inpatient, outpatient and population health type services. Service providers include RFDS visiting GP services, GRAMS, WACHS, and non-Government organisations. RFDS did provide emergency services and GP clinics until July 2014 at Meekatharra Hospital.

Table 17. Primary Care appointment at Meekatharra Hospital

Meekatharra	2009/10	2010/11	2011/12	2012/13
RFDS ED appts	93	207	329	330
RFDS GP clinic appts	4203	4052	4745	4608

Data Source: HCARE & TOPAS via Data Warehouse
 Note: RFDS ceased providing Primary Care services in Meekatharra in 2014

Table 32 below shows the type of service delivery occurring at WACHS sites within the Murchison District sites, which is predominantly outpatient type service provision. Table X provides additional detail about the location of service delivery particularly service delivery undertaken by Midwest Population health staff.

Table 18. Number of non-inpatient or non-ED services at WACHS Murchison sites 2012/13 – 2013/14

Location	Event Client Type Description	2012/13	2013/14
Cue NP	CONTINUING CARE	4	
	OUTPATIENT	999	753
Meekatharra	CONTINUING CARE	1	
	OUTPATIENT	614	403
	PRIMARY HEALTH	304	194
Mount Magnet NP	OUTPATIENT	487	329
	PRIMARY HEALTH	318	141
Yalgoo NP	CONTINUING CARE	1	
	OUTPATIENT	441	242
	PRIMARY HEALTH	37	23
Sandstone NP	OUTPATIENT	36	154
	PRIMARY HEALTH	12	
TOTAL		3254	2239

Data source: WACHS AOD pivot: Online data WACHS Intranet

Table 19. Location and number non-inpatient or non-ED services in Murchison District 2012/13 – 2013/14

Location	Event Service Site Description	2012/13	2013/14 ytd
Cue NP	Cue Community		1
	Cue Nursing Post	990	744
	Meekatharra Hospital		4
	(blank)	13	4
Meekatharra	Cue Nursing Post	2	
	Karalundi	16	25
	Meeka Child Health	53	32
	Meeka Client Res	1	48
	Meeka Comm Health	55	6
	Meeka Dist School	172	117
	Meekatharra Commun.	81	1
	Meekatharra Hospital	533	359
	Meekaw aya Kindy	1	5
	Sandstone Nrsg Post	5	4
Mount Magnet NP	Mt Magnet Community	10	
	Mt Magnet Dist Schl	390	202
	Mt Magnet Nrsg Post	394	268
	Yalgoo School	11	
Yalgoo NP	Yalgoo Client Res	4	10
	Yalgoo Community	1	4
	Yalgoo Nursing Post	380	197
	Yalgoo Playgroup	7	6
	Yalgoo School	87	48
Sandstone NP	Meekatharra Hospital		1
	Sandstone Nrsg Post	36	153
	Sandstone School	12	
Service Total		3254	2239

Data source: WACHS AOD pivot: Online data WACHS Intranet

Note: The AOD data source is not reliable. There is no uniform method of defining how to enter data or group activities. Data is presented for information only, to get an idea of locations and relative workload

6 Service Models

6.1 Service Model – Primary Care And Primary Health Care

Population Health promotes a primary health care approach focusing on promotion, prevention, education, and intervention in the Murchison. It is important that it is delivered in a collaborative partnership with the community and other stakeholders. The aim for population health services is to provide access to services that support Murchison health district communities to achieve optimum health outcomes as close as possible to where people live. It is recognised that the delivery of secondary and tertiary services to small, dispersed populations is challenging which is why the Telehealth and networking with Geraldton Health Campus are essential components of the service model.

- The current service model is characterised by collaborative partnerships between multiple service providers, for example GRAMS, WACHS Midwest, RFDS, WA Primary Health Alliance (WAPHA) Midwest Office, Local Government Authorities, Disability Services Commission and the Education Department and it is intended that this model continue and be strengthened by:
 - shared information
 - integrating transport strategies
 - shared clinical resources and standards (i.e. standardised equipment, pharmaceuticals, procedures)
 - delineating services to fit with organisational/agency role
 - learning and development provided using education infrastructure e.g. videoconferencing facilities.

As a result of geographic isolation and human resourcing issues, most primary health services to Meekatharra and the Murchison health district including allied health are delivered on a visiting service model based in the regional resource centre at Geraldton Hospital.

To ensure a coordinated and programmed approach to the delivery of primary health services to the Murchison District managerial positions with a regional co-ordination role have been put in place across the disciplines. These positions are responsible for maintaining the contractual obligations of the regional health service to provide primary health services from the Population Health Directorate of WACHS Midwest and to assist in developing stronger regional health networks.

The SIHI has identified strategies to improve access to primary health and medical care. The SIHI District Medical Workforce Investment Program has supported the GRAMS to retain a medical practitioner at Mount Magnet by way of incentives to retain medical practitioners.

Primary Care: Primary care services within the Murchison health district are provided by a range of providers including GRAMS, WACHS Midwest medical staff to Meekatharra and the RFDS Mobile GP clinic. The SIHI has identified strategies to improve access to primary health and medical care. As noted the SIHI has supported the GRAMS to retain a medical practitioner in the Murchison. The General Practitioner based in Mt Magnet also provides the following services:

- Cue – one day per fortnight
- Mt Magnet – three weeks out of four. Fourth week is mobile outreach to adjacent communities
- Sandstone – one visit per month

-
-
- Yalgoo – one day per month

Allied Health: Midwest Population Health provides Allied Health services to the Murchison through both on site and visiting staff via. The majority of Allied Health professionals are based in Geraldton with some staff residing in Murchison communities (Allied Health Assistants and Occupational Therapists). GMLL provides some allied health services including psychology and dietetics.

Services visiting from Geraldton are provided on a regular basis utilising a fly in fly out model. This model has proven to be highly effective in terms of ensuring consistent services to the clients and providing staff with collegial support via discipline specific departments in Geraldton. As a result of this practice staff longevity has occurred which has positively contributed to the effectiveness of the programs run in the Murchison.

Community Health: WACHS Midwest Community Health provide services (both based in the region and visiting) for the Murchison District. Staffing includes Aboriginal Health Workers, Aboriginal Enrolled Nurse and a Child Health Nurse based in the district with visiting services including the Community Health Manager, Senior Community Nurse and Community Nurses. Programs delivered in the district include:

- Early Life Child Development and Perinatal Mental Health Program
- Lower School Program - birth to school entry and other school screening and assessments
- Upper School Program - school screening and assessments
- Aboriginal Child Health Program
- Immunisation Services and School Immunisation; and
- Support the implementation of the ear health program and trachoma screening

Future service strategies aim to achieve:

- consistency of program focus.
- region-wide reportable program outcomes and measures.
- professional development of staff.
- increased program support for the role of Aboriginal Health Workers (AHWs) in providing culturally appropriate health services through the Aboriginal Health Coordinator.
- interdisciplinary networking to promote integrated primary health care; and
- improved data communication with other service providers such as GRAMS for immunisation

There has been stability of the Community Health workforce for both Nursing and AHWs. It is important that appropriate levels of staffing are achieved at all locations throughout the Murchison to ensure effective primary health service delivery.

Public Health: The current disease control priorities are sexually transmitted infections (STIs), immunisation, trachoma and other environmental health issues. The service model aims to empower and support individuals to develop the local capacity to respond to STIs and trachoma screening and this has been achieved effectively with the support of Community Health. This should continue as the most practical and efficient manner to provide this service however again the crucial link in this service are the roles of the AHW and the community nurses. Improvements in this area relate to:

- Improving immunisation service capacity
- Developing innovative opportunistic immunisation strategies.

-
-
- Timely data entry for immunisations

Aboriginal Employment: The AHW, ALO and other culture specific roles are pivotal to the success of the primary health service delivery model particularly in providing culturally appropriate health services and improving uptake of services. It is essential to establish clear professional recognition and accountability of these roles. Given the poor health status of the Aboriginal population it is important that AHWs and ALOs are able to work within a robust health program framework that provides for better health outcomes in the community and increased job satisfaction for employees. Midwest Health Region is committed to Aboriginal employment strategies that maximise the Aboriginal workforce. The current and future provision of a supportive and culturally appropriate working situation for Aboriginal people will need to reflect:

- working with peer support from other Aboriginal workers;
- flexibility in working conditions to support workers in meeting their family, community and cultural roles; and
- appreciating the cultural constraints and sensitivities around some working situations and issues.

Health Promotion: Health Promotion utilises a “combination of educational, organisational, economic and political actions designed with consumer participation to enable individuals, groups and whole communities to increase control over and to improve their health through attitudinal, behavioural, social and environmental changes” (Howat, Brown & Burns, 2005)

Comprehensive health promotion requires excellent communication and inter-disciplinary and inter-provider networking to prevent duplication of services. Education is critical strategy for ensuring the population is informed and able to make decisions to improve health and within the Murchison the role requires a strong focus on facilitation and community development rather than just a ‘campaign’ focus on single issues or specific target groups. Focus should be moved from the acute management to a preventative model. Meaningful partnerships are required to respond to the local health needs of the community.

Recruitment and retention of qualified Health Promotion staff is difficult within the Murchison area. Health Promotion staff work in collaboration with Community Health Nurses, Aboriginal Health Workers and Allied Health Staff to deliver education on STI prevention and screening, immunisation, child health, parenting and lifestyle.

Information Source: Acting Regional Director of Population Health, September 2014

6.2 Service Model - Acute Care (Emergency and Inpatient Care)

The current service model uses a continuum of care approach; with strong service coordination Clinical leadership at Meekatharra Hospital and Mt Magnet Health Centre is provided by a Nurse Manager with the Health Service Manager /Director of Nursing concentrating on strategic planning and application of health care initiatives.

Meekatharra Hospital operates with two nurses rostered at each shift – morning, afternoon and night. Nurses in emergency contact Emergency Telehealth Service, local GP, the emergency department at Geraldton Hospital or RFDS (WA) for emergency presentations. While medical coverage has most recently been provided by the RFDS, from 3r October 2014 WACHS has provided medical coverage while exploring alternatives for the provision of future medical cover by a private provider. Additionally WACHS Midwest is investigating establishment of two Reliever Medical Officer positions to provide medical coverage as required throughout the region.

Cue and Yalgoo Health Centres have one nurse working business hours, who generally provide emergency on-call three to four nights a week and one weekend in three. When they are not on-call, Health Direct is utilised with referrals to St John’s Ambulance Service. If the situation is critical the nurse who is not on call may be available to be contacted for support. Mt Magnet has two nurses and provides 24hr coverage for emergency presentations. Sandstone Health Centre has nursing service one day per week.

Future service strategies include:

The amalgamation of all primary care services under a single roof at Meekatharra and co-located services in Mt Magnet will enable primary care providers to link with acute care as well as aged care and mental health services. This service configuration also allows visiting services and telehealth support to provide sustainable acute care support and medical review consistent with the clinical governance, quality and safety frameworks of WACHS

A Nurse Practitioner position has been created at Mt Magnet but recruitment has not been successful. In collaboration with the Regional Director Nursing & Midwifery investigate models of nursing care to provide optimal practice outcomes in the Murchison that may include consideration of Nurse Practitioner positions in the Murchison including Meekatharra Hospital. It is expected this will promote a collaborative interdisciplinary approach to acute and primary health care. The Nurse Practitioner will provide emergency care in the absence of a GP as well as provide support for service provision in chronic disease, women’s and men’s health and other preventative programs; and

The introduction of primary care into the emergency department and clinic settings at Meekatharra and Mt Magnet. It is envisaged that non urgent presentations will be re-directed to primary care and effective primary health interventions over time will change the volume and type of acute presentations and lead to a healthier community.

At September 2014 Meekatharra hospital has 11 acute and three Residential Aged Care beds. Current acute activity indicates two to three acute beds are in active use. Activity projections indicate that the total number of acute beds required by 2026/27 at 65 per cent occupancy is five beds. Allowing for limited additional growth, six acute beds would be planned for Meekatharra Hospital. At September 2014 three beds are reserved for high care residential aged care. As discussed in the section below it is envisaged that

the high care residential beds will be increased to five beds. The total number of beds required at Meekatharra Hospital is therefore estimated to be eleven (11).

Information Source: Operations Manager- Murchison-Midwest, September 2014

6.3 Service Model - Aged Care

Currently a networked model provides some of the aged care support for the Murchison District. Aged Care Assessment Team (ACAT), Sub-Acute Care (visiting Geriatrician service) and Carer Respite services (MCRCC) all visit the Murchison from the hub in Geraldton regularly. These visiting services provide some direct assessment and support to the aged population together with more informal support to the local providers of the day-to-day services for the aged. The local aged care services are Home and Community Care (HACC) with recurrent funding and coordination through the local HACC Coordinators, MPS/Hospital managers/coordinators, or Nursing Post staff. HACC services are provided in Meekatharra and Mt Magnet and Cue

ACAT visit the Murchison quarterly and the visiting Geriatrician six monthly. Given the distances to and between the communities in the Murchison, some visits utilise the flights (which service Mt Magnet, Wiluna and Meekatharra) and others by road which allows visits to Yalgoo and Cue in addition to those accessible by flights. The frail aged (over 45 years Aboriginal and over 65 years non-Aboriginal) are referred by local health workers, family, or other visiting services for assessment of care needs and recommendations for service and supports. Information from the local service providers contribute to the comprehensive assessments of these referred clients (with clients consent). Implementation of the recommended services to meet the clients identified needs are worked through with the local service providers. Informal education and support is provided to local providers at the time of the visits and during the year via phone, e-mail contact and videoconference.

Meekatharra is part of the Murchison MPS but is the only site with high and low care residential beds. The Murchison MPS is funded operationally via the Commonwealth for residential aged care as part of the pooled MPS funding. It is funded for a maximum of 12 high care places, 14 low care places and six community care packages. However, it is not able to provide all the residential high and low care places due to limited bed numbers and staffing constraints. The hostel includes the low level residential facility and includes six low care beds and one respite bed. Day Centre type activities for residents and community HACC clients are provided at the hostel. Meals on Wheels (MOW) are provided for community clients from the Meekatharra hospital and other HACC services are provided to eligible clients.

Wiluna has a HACC day centre, provided through Ngangganawili Aboriginal Health Service, to which HACC clients are transported, for personal care, meals and activities. Some services are also provided to people in their homes. Current HACC activity in most service types is above the annual target, highlighting the need for these services.

Yulga Jinna, Sandstone, receive HACC funding with the service provision for the aged in these communities being inconsistent. Mt Magnet provides a HACC service to eligible clients in Mt Magnet and Cue.

From the 1 July 2014 all HACC Assessments and Care Coordination is carried out by the Regional Assessment Service (RAS). The Midwest RAS team, employed by Access Care Network Australia, are located in Geraldton and travel to the region as required.

Murchison MPS Residential Aged Care and HACC services are reviewed against the relevant standards by CommunityWest on a triennial cycle.

The MCRCC usually visit the region three times a year and provide information and support to local services around carers and respite. Respite is managed primarily at the local level with one low care respite bed at hostel at Meekatharra and options for high level respite at the Meekatharra hospital. A Mobile Respite Worker is also available to assist with planned in-home respite as required and appropriate. MCRCC provide individual carer support and assist local services with carer support groups, as well as facilitate and fund carer retreats and wellness days

Education to assist local providers with provision of services to the aged is provided primarily informally during the regional visits. The Older Patients Initiative (OPI) provides an education series via video conference for regional sites within the Midwest Region on the Age Friendly Principles and Preventing Functional Decline. Meekatharra hostel and hospital staff can also access the Aged Care Channel for contemporary aged care education.

Future Services Strategies include:

- Increase the frequency of ACAT visits from 4 to 6 per year (inclusive of twice a year Geriatrician visit) and MWCRCC from 3 to 4 times a year.
- Liaison with OAMH team to facilitate psychogeriatric visits to the Murchison
- Continue to provide formal and informal education and support and up-skill local service providers and health workers
- Strengthen links with local service providers to encourage contact and support between scheduled visits, including the use of videoconferencing
- ACAT and MWCRCC to continue to be resourced and provide links to other agencies such as Alzheimer's Australia, Dementia Behavior Management Assessment Service (DBMAS)
- Facilitate links between the RAS local HACC coordinators in the Murchison and the other HACC Coordinators in the Midwest Region
- Work towards finding appropriate accommodation for the Mobile Respite worker to provide local respite given care recipients' homes do not always meet OSH standards.
- MWCRCC and ACAT to provide one staff member to visit the Murchison to provide increased continuity of service and establish trust and networks with local service providers and clients/families
- Ongoing training of visiting staff regarding cultural appropriateness
- MWCRCC ongoing support of local health services around the wide scope of respite services that can be provided when traditional respite is not available or does not meet the needs of the carer.
- Increase the Meekatharra low care (hostel) residential aged care beds to nine (9) and increase the high care residential aged care beds within the hospital to five (5). Staffing increases maybe required to provide this level of care.

Information Source: Manager Aged Care Midwest Health Region, September 2014

7 Plan Recommendations - Meekatharra and Murchison District MPS

The WACHS -Midwest health region is committed to providing appropriate leadership and management structures to support the implementation of the proposed recommendations listed below for the Murchison health district. To provide long term change in Murchison resident population health status, services must focus on health promotion, illness prevention and early intervention strategies. Services will also need to ensure they are culturally appropriate.

Several distinct challenges face health care providers in the Murchison, including the barrier of distance between communities, dwindling population and an associated reduction in community infrastructure, as well as staff recruitment and retention difficulties. The recommendations reflect the need to address these challenges in order to provide a clinically effective and sustainable model of service

Service improvements should be evaluated using validated Performance Indicators to assess effective clinical, acute and primary care as well as activity flows.

7.1 Short to Medium Term (12months – 4 years)

WACHS Strategic Direction 1: Improving Health and the Experience of Care

1. Infrastructure: The redevelopment of facilities in Meekatharra and Mt Magnet are necessary to allow the development of this model of care and will ensure long term sustainability of service. It is proposed that the redevelopment include:
 - Deliver multi-disciplinary community services from a new stand-alone primary health care centre in Meekatharra which will deliver population health, mental health, community aged care services and other primary care services
 - Deliver multi-disciplinary community health services from a new emergency and Primary Health Care Centre at Mt Magnet in co-location with the current Primary Care facility operated by the Geraldton Regional Aboriginal Medical Service (GRAMS) [to replace the current Health Centre (Nursing Post)].
 - Meekatharra Hospital replacement with facilities for acute care, emergency services, residential aged care and aged and community care services (high care in hospital facility and low care in independent Murchison Hostel units) extension and refurbishment of the Murchison Aged Care Hostel. Create an extra three (3) living units, remodel kitchen area, create new office and social function room. Back-up generator for emergency power, upgrade of sewerage system (install eco system).
 - These facilities will utilise technology and e-health innovation such as telehealth and electronic medical records, to enhance direct clinical care. Technology will reduce isolation and distance for clients and improve workforce orientation and training capacity across the Murchison District.

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2. Improve access to health services in the Murchison district, particularly via telehealth, via:
 - developing a model of service delivery that overcomes distance through the widespread use of telehealth and e-health technologies; and
 - Continuation of the Southern Inland Health Initiative (SIHI) to support consistent GP services and improve and increase the scope of Telehealth services available

to enable delivery of a range of health service with a particular focus on addressing:

- **chronic conditions**
 - Using 'chronic disease self-management'/'integrated primary health' models of care, increase focus on service integration, collaborative primary and preventative care with service models that target life stages and encompass the entire continuum of care, including aged care.
 - Increase access to primary health care, and care coordination/case management for people with multiple co-morbidities, chronic diseases and complex needs.
- **early years services**
 - increase access to antenatal and postnatal maternal services and access to allied health / child development services through both visiting services and Telehealth (balanced with suitable infrastructure and workforce availability)
 - Ensure there is a focus on 'early years' strategies, including a focus on education and training in the fundamental aspects of health, nutrition and education.
- **geriatrics, aged care (residential and community) and dementia care**
 - In line with contemporary aged care and respite care, investigate with other stakeholders how to improve access to culturally appropriate aged and community care services
 - In consultation with the WACHS Central Office Aged Care program, implement relevant recommendations from 'Ageing in the Bush' review.

WACHS Strategic Direction 2: Valuing consumers, staff and partnerships

1. Work in partnership with consumers, GPs, RFDS GRAMS, the WA Country Primary Health Alliance regional office and other agencies to:
 - ensure service provision is maintained through ongoing negotiation and partnership of current agreement with GRAMS in Mt Magnet and a private GP provider in Meekatharra.
 - increase access to **primary health care**
 - improve **care coordination/case management** for people with multiple co-morbidities, chronic diseases and complex needs; and to develop **comprehensive prevention programs** to address problems identified with diabetes, and lifestyle related disease including alcohol and other drug misuse, smoking and obesity drug and alcohol use, suicide, teen pregnancy, health awareness, general fitness, diet, smoking and sexual health practices.
 - develop stronger links with the Geraldton Health Campus promoting the ability for Murchison clients to receive care close to home.

2. Staff workforce attraction and retention strategies

- A key factor in the uptake of the programs offered will be to support and develop the role of Aboriginal Health Workers, primary health professionals and early intervention programs.
- Provision of staff accommodation to attract and retain suitable resident or visiting health professionals to Meekatharra, Mt Magnet and other Murchison District communities. Staff housing upgrades in Meekatharra will support workforce attraction and retention
- Where resident workforce are unavailable, continue operating visiting workforce models (e.g. the fly-in fly-out service from Geraldton to the Murchison provides four flights a month for allied health and medical services into the Murchison).
- With the WACHS – Midwest region, contribute to the Regional Workforce Development Strategy incorporating ‘healthy workforce’ principles and increasing Aboriginal workforce participation to facilitate and sustain effective service delivery adequate staffing.

3. Service Partnership development

- WACHS, GRAMS and other service providers such as RFDS and PHN collaborate and participate in creation of agreed service delivery models and strategic directions.
- Development and strengthening of partnerships with government and non-government agencies and health care professionals.
- A networked service delivery framework, with strong relationships between the smaller sites, the regional and district health campuses and service providers to enable integration, reduction of duplication, and delivery of appropriate health services to the areas of greatest need.

4. Improve communication between service providers and promotion of services to local residents and providers through:

- Staff and community awareness of the type of service delivery models in operation and the impact this has on local service delivery. facilitating partnerships with external stakeholders and developing strategies to improve health outcomes for the Murchison health district population, particularly for the Aboriginal population
- Community involvement is strongly recommended in the delivery and planning of service provision.

WACHS Strategic Direction 3: Governance, performance and sustainable services

- Support GRAMS and the local Shire to secure a regular and sustainable General Practitioner (GP) service at Meekatharra and Mount Magnet.
- All improvements need to be implemented within the available funding and budget parameters of the WACHS – Midwest region in order to be sustainable.
- Pursue service and funding partnerships to improve service sustainability.

7.2 Next Steps

WACHS Infrastructure team with the WACHS – Midwest Regional Executive will develop a Business Case and, Concept Brief for the Murchison hospital redevelopment. WACHS – Midwest will develop a comprehensive Implementation Plan for the other key recommendations for endorsement by the WACHS – Midwest Regional Executive which includes clearly stated short, medium and long term strategies, actions, timeframes, accountable officers, funding sources and methods of evaluation and monitoring the achievement of the Implementation Plan.

It is essential that this Health Services Plan is reviewed if and when facility planning occurs, new National/State policies are introduced and as the needs of the community change. An ongoing proactive approach to service planning ensures services remain responsive to the changing community, new policies, service model development and advances in health care and technology.

Further detail on the process and findings can be accessed from the WACHS Planning and Evaluation Unit.

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8 Appendix Demographics & Epidemiology

SERVICE AREA CATCHMENT DESCRIPTION

LOCATION:

Location:	Savage Street, Meekatharra WA 6642
Postal Address:	PO Box 82, Meekatharra WA 6642 Phone (08) 9981 0600 Fax (08) 9981 0650

8.1 CATCHMENT AREA and BOUNDARIES:

The Murchison Health District (with the Shire of Murchison included) covers 416,255.8 square kilometres of semi arid country situated in central Western Australia. It is divided into the six shires of Meekatharra, Cue, Mount Magnet, Yalgoo, Sandstone and Wiluna.

The Shire of Murchison is included in the Midwest Health District, however these residents access some services from Meekatharra Hospital and therefore is also included in this plan. Whilst Wiluna is located in the Murchison District, the majority of health services for this local government area are provided by the Aboriginal Medical Service with limited support provided by WACHS – Midwest when requested.

8.2 CATCHMENT POPULATION:

The 2011 Estimated Resident Population (ERP) for the Murchison District (including the Shire of Murchison) was 4150 (4060 in the Murchison Health District and 90 in the Murchison LGA). (Source: WA Tomorrow 2015, LGA by Sex)

Key features of the Murchison population:

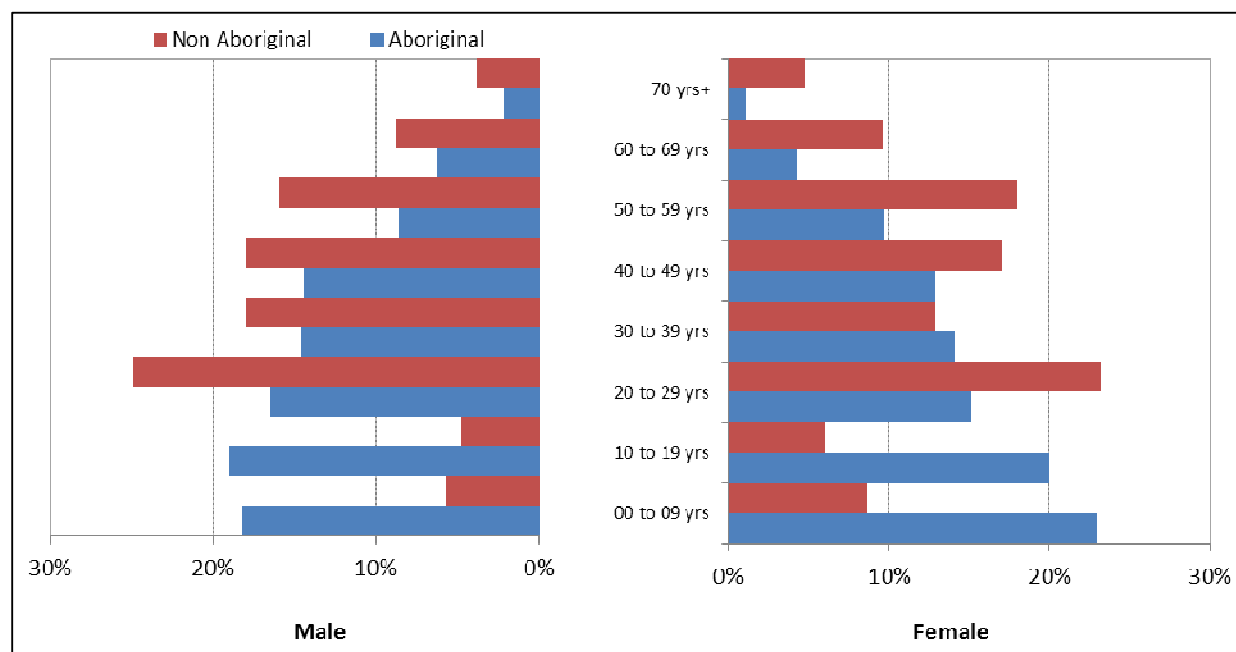
- there are more male (61%) than female (39%) residents. The proportion of males is greatest in the 16-54 year aged group which is reflective of workers.
- children aged 0-14 make up 16 per cent of the population, which has decreased from 21 per cent in 2006
- older people (aged 69 years and over) made up three per cent of the population

Note that the Aboriginal 2011 ERP shows that:

- 1307 residents (30%) were Aboriginal persons, compared with 2.5 per cent Aboriginal persons in Australia.
- between 2001 and 2011 there has been nine per cent decrease in the total Murchison Aboriginal population
- The age and gender structure is different for the Aboriginal population. It is younger and has a higher proportion of females (52 per cent) compared with only 33 per cent of non-Aboriginal persons.

Source: Rates Calculator Epidemiology Branch, Public Health Division, DoH WA

Figure 8: WACHS Midwest Health Region 2011 population by Aboriginality



Source: Rates Calculator Epidemiology Branch, Public Health Division, DoH WA

According to the Accessibility / Remoteness Index of Australia (ARIA) on the ABS, 2011 census, all of Murchison and Meekatharra are classified as very remote. The significance of this remoteness is that clients are less likely to access health services as they would in larger centres. In many cases transport access to health care centres is an issue (Midwest Health care Profile 2015, WACHS Planning Team).

8.3 TOWN & BALANCE POPULATION

Meekatharra

The 2011 ERP shows there were 1,420 persons usually resident in Meekatharra (S) (Local Government Area): 59 per cent were males and 41 per cent were females. The population has increased since 2006 when it was 1137. The proportion of males has increased from 52 per cent in 2006 to 69 per cent in 2011. (WA Tomorrow 2015) Of the total population in Meekatharra 33 per cent were Indigenous persons, compared with 2.5 per cent Indigenous persons in Australia. The median age of persons in Meekatharra was 34 years, compared with 37 years for persons in Australia.

Yulga Jinna

Yulga Jinna is a 650 hectare Aboriginal Community situated approximately 130 kilometres north west of Meekatharra, within the Meekatharra shire. The community has an average population ranging between 30 – 60 people.

Karalundi

Karalundi was originally established as a Seventh - day Adventist Mission which operated until 1974. Karalundi is now an independent parent controlled school, which was incorporated in 1986. It is residential school for Aboriginal students and is situated 60 kilometres north of Meekatharra (within the Meekatharra shire). All students at the school are boarders and there is a total average community population of 74 people, 43 of which are Aboriginal. The median age of the Aboriginal population is 11.

Cue

The 2011 ERP shows there were 290 persons usually resident in Cue (S) (Local Government Area): 48 per cent were males and 52 per cent were females. This population has reduced from 327 in 2006. (WA Tomorrow 2015) Of the total population in Cue 26 per cent were Indigenous persons, compared with 2.5 per cent Indigenous persons in Australia. The median age of persons in Cue was 49 years, and the median age of aboriginal people was 21 (ABS Census 2011: Quick Stats).

Mount Magnet

In the 2011 Census there were 660 persons usually resident in Mount Magnet (S) (Local Government Area): 53 per cent were males and 47 per cent were females. This increased from 458 in 2006. (WA Tomorrow 2015) Of the total population in Mount Magnet 36 per cent were Indigenous persons, compared to 20 per cent in 2006. The median age of persons in Mount Magnet (S) (Local Government Area) was 37 years, and 23 for Aboriginal people (ABS Census 2011: Quick Stats).

Payne's Find

Payne's Find is a small community of approximately 15 people.

Sandstone

The 2011 ERP shows there were 110 (119 in 2006) persons usually resident in Sandstone (S) (Local Government Area) (WA Tomorrow 2015) The median age was 48. 51.4 per cent were males and 48.6 per cent were females. there were 6 Aboriginal and Torres Strait Islander people. Of these, three were male and three were female. The median age was 66 years (ABS Census 2011: Quick Stats).

Yalgoo

The 2011 ERP shows there were 390 persons usually resident in Yalgoo (S) (Local Government Area): (up from 242 in 2006) 72 per cent were males and 28 per cent were females. (WA Tomorrow 2015) Of the total population in Yalgoo 23 per cent were Indigenous persons, compared with 2.5 per cent Indigenous persons in Australia. The median age of persons in Yalgoo was 33 years. The population is growing, becoming more male, older, and less aboriginal reflecting workers coming into the area over the last five years (ABS Census 2011: Quick Stats).

Murchison Settlement

The 2011 ERP shows there were 90 persons usually resident in Murchison (S) (Local Government Area): 45 per cent were males and 55 per cent were females. (WA Tomorrow 2015) Of the total population in Murchison 32 per cent were Indigenous persons, compared with 2.5 per cent Indigenous persons in Australia. The median age of persons in Murchison was 38 years (ABS Census 2011: Quick Stats).

Pia Wadjari

Pia Wadjari, an Aboriginal community, is 70 kilometres south east of Murchison Settlement, within the Murchison shire, has a population of between 40 and 70 people and a small school.

Wiluna

The 2011 ERP shows there were 1190 persons usually resident in Wiluna (S) (Local Government Area): 70 per cent were males and 30 per cent were females. This increased from 681 in 2006. (WA Tomorrow 2015) Of the total population in Wiluna 25 per cent were Indigenous persons, compared with 2.5 per cent Indigenous persons in Australia. The median age of persons in Wiluna was 38 years (ABS Census 2011: Quick Stats).

CATCHMENT POPULATION DENSITY:

The Murchison District, with the addition of the Shire of Murchison (ABS's Statistical Subdivision of Carnegie) covers an area of 416,255.8 square kilometres. The population density of the area is 0.010 people per square kilometre, much lower than the state average (1.0 per sq km; Country: 0.24 per sq km)

LANDSCAPE:

The bulk of the district is flat arid pastoral country. Meekatharra is the major supply centre for the pastoral and mining interests in the East Murchison district.

DISTANCE FROM PERTH:

Meekatharra is 764 kilometres north east of Perth.
Mt Magnet is 569 km North east of Perth

DISTANCE FROM REGIONAL RESOURCE CENTRE:

Meekatharra is 541 kilometres East of Geraldton (5 hours by road).
Mt Magnet is 358 km East of Geraldton

MURCHISON DISTRICT CATCHMENT MAJOR INDUSTRIES

Table 20. Top Five Major Industry Group by LGA Area for the Murchison Health District, 2011

	Meekatharra	Mount Magnet	Cue	Yalgoo	Murchison
Industry	%	%	%	%	%
Metal Ore Mining	21.5		11	38.8	
Other Mining Support Services	10.2				
School Education	8.7		9.8		
Sheep, Beef Cattle and Grain Farming	7.1	41.2	6.1	6.9	43.1
Exploration	4.2			6.5	
Local Government Administration		25.5	19.5	5.7	25.5
Accommodation		7.8			5.9
Automotive Repair and Maintenance		7.8			7.8
Building Cleaning, Pest Control, Gardening		5.9			5.9
Road Freight Transport			7.3		
Cafes, Restaurants, Takeaway Food				5.3	

Source: ABS Census 2011

POPULATION TRENDS:

Table 21: Population projections

LGA	Year			
	2011 Historical	2016 Projected	2021 Projected	2026 Projected
Cue (S)	290	390	410	400
Meekatharra (S)	1420	1540	1550	1600
Mount Magnet (S)	660	840	890	870
Murchison (S)	90	120	120	130
Sandstone (S)	110	120	110	100
Wiluna (S)	1190	1120	1220	1160
Yalgoo (S)	390	420	420	420
Grand Total	4150	4550	4720	4680

Data Source: WA Tomorrow 2015, LGA and Sex.

SOCIO-ECONOMIC PROFILE:

SEIFA is a suite of four summary measures that have been created from 2011 Census information. For each index, every geographic area in Australia is given a SEIFA number which shows how disadvantaged that area is compared with other areas in Australia.

Each index summarises a different aspect of the socio-economic conditions of people living in an area. The Index of Relative Disadvantage provides a general measure of disadvantage, The Index of Relative Advantage and Disadvantage extends this measure to encompass the entire socio-economic spectrum. The Index of Education and Occupation focuses on education and occupation aspects of socio-economic status whilst the Index of Economic Resources focuses on the financial aspects of advantage and disadvantage.

SEIFA uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, SEIFA does not represent the individual situation of each person.

For the Murchison District the SEIFA scores are provided in Table 3 below, with numbers below 1000 representing relative disadvantage. The table includes the decile provided for each LGA compared to Australia. The lower the ranking or decile the greater the disadvantage (deciles – groupings of LGAs with decile 1 group having the greatest disadvantage).

Table 22: SEIFA Scores and deciles for Murchison District

	Index of Relative Socio-economic Advantage and Disadvantage		Index of Relative Socio-economic Disadvantage	
	Score	Decile	Score	Decile
Cue (S)	864	1	867	1
Meekatharra (S)	857	1	852	1
Mount Magnet (S)	862	1	854	1
Sandstone (S)	932	3	940	3
Wiluna (S)	814	1	799	1
Yalgoo (S)	928	3	914	2
Murchison (S)	910	2	883	1
	Index of Economic Resources		Index of Education and Occupation	
	Score	Decile	Score	Decile
Cue (S)	858	1	905	2
Meekatharra (S)	851	1	936	4
Mount Magnet (S)	880	1	924	3
Sandstone (S)	955	3	965	6
Wiluna (S)	771	1	953	5
Yalgoo (S)	927	2	956	5
Murchison (S)	883	1	996	8

The SEIFA data shows that the Murchison is likely to have a high proportion of relatively disadvantaged people, particularly in Cue, Wiluna and Meekatharra where they place regularly in the 1st Decile. Most shires scores are higher on the Index of Education and Occupation, which could be a reflection of the greater number of government services provided in the area which would employ a number of highly skilled professionals.

DEPENDENCY RATIOS:

In 2012, the dependency ratio (ie the proportion of people aged less than 20 and more than 64 years of age) in the Murchison Health District was 0.33 (State: 0.61).

This indicates that the area has a higher proportion of working aged adults than the State average. the dependency ratio for Aboriginal people living in the Murchison district is .44 whereas the dependency ratio for non-Aboriginal people is .19.

8.4 MORTALITY & MORBIDITY DATA:

Table 4 below displays the six most common causes of death within the **Midwest Health Region**. The SRR (standardized rate ratios) compare local data with that of the state. A SRR of 2 or more indicates a rate twice as high as the state rate.

The most common causes of death for residents of the Midwest region are diseases of the circulatory system and neoplasms and accounting for 49 per cent (1 in 2) of all deaths. Endocrine causes are seven times higher in Murchison than the state.

Table 23. Common causes of death for Midwest Health region residents 2007-2011

Condition	N	% of all deaths	SRR
Circulatory diseases	31	28%	2.27
Neoplasms	23	21%	1.15
Endocrine and nutritional diseases	16	15%	7.29
External causes of mortality	13	12%	1.64
Respiratory diseases	9	8%	2.63
Ill-defined conditions	5	5%	11.35
All deaths	110		1.92

Source: Health Tracks accessed 2014

The death rates for people aged 0-74 years in the **Murchison Health District** specifically:

For males, the top ten causes of death accounted for 66.7 per cent (n = 50) of all deaths over the five year period. The major cause of male death was ischaemic heart diseases which resulted in 19 deaths (25.3 per cent). Compared to the State male mortality rate, the number of male deaths due to ischaemic heart diseases, transport accidents, abnormal findings & ill-defined conditions, influenza & pneumonia and assault were significantly greater

For females, the top 10 causes of death account for 75.0 per cent (n = 27) of all deaths. Diabetes & impaired glucose regulation was the leading cause of death causing 10 fatalities (27.8 per cent) over the 5 year period. Of the top 10, only the number of deaths due to diabetes & impaired glucose regulation was significantly greater relative to the state rate.

The high proportion of Aboriginal people that live within the Murchison Health District, a better understanding of the mortality data given that the rate of all-cause deaths for Aboriginal people was significantly higher (5.6 times) than the non-Aboriginal rate (Health Tracks 2014)

Table 24. Number and rate of all-cause deaths - Murchison Health District residents (2002-2011)

Measure	Aboriginal			Non-Aboriginal		
	Males	Females	Persons	Males	Females	Persons
deaths	70	38	108	31	10	41
AAR	1,370.1	797.4	1,074.9	211.0	N/A	191.6
AAR CI	1,029.9- 1,710.4	527.6- 1,067.3	859.3- 1,290.5	129.0- 293.0	N/A	127.7- 255.6

Notes AARs are standardised with the Australian 2001 population and expressed per 100,000 person years. Due to the inclusion of cases with an unknown sex, the number of persons may exceed the sum of the number of males and females. N/A indicates that the cell content has been suppressed due to privacy policies, or to withhold an unreliable rate derived from a low count.

Source : Health Tracks Accessed 8/9/2014

The leading causes of Hospitalisations for Murchison residents, provided in Table 6 below, were haemodialysis, chemotherapy, injuries, vaginal births (and antenatal and other obstetric admissions), respiratory infections and cellulitis.

Table 25. Hospitalisations for Murchison Health District Residents by Condition (2008-2012)

Condition	N	% of all cases	ASR
Haemodialysis	544	8	3567.4
Chemotherapy	205	3	1415.9
Injuries	204	3	1029.1
Vaginal Deliveries	177	2.6	837.5
Respiratory Infection	164	2.4	957.3
Cellulitis	163	2.4	892.3
Antenatal / Obstetric Admissions	137	2	637.8
Alcohol Intoxications and Withdrawal	107	1.6	497.3
Oesophagitis & Gastroenteritis	104	1.5	662.8
Chest Pain	98	1.4	481.1
Otitis Media and Upper Respiratory	90	1.3	511.3
Immunity disorders	89	1.3	481.1
Seizure	80	1.2	409.1
Abdominal Pain	79	1.2	391.6
Kidney and Urinary Tract Infection	72	1.1	386.4

Note: ASRs are standardised with the Australian 2001 population and expressed per 100,000 person years

Source: Health Tracks – Accessed September 2014

Of all hospitalisations there are many potentially preventable hospitalisations (PPH) for Murchison residents with conditions such as Diabetes, acute and chronic respiratory diseases and circulatory diseases accounting for over 65 per cent of PPHs in the Murchison, refer to Table 7.

Table 26. Potentially Preventable Hospitalisations for Murchison Health District Residents by Condition (2008-2012)

Condition	N	% of all cases	ASR
Diabetes complications	215	26.1	1230
Ent Infections	90	10.9	513.1
Convulsions and epilepsy	82	10	419.6
Chronic Obstructive Pulmonary Disease (COPD)	75	9.1	552.6
Pyelonephritis (kidney infections)	59	7.2	330.9
Congestive heart failure	54	6.6	386.1
Dental conditions	54	6.6	315.1
Influenza and pneumonia	27	3.3	162.7
Asthma	27	3.3	143.9
Cellulitis	21	2.6	165.9
Pelvic inflammatory disease	17	2.1	N/A
Anaemia	17	2.1	N/A
Hypertension	16	1.9	N/A
Dehydration and gastroenteritis	15	1.8	N/A

Note: ASRs are standardised with the Australian 2001 population and expressed per 100,000 person years

Source: Health Tracks September 2014

8.5 OTHER HEALTH &/OR WELLBEING DATA SIGNIFICANT TO THE AREA:

People between the ages of 15 and 44 years make up 50 per cent of the total Murchison district population. Yalgoo and Wiluna shires have a similar age distribution profile.

Table 27. ERP 2012: Age distribution of Murchison Health District

LGA	0-14	15-44	45-69	70-84	85+	Total	% 15-44
Cue (S)	45	89	135	11	3	283	31%
Meekatharra (S)	245	685	464	43	4	1,441	48%
Mount Magnet (S)	127	305	206	33	3	674	45%
Sandstone (S)	11	40	52	7	0	110	36%
Wiluna (S)	125	731	328	27	1	1,212	60%
Yalgoo (S)	55	243	105	18	1	422	58%
District total	608	2,093	1,290	139	12	4,142	51%
Murchison (S)	20	54	31	16	0	121	45%
Total	628	2,147	1,321	155	12	4,263	50%

Source: Australian Bureau of Statistics (ABS) 2011 Census data. SLA Meekatharra & Murchison.

The age distribution table reflects the existence of the mining workforce (people aged between 15 – 44 years) based mainly in Wiluna and Yalgoo. Sandstone and Cue have the oldest age profiles in the district. The profiles have changed since 2006 indicating changing local employment opportunities

Table 28. Health behaviours, adults 16 years and over, Murchison Health District, 2009-2012 time period.

Indicator	Murchison area			Pop Estimate	WA		
	Prevalence Estimate				Prevalence Estimate		
	Female	Male	Persons		Female	Male	Persons
Currently smokes	27.5	39.6	33.8	1,179	12.3	17.7	15
Does not eat two or more serves of fruit daily	39.1	55.5	47.6	1,661	44.4	50.6	47.5
Does not eat five or more serves of vegetables daily	84	100	92.3	3,221	86.3	91	88.7
Drinks at high risk levels for long-term harm (1)	30.5	52	41.7	1,455	25.2	48.2	36.7
Drinks at high risk levels for short-term harm (2)	11.4	12.3	11.9	414	9.7	23.4	16.6
Insufficient physical activity (3)	54.2	39.4	46.5	1,624	50	44.8	47.4

Notes

- (1) Drinks more than 2 standard drinks on any one day.
- (2) Drinks more than 4 standard drinks on any one day.
- (3) Did not do 150 minutes or more of moderate activity over five or more sessions.

Source: Health Tracks Accessed Monday 8 September 2014

Table 29. Risk factors, adults 16 years and over, Murchison Health District, 2009-2012

Indicator	Murchison area Prevalence Estimate			Pop Estim	WA Prevalence Estimate		
	Female	Male	Persons		Female	Male	Persons
Current high blood pressure	5.6	30.9	18.8	655	16.5	17	16.8
Current high cholesterol	7.7	14.9	12.5	436	17.8	20.2	19
Overweight (1)	49	37.4	42.5	1,485	32.5	46.4	39.6
Obese (1)	30.1	34.6	32.6	1,139	26.9	26.9	26.9
High or very high psychological distress	10.8	0	5.2	181	9.5	6.9	8.2
Lack of control over life in general (2)	1.5	0	0.7	25	5	3.5	4.2

Notes

(1) Self-reported height and weight adjusted for under-reporting. BMIs classified as overweight ($25 \leq \text{BMI} < 30$) or obese ($\text{BMI} \geq 30$).

(2) Often or always feels a lack of control over life in general.

(3) Lower level of self reported mental health indicators may be under-reported

Source: Health Tracks Accessed Monday 8 September 2014

8.6 ENVIRONMENTAL & PUBLIC HEALTH ISSUES:

Environmental factors impact in a number of areas:

Trachoma is one of the major causes of preventable blindness globally. It is a bacterial eye infection generally occurring in dry, dusty environments and is linked to poor living conditions.. Children generally have the highest prevalence of trachoma and are believed to be the main reservoirs of infection, because the infection in children has a longer duration than in adults (Australian Trachoma Surveillance Report 2012).

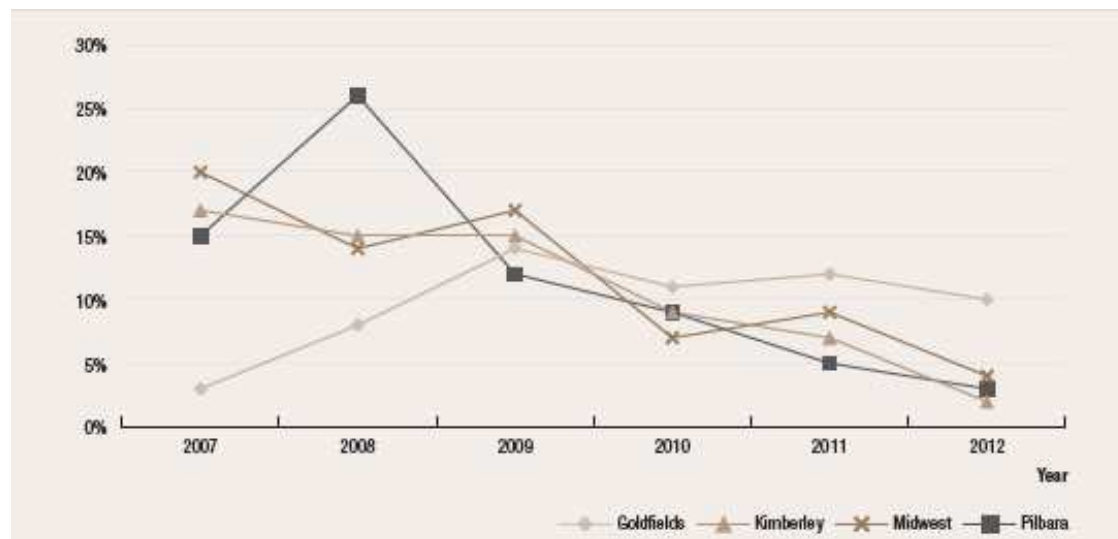
As shown in Table 11 and Figure 5 below, recent efforts in Trachoma screening and treatment have resulted in marked decrease in Trachoma prevalence across the Northern and Remote regions in WA and ongoing support of these measures by WACHS Midwest is recommended.

Table 30. Trachoma screening coverage and prevalence in 1-14 year old children in WA in 2012 by region

	Goldfields	Kimberley	Midwest	Pilbara	Total
ABS estimated number of Aboriginal children	1693	2821	383	1061	5958
Jurisdiction estimated number of Aboriginal children	960	2205	116	606	4217
Trachoma screening coverage by number	646	1300	283	497	2726
Trachoma screening coverage by percentage	67%	59%	63%	82%	65%
Active prevalence	62	29	10	10	111
Active trachoma prevalence	10%	2%	4%	2%	4%

Source: Australian Trachoma Surveillance Report 2012

Figure 9. Trachoma prevalence among screened * children aged 5-9 years by year and region in WA, 2007-2012



*including children in communities screened but not at risk

Source: Australian Trachoma Surveillance Report 2012

The Murchison has high rates of notifiable diseases particularly sexually transmitted infections

Table 31. Notifiable diseases in the Murchison Health District 2007-2011

Notifiable diseases (per 100,000 persons*, 2007 - 2011) [4]	Murchison Health District	Metro	State
Enteric disease	371.7	173	182
Vector borne diseases	42	51.1	56.8
STIs	2,245.00	382.6	447.5
Vaccine preventable diseases [5]	393.7	236.2	242.3

Data Source[4] WA Notifiable Disease Registry.

Immunisation Rates:

Immunisation against communicable disease is an effective public health intervention that reduces the mortality and morbidity associated with vaccine preventable conditions.

Australian vaccination coverage goals of greater than 90 per cent coverage of children at two years of age and near 100 per cent coverage of children at school entry age are recommended.⁴² The coverage needs to exceed 90 per cent to create the community immunity necessary to stop the ongoing transmission of these diseases.

There is a need for improved childhood immunisation rates across the Murchison Health District. The childhood vaccination information for Murchison residents is 100 per cent for the 12 month age groups but decreases for the later age ranges as shown below in Table 13.

Table 32. Childhood Immunisation Rates in the Murchison for calculated at June 2013

Childhood immunisation (% fully immunised, age calculated 30th of June 2013) [1]	Murchison Health District	Metro	State
12 - <15 months	100	90.7	90.7
24 - <27 months	85.7	90.6	91.1
60 - <63 months	93.8	89.4	90.3

[1] Australian Childhood Immunisation Register. Immunisation provider data contains age groups of 12-<15, 24-<27 and 72-<75 months
Source: Health Tracks Accessed Monday, 8 September 2014).

Public Transport

Access to health services can be significantly hindered by poor public and private transport options.

Public transport from the Murchison District is restricted to a twice weekly bus service from Meekatharra to Geraldton. Air services to Meekatharra from Perth are only available on 4 week days. Depending on demand and availability this service may include Mount Magnet.

8.7 CHILD HEALTH & DEVELOPMENT

The Australian Early Development Index (AEDI) is a population measure of child development across five developmental domains.

Results from 2009 / 2010 shown in Table 14 and 15 reveal that overall there are 37.5 per cent of 0 – 6 year old children in the Mt Magnet / Cue / Murchison community group considered developmentally vulnerable on one or more of the domains of the AEDI and 25 per cent are developmentally vulnerable on two or more domains (Mt Magnet children (n=25)).

In Meekatharra, overall there are 68.4 per cent of children (n=41) considered to be developmentally vulnerable on one or more domains of the AEDI and 52.6 per cent are developmentally vulnerable on two or more domains.

Table 33. Summary of AEDI Results Mt Magnet / Cue / Murchison Community 2009 / 2010

Domain	% children on track	% of children developmentally vulnerable
Physical health & well being	75.0%	16.7%
Social competence	70.8%	12.5%
Emotional maturity	54.2%	25.0%
Language & cognitive skills	33.3%	29.2%
Communication Skills and general knowledge	79.2%	12.5%

Source: National AEDI 2010

Table 34. Summary of AEDI Results Meekatharra Community 2009 / 2010		
Domain	% children on track	% of children developmentally vulnerable
Physical health & well being	44.7%	28.9%
Social competence	28.9%	57.9%
Emotional maturity	34.2%	23.7%
Language & cognitive skills	44.7%	42.1%
Communication Skills and general knowledge	34.2%	44.7%

Source: National AEDI 2010

Issues identified across both areas included > 20.0 per cent of children were at risk in terms of emotional maturity. These are children who vacillate between aggression and withdrawal; frequently 'lose their cool' in response to each other (bully/victim) and events such as transitions between learning activities; lack empathy and therefore struggle to build and maintain relationships; and find it very difficult to attend consistently to a teacher.

Delivery of the plan will increase access to services that specifically focus on the early years of development. Strategies include:

- a continuing recruitment drive to fill vacant community health nurse positions in the Murchison
- receipt of New Directions Commonwealth funding for AHW's to deliver an Aboriginal maternal and infant program involving a home visiting service for mothers with newborn babies (Office of Aboriginal & Torres Strait Islander Health).

The Commonwealth funded Rural Primary Health Service (RPHS) funding distributed by the Medicare Local is integral to the maintenance of health services in the Murchison District. This funding is used to establish, provide, maintain and develop primary health services as established with the Medicare Local. The program commitment is in the areas of:

Early Life Child Development & Maternal Health Program and Immunisations
Consistent, timely and multidisciplinary Population Health services to residents of the Murchison region.

Optimal early childhood development through a collaborative and flexible multidisciplinary approach.

Community based preventative programs that target chronic disease within the Murchison district.

Services are provided through the Murchison District Multi Purpose Service in partnership with WACHS Midwest. Underpinning this agreement is the commitment by WACHS Midwest to quality improvement, community consultation, change management and service evaluation.

Other financial support is via Multi Purpose Service (MPS) and Home and Community Care (HACC) funding. This combined Commonwealth and State Government initiative provides flexibility in innovative, coordinated and community driven health service provision.

9 Appendix - Major Health Partners

State Government

- **WACHS – Midwest** has a number of linkages with **metropolitan healthcare services** and will continue to explore and further develop these links for the benefit of Midwest clients and staff.
- **Medical Services:** The Royal Flying Doctor Service provides retrieval services from the Murchison communities. Geraldton Hospital provides 24 hour medical support as the Regional Resource Centre. Emergency Telehealth Service provides a limited service for Thursday – Sunday and public holidays.
- **Dietetics, Paediatric Physiotherapy, Podiatry, Speech Pathology and Occupational Therapy services** are provided to Meekatharra and Mt Magnet on a visiting basis from GHC.
- **Physiotherapy, podiatry & social work services** are provided by subcontracted private Allied Health Practitioners.
- **Residential Aged Care** – Meekatharra Hospital provides residential high care and the Hostel houses the low care residential aged care beds for the Murchison District. The Hostel also provides Day Centre activities and respite care.
- **St John Ambulance (SJA)** provides all emergency road transport. There are six paramedics in the Midwest based at Geraldton and Carnarvon. Meekatharra and Mt Magnet operate on a volunteer officer basis.
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 Murchison District.
- **Meekatharra Local Emergency Management Committee (LEMAC) feeding into Geraldton based District Emergency Management Committee (DEMAC).** These committees are made up of agencies within the local and regional community who collaborate in the event of emergency response. Escalation of activity can occur to a State level if required (SEMAC).
- **Department of Child Protection** works 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. Scope includes child care, seniors, youth and parenting support.
- **Department of Education** provision of educational facilities to students from pre-primary through to year 12 in Meekatharra and up to year 10 in Mt Magnet.
- **Rural Link** provides a specialist after-hours mental health telephone service for the rural communities and health services of WA.
- **WA Dental Health** provides public dental care, via visiting services to Meekatharra & Mt Magnet.
- **Disability Services Commission** has a Memorandum of Understanding with WACHS Midwest to provide continued support and advocacy for disabled persons living in the Meekatharra Murchison area.
- **Home and Community Care (HACC)** services provide transport, Centre Based Day Care, social support, domestic assistance, Meals on Wheels and some home maintenance.
- **Meals on Wheels** are provided to the community via Meekatharra Hospital kitchen.
- **Drug & Alcohol Office** provides support and counselling for clients and health professionals working in the Murchison District.

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.
- **Community Development & Employment Programs (CDEP)** offices operate in both Meekatharra and Mt Magnet. CDEP work toward providing gainful employment and training for Aboriginal people.

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- **Education** - There are a number of *educational institutions* that provide education, professional development and research. These include local schools, Durack Institute of Technology, Geraldton Universities Centre which offers nursing and social work courses and the University of Western Australia - Combined Universities Centre for Rural Health, and the Rural Clinical School (Medicine).
 - **Commonwealth Department of Health & Ageing** provides significant funding via the Medicare Local to deliver health services to people of the Meekatharra and Mt Magnet catchments.
 - Local Government Agencies **Local councils** are health partners on a number of fronts including environmental health, health promotion, youth support, active ageing, Emergency Management and community development.

Not-for-Profit Agencies / Other Providers

- **Yulella Aboriginal Corporation** is a private company categorized under Social Service and Welfare Organisations and located in Meekatharra, WA, Australia.
- **Frontier Services** - provide financial, grief, loss and counselling services
- **Meekatharra Community Resource Centre** is a community service centre . It has an Aboriginal Art Shop, driver and vehicle licensing services, an agency for Westpac Bank, training courses and workshops, broadband for seniors (free internet, computer use and email training) and a webcam link up for family consultations with Ngala Nurses and counsellors.
- **Geraldton Regional Aboriginal Medical Service (GRAMS)** provides a wide range of health services to Aboriginal people from Meekatharra & Mt Magnet ranging health promotion, prevention and treatment
- **The Office for Aboriginal and Torres Strait Islander Health (OATSIH)** was established to increase focus on the health needs of Aboriginal & Torres Strait Islander people in mainstream health programs by improving access to comprehensive primary health care services through coordinated clinical care, population health and health promotion activities that facilitate illness prevention, early intervention and effective disease management. OATSIH funded services offered in the Midwest include 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 behaviors.
- **Bundiyarra Resource Centre** is a multi-faceted resource agency located in Geraldton providing a number of community based programs that reach into the wider regional community. Key areas include language, women's issues, culture and education, and environmental health.
- **Ngangganawili Medical Service** Provider for all primary health services to Wiluna and Karalundi and supporter of the Outreach in the Outback Program (or Healthy Ears, Better Hearing, Better Listening) Ear Health Program for remote children to receive ear surgery in Geraldton. Inpatient care for Wiluna and Karalundi residents is available at Meekatharra hospital and they partner with WACHS – Midwest for podiatry and bulk screening services.

WA Primary Health Alliance – Midwest Regional Office plans and purchases primary health care resources and services to support the clients from within the region.

Private Providers

- **St John of God Hospital (SJOGH)** is a 60 bed, not for profit private hospital located in Geraldton. SJOGH provides inpatient care in medical, surgical, obstetric and community based services.
- **The Cancer Council Western Australia** aims to minimise the incidence and impact of cancer on our community through advocacy, research, education and by providing people affected by cancer with support to enhance their quality of life.

10 Appendix - Health & Aged Care Services Currently Provided, Issues & Proposed Programs And Improvements Within The Murchison Catchment

10.1 AGED & COMMUNITY CARE – MURCHISON HOSTEL		
SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
10.2 HIGH /LOW AGED CARE SERVICES – RESIDENTIAL CARE		
<p>Murchison Aged Care Hostel is located adjacent to the Meekatharra Health Service and provides 6 low/medium care beds for aged clients and 1 respite bed. There is currently 100 per cent occupancy. The MPS is funded for a maximum of 14 low care beds. The facility is staffed 24hrs a day with a carer, who liaises with the Registered Nurse on duty at Meekatharra Hospital for any acute issues that arise for residents.</p> <p>The acuity of residents at the Hostel is steadily increasing, predominantly due to the promotion of community-based aged care services. Respite facilities at the Aged Care Hostel have recently been refurbished</p> <p>When available Allied Health Assistants provide support to rehabilitation programs for with professional supervision (direct or via Telehealth) in inpatient, day therapy centre, in-home and other settings.</p> <p>Where appropriate, low-level, short-term dementia care, dependant upon assessment can be provided through the Meekatharra Health Service. Commonwealth Residential and Aged Care and HACC Quality Review was completed</p> <p>Additional mobile respite workers are employed by the Midwest Commonwealth Care and Respite Centre</p> <p>The Midwest Aged Care Assessment Team (ACAT) provides an Outreach Service to the Murchison district with site visits, client assessment, video-conferencing and placement support Mount Magnet (including Cue) has local staff to deliver HACC services</p>	<p>There are currently two aged clients, assessed as appropriate for admission, awaiting placement at Murchison Aged Care Hostel.</p> <p>The closest alternative facilities are Mullewa Health Service (3.5 hours drive) and Geraldton (5 hr drive). Residential care for high care clients is not able to be provided through the Hostel. Meekatharra Hospital and the Murchison Aged Care Hostel do not comply with safety standards to sufficiently care for dementia-specific clients.</p> <p>The Murchison Aged Care Hostel residential rooms are in need of upgrading and refurbishment</p> <p>There is significant turnover of staff, particularly patient care assistant staff.</p> <p>There is a need to further develop sustainable models of service delivery for Aged & Community Care within the Murchison communities that are culturally secure and appropriate for indigenous clients.</p> <p>Indigenous clients over the age of 45yrs are eligible for Aged Care Services and the Aged Care Team wishes to increase access to their service, by developing an Aged Care Outreach Program for remote communities. Capacity-building programs for aged clients are required in the Murchison District, to improve environmental access to appropriate housing.</p> <p>There is an increasing level of need and unmet demand for older person's mental health services.</p> <p>There is a lack of communication and integration of services between directorates involved in the provision of aged care services.</p>	<p>Increase the number of aged hostel care beds by three to a total of nine, with appropriate staffing which is within the funded 14 for the MPS</p> <p>A new facility and gardens/courtyards would provide a contemporary therapeutic environment based on residential aged care guidelines and best practice.</p> <p>Explore opportunities to expand the rehabilitation support provided by Allied Health Assistants</p> <p>Implement the 'Age Friendly Principles and Practices" at all sites</p> <p>Implement the Quality Improvements as recommended by the Quality Review Process</p> <p>Aged care aim to develop services further using telehealth technology for clients to access the Geriatrician</p> <p>Develop integrated share care models across programs and directorates (mental health, population health and aged care) that are focused on patient outcomes to ensure risk screening, assessment, diagnosis and treatment occur in a timely manner</p>

10.3 RESPITE CARE		
SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<ul style="list-style-type: none"> Integrated into the existing Murchison Aged Care Hostel is one respite bed, with an adjacent family room, that offers short- term respite care for people living with the Murchison region. <p>The Aged Care Coordinator based at Meekatharra Health Service is responsible for the assessment and booking of in-home respite care for Murchison Aged Care Hostel.</p> <p>The Murchison District utilises the Midwest Carer Respite Service based in Geraldton for a mobile respite service, in which clients are cared for in their own home.</p>	<p>There is a need to recruit staff to provide personal care and life-skills support to those who reside within the Murchison district who can provide home-based respite care on an as-needs basis.</p> <p>Access to respite needs to be promoted further to educate the community as to accessibility of service and recognition of a carer's role.</p> <p>The current respite facility does not meet the necessary Department of Social Services standards for accommodation and will require upgrading to ensure an optimum quality service.</p>	<p>Provision of appropriate respite care facilities.</p> <p>Sponsorship/scholarship for community members to undertake Certificate III in Community/Personal Care who may multi-skill to provide support in community-supported accommodation-inpatient and residential care settings.</p> <p>Recruitment of a carer living within the Murchison district who can provide home-based respite care on an as-needs basis. In the event that a trained carer cannot be recruited training would be necessary.</p>
10.4 Murchison District Meals on Wheels		
<p>Meals on Wheels (MOW) are currently provided by Catering Services at Meekatharra Hospital and either delivered fresh locally or fresh-frozen and transported to surrounding Murchison communities. There is an increasing demand for the provision of MOW across most Murchison communities.</p> <p>Delivery daily in Meekatharra and delivered Frozen to Mt Magnet and Cue weekly and distributed daily</p>	<p>Assessment of aged care nutrition status indicates that many Murchison clients are not necessarily able to maintain a nutritionally balanced diet. Access to Meals on Wheels (MOW) ensures that these clients are receiving at least the minimum daily nutritional requirements.</p>	<p>Service meets current and projected community needs.</p>

10.5 CANCER SERVICES / CHEMOTHERAPY / PALLIATIVE CARE

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>Development of WACHS Cancer services is outlined in the Statewide Cancer Plan, 2011¹⁰ This plan provides improved focus on the care continuum and pathways for both patient and family during all phases of care.</p> <p>Cancer and Chemotherapy services for the Murchison District are based in Geraldton. To improve cancer services in the Midwest Region it is planned that there will be a Cancer Centre located at GHC. Chemotherapy services, complementary therapies and outpatient services will be provided from this Centre. The catchment population is aging and growing and the nature of cancer treatment is constantly changing. It is essential Cancer Services are configured to provide optimal clinical care and be adaptable to changes in treatment regimes.</p> <p>The Midwest Palliative Care Coordinator provides an advisory role to Murchison health services. Clients are admitted to Meekatharra Hospital for coordinated Palliative Care, while a small number, mainly from Mt Magnet, access Geraldton Hospital.</p> <p>'Outreach in the Outback' funding currently provides the Murchison district with a visiting Specialist Physician. Video-conferencing is also used by the Specialist Physician for staff education and training and individual client consultation.</p> <p>Midwest Palliative Care Service and GRAMS operate an Indigenous Palliative Carer training package and GHC Palliative Care also hold family meetings at GRAMS to coordinate and support clients. A 'Closing the Gap' Medication Program is in place to provide free medication to Palliative remote and Aboriginal clients.</p>	<p>Having more sites in the Midwest 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 satellite services and there will continue to be patient flows to metropolitan services for ongoing care.</p> <p>Visiting Oncologists are time limited and at present not able to travel into the region from Geraldton. For this reason all Midwest chemotherapy services are 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 at GHC.</p> <p>The Indigenous Palliative Care Training Package requires ongoing maintenance in Murchison communities. There is an identified need for a funded Aboriginal Health Worker to assist in the delivery of culturally appropriate palliative health care.</p>	<p>Meekatharra and Mt Magnet residents will continue to receive chemotherapy care at GHC</p> <p>Explore the use of telehealth consult technology to reduce travelling time for Murchison District clients to Geraldton</p> <p>Ensure that all primary care & ED services are aware of the potential side effects and their management for people returning to their community during the course of their chemotherapy</p> <p>Invite/request regular liaison with cancer care nurses, with consent of consumers, for learning & development and case management opportunities</p>

10.6 ACUTE CARE

MEEKATHARRA HOSPITAL (WACHS)

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>Meekatharra Hospital is a 14 bed facility, including three beds that are used for Nursing Home patients. Medical support is provided by doctors from the Meekatharra GP clinic. The facility is staffed 24hrs a day with nursing, support and ancillary staff.</p>	<p>The closest alternative major hospitals are Geraldton (541km) or Perth (765km)</p> <p>Meekatharra Hospital has a high proportion of lifestyle related admissions including: respiratory disease, chest pain, diabetes, infections, drug & alcohol and mental health issues.</p>	<p>In line with the endorsed inpatient projections assuming 65 per cent occupancy Meekatharra Hospital requires around six acute care beds including sub acute care to meet the demand up to 2026/27.</p> <p>It is likely to need to provide at least five high care Nursing Home Type patient beds.</p> <p>Whilst facilities are needed to enable an increase in aged care beds, any increase in beds will potentially also require increased staffing.</p> <p>Dementia specific, culturally secure and climate appropriate design principles are required.</p> <p>The general ward requires updating to contemporary standards.</p>

10.7 SURGICAL SERVICES

<p>Minor surgical procedures are undertaken by an appropriately credentialed Medical Practitioner, no major surgery is undertaken at any of the Murchison District sites.</p>	<p>Most major operative procedures occur at Geraldton Hospital, necessitating transport and accommodation for Murchison clients.</p> <p>Some disconnect between Community Nursing Services and HACC services</p> <p>Currently no Community Nurse which may be a gap that required addressing in the future</p>	<p>No planned change for surgical services</p>
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10.8 ABORIGINAL HEALTH

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<ul style="list-style-type: none"> • Aboriginal Health in the Murchison District is provided by Mt Magnet Health Centre, Meekatharra Hospital and from a GRAMS Mobile Primary Care clinic. Ngaggangwili Aboriginal Community Controlled Health Service in Wiluna provides primary health care to the local Wiluna Shire community, the majority of which are Aboriginal. • Employment initiatives have resulted in creation and filling of a range of positions across the Murchison reflecting a focus on Aboriginal Health. • Strengthening linkages with GRAMS to enable greater awareness of and access to services, and support the collaborative development of a range of culturally appropriate services for this target group. This includes partnership with GRAMS in developing the new Mt Magnet Health Centre. • WACHS Midwest has adopted a community development and capacity building strategy to identify partnership opportunities with members of the local Murchison Indigenous community to increase the number of positions for trained AHW's, maintenance and patient support service staff. • WACHS will continue to support the employment of AHW's who are essential to provision of effective health care programs and services in the District. The role will include: <ul style="list-style-type: none"> • Provision of cultural knowledge and support to assist in bridging the gap between western medicine and Aboriginal communities. • Conducting home visits as required. • Provision of health care at a health facility. • Playing a major role in early intervention & prevention by screening and education. • They will be encouraged to provide assessments, treatment and referral <p>Midwest Allied Health Team (except the Physiotherapist visit Wiluna every two months or as required.</p>	<p>Service delivery to Aboriginal people is being formalised into a multi-disciplinary service delivery model. This model supports a coordinated service delivery program that is reliant upon adequate staffing levels to sustain the service.</p> <ul style="list-style-type: none"> • An issue with the cohort for aged care for Aboriginal people being defined as young as 45 years is the very significant age-gaps with other users of aged care programs and this can be very isolating if residential aged care is the only care option for elders 	<ul style="list-style-type: none"> • Implement the WA Health Cultural Respect Implementation Framework across all services including cultural awareness education and training. • The proposed service model for Mt Magnet Health Centre follows the Integrated Primary / Acute Continuum of Care. • In addition to the current Primary Health building, a co-located acute care facility will result in maximal services from one point of care. This facility will provide access to regionally appropriate and culturally secure health care services across the region and primary health care that encourages ongoing self-management, health education, disease prevention and health promotion. • There should be a strong emphasis on community involvement in health care. • All employees and visiting health service professionals will undergo culturally appropriate education. • Increase the number of GP Chronic Disease Management Plans. • Continue to develop and enhance the Midwifery Partnership between GRAMS and Murchison sites. • Maintain relationship with Nangawilli ACCHS and provide podiatry and bulk screening services. Meekatharra Hospital will also continue to provide inpatient care for Wiluna residents. • Implement the Aboriginal Health Worker Training for Working with People With Dementia.

10.9 EMERGENCY SERVICES - MEEKATHARRA

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<ul style="list-style-type: none"> Meekatharra Hospital provides 24 hour emergency nursing and medical care supported from appropriately credentialed medical practitioners. There are GP Consultation Rooms within the Community Health Centre The Resuscitation room is used to enable private consultations with Aboriginal clients relating to men's and women's business to ensure a culturally appropriate service, and to safely manage mental health presentations or other patients who require 1:1 counselling. FACEM support via ETS is available in Meekatharra, Mt Magnet and Cue 	<ul style="list-style-type: none"> The current ED setup is outdated and lacks ergonomic design to facilitate efficient care. It is very small with two trolleys in and is the OPD /Resus room. Ambulance access needs to be improved as the service entrance is only one bay wide with no room for a second bay. Departmental security needs to be improved. 	<ul style="list-style-type: none"> In line with endorsed ED projections 3 ED bays and a single resuscitation bay for operational efficiency and future proofing of the service. Enable space for visiting health professionals and waiting areas The ED needs to be developed to support the service model and in line with WACHS ED facility design principles and Australasian Facility design guidelines. This includes ensuring cultural security and privacy for distressed relatives. Ensure continuity of ED service and emergency retrieval response in the event that Meekatharra is not staffed or is understaffed. (24 hour Medical Support Service via e-health from ETS or Geraldton). Support a fast track model of the triage 4 and 5 patients through ED

10.10 ACUTE CARE – MT MAGNET HEALTH CENTRE

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>Mt Magnet currently has a Health Centre (Nursing Post) providing nursing services supported by visiting health disciplines.</p>	<ul style="list-style-type: none"> The Health Centre currently houses 2 consult rooms and this is insufficient to meet the needs of visiting allied health and medical staff. Aggressive behaviour is not uncommon at the health centre. This is often difficult to manage raising serious concerns for staff and other patient safety at the Health centre. There are no x-rays facilities within the centre , however maintenance of the equipment and attracting and retaining appropriately trained staff has proven a consistent barrier. 	<ul style="list-style-type: none"> Continue the current planning of process co-locating the Health Centre with GRAMS Primary Care Centre will result in the establishment of a Continuum of Care Service Model tending to needs of clients across the lifespan. All facility needs to be developed to support the service model and in line with WACHS and Australasian Facility design guidelines. Reticulated medical gases to all treatment areas.

10.11 TELEHEALTH IN THE MURCHISON

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>Statewide Standardisation of WACHS Telehealth commenced in January 2014.</p> <p>The Regional Telehealth Executive Sponsor group has improved communication between State-wide Telehealth Service and Midwest region. This helps in identifying and resolving regional issues. The Midwest Regional Telehealth Support Officer (appointed in February 2014) with responsibility is to book video conference venues and process video conference booking requests.</p> <p>Expanded use of telehealth and e-health will provide efficient and cost effective service delivery while improving access, equity, safety and quality, better education, training and support opportunities for staff; and improved communication between health care providers.</p> <p>Telehealth equipment must be high definition (receiver and provider), have suitable bandwidth for optimum quality for clinical consults and must connect to networks outside of WA Health. Venues in Murchison District use equipment suitable for clinical telehealth. Additionally ETS installation has been completed across sites in Murchison District. Staff training is provided by ETS unit</p> <p>WA Health has the 'Connecting Health' infrastructure, an internal video bridging service, which, enables partnering with other service providers such as GRAMS, GPs and home based services, the ability to stream and record education events and facilitate a move toward desktop videoconferencing.</p>	<p>Some appointments via Telehealth have been from a room that is designed for multipurpose use. This is due to space constrains in the health service buildings. MWTH are conducting site by site clinical venue audits to identify dedicated clinical venue audit that will support clinical consultations</p> <p>The Murchison District supports and wants to maximise communication between service providers that could improve safety and save patient and clinical time. Increased staffing is needed to ensure this can occur</p> <ul style="list-style-type: none"> • There are no staff members in the Murchison District that have direct responsibility for telehealth however there are site contacts - usually, the administration staff on sites who are the first point of contact in relation to telehealth services. As a result telehealth services are often additions to their current workload. This limits the ability to increase or enhance services • There has been a gradual reduction in the number of DNA's (Did Not Attend) with consistent patient reminders. Also there is an increasing trend in the use of Telehealth Services in Midwest 	<p>Identify dedicated clinical venue audit that will support clinical consultations</p> <p>Along with increased use of telehealth, WACHS will be able to utilise a range of services (including mobile technologies such as phones, tablet computers, and home monitoring) to deliver high quality and safe clinical service models across District Health Services.</p>

10.12 PRIMARY CARE SERVICES

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>GRAMS' provides visiting regular GP clinics to the communities of Yalgoo, Cue and Sandstone</p> <p>Outreach in the Outback (formerly MSOAP) provides visiting specialist clinics to Meekatharra Hospital each year. These include:</p> <ul style="list-style-type: none"> Physician twice annually ENT three times annually Ophthalmologist two to three times annually Optometrist two to three times annually Psychiatry monthly visits <p>Under the Rural Health West Outreach in the Outback program a specialist physician visits the Murchison health district on an annual 4 day visit.</p> <p>GRAMS have a Primary Care Centre in Mount Magnet. This service is culturally secure and delivers health services that meet the gaps and needs of the community(ies) and is also the base for GRAMS' mobile clinic. The service provides multidisciplinary care via visiting and locally based staff. The centre has access for point of care treatment, videoconferencing, and can also support limited educational programs.</p>	<p>Current medical care is limited to GP and emergency type services with little or no provision for public health prevention and chronic health programs.</p> <p>Ongoing sustainability to recruit and retain medical specialist willing to provide outreach services.</p> <p>Mt Magnet has limited acute care services.</p>	<p>The complementary GRAMS chronic disease service would be maintained and integrated in terms of medical records.</p> <p>RFDS provide a contracted visits by a doctor to:</p> <ul style="list-style-type: none"> Cue – one day per fortnight Sandstone – one visit per month Paynes Find – one visit per month Yalgoo – one day per fortnight

10.13 MATERNITY CARE

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<ul style="list-style-type: none"> Community Health Nurses provide targeted booked appointments and also opportunistic antenatal education when visiting clients or clients present to the ED. Postpartum, Community Health Nurses provide screening and developmental mapping of all newborns into early childhood through Child Health Clinics. WACHS Midwest and GRAMS provide a joint visiting service that promotes the early intervention, screening and assessment of expecting mothers throughout the Murchison health district. The service aims to improve the obstetric management of clients by providing an outreach visiting service. Unplanned, emergency deliveries are the only deliveries undertaken in Murchison health sites. Meekatharra Hospital does not have access to an Obstetrician/specialist GP or dedicated beds. 	<ul style="list-style-type: none"> The Maternal & Child Health program currently lacks structure. Young mothers need additional support from their communities and local health service, particularly in the area of health prevention and promotion of the child. The Murchison district has a high rate of sexually transmitted diseases and is in need of a Health Promotion Officer who has sexual health as part of their public education strategies. Ongoing training / qualification of existing Murchison District staff will enhance the local capacity to sustain maternal and child health programs. 	<p>Explore further the feasibility and role for Nurse Practitioner Midwife positions for both Meekatharra and Mt Magnet sites.</p>

10.14 RENAL DIALYSIS

<p>The WACHS Renal Plan 2010-2021² identifies the need for two community supported home dialysis chairs.</p>	<p>Murchison District clients suffering with chronic renal failure are required to relocate to Perth or Geraldton for ongoing dialysis and access to pathology services.</p>	<p>Recommend allocation of designated space to accommodate two home dialysis chairs, two machines and appropriate consumables storage and waste disposal facilities. This facility will support access of this service in Meekatharra by clients without suitable home venues for home dialysis or equipment storage. Access will be external with an emergency access from within the Health Centre available. This function will not require Health Service monitoring or intervention</p>
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10.15 POPULATION & PRIMARY HEALTH (WACHS)

Population health services are an essential element in the continuum of care for the Murchison health district. The focus is on health promotion and prevention with interventions directed at avoiding or minimising the progression of disease where possible. The majority of WACHS Population Health services in the Murchison are provided on a visiting basis from Geraldton, with some staff resident in locations. Clinicians spend time at the hospital / health centre, but the emphasis is on taking services to the local community e.g. schools, community centres or client homes.

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
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10.16 ALLIED HEALTH

The service delivery model for Allied Health is a combined fly-in-fly out model supported by telehealth & phone consultation and education. The current centralized service model has had significant advantages in mentoring and providing governance over sole isolated clinicians based locally. The visiting service model enables the allied health team to travel together from Geraldton, providing a more holistic service with improved continuity of care for clients and longevity of staffing.

Under the COAG WA Footprints to Better Health Strategy Aboriginal Allied Health Assistants have been employed and are based in Mt Magnet, Meekatharra and Karalundi to assist children aged 0-10 years to access allied health services. Rural Primary Health Services funding is also vital and provides visiting Allied Health and local Community Health services.

Commonwealth tied funding modifications and lack of certainty have had a significant effect on the ability to provide services throughout the region. This restricts the ability of services to plan ahead due to uncertainty in funding from year to year.

Promotion of healthy ageing concepts need enhancing within the Murchison district to educate and encourage aged and disabled clients to remain optimally independent within their community.

No Private Allied Health services are undertaken in the Murchison.

Enhance the interdisciplinary and multidisciplinary team approach across programs, e.g. population health, mental health, chronic disease and aged care.

Ensure allied health input into community health programs (e.g. child development, regional therapy and maternity).

Review of Allied Health service provision will be required prior to current contract expiring in 2015

<p>Currently the following services are provided via WACHS Midwest:</p> <ul style="list-style-type: none"> • Podiatry – fortnightly visits from Geraldton • Occupational Therapy - resident staff in Murchison • Speech Therapy – visit quarterly from Geraldton • Dietitian -- visit fortnightly from Geraldton • Allied Health Assistants – Mt Magnet, Meekatharra, Cue and Karalundi - resident in Murchison • Diabetes Educator – visit fortnightly from Geraldton <p>Private allied health professionals are funded by Rural Primary Health services funding pool as follows Private allied health professionals are funded by Rural Primary Health services funding pool as follows:</p> <p>A private Audiologist visits Meekatharra twice yearly (August & November) for four days.</p> <p>Private Physiotherapy services are funded by WACHS Midwest and visit from from Geraldton fortnightly for two days</p> <p>GRAMS also provides access to Podiatry in the Murchison with regular visits undertaken.</p>		
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10.17 MURCHISON St John's Ambulance Association

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>Volunteer ambulance sub-centres are located at Meekatharra, Yalgoo, Sandstone, Cue and Mount Magnet.</p> <p>A Paid Community Paraemdic based in Geraldton who provides supports to the Murchison District.</p>	<p>There are issues relating to the sustainability of volunteer ambulance first-aiders and drivers within individual communities.</p>	<p>Recommend ongoing liaison with Local Government authorities and St John Ambulance to boost numbers of volunteers in smaller communities.</p>

10.18 COMMUNITY & PUBLIC HEALTH

Community Health Nurse (CHN's) cover Meekatharra, Cue, Yulga Jinna, Karalundi, Mt Magnet, Yalgoo,. Aboriginal Health Workers (AHW's) support the nurses in provision of child health services to Meekatharra, Mt Magnet, Cue and Yalgoo.

The Midwest Public Health unit conducts an annual trachoma and trichiasis screening and treatment program to Mt Magnet, Meekatharra, Sandstone, Cue, Karalundi, Yulga Jinna, Pia Wadjarri and Yalgoo.

The program commences in April/May for a visit in June/July from the public health team who travel to communities consulting with community members and department of education staff regarding the screening/treatment activities that occur simultaneously with the other WACHS regions around August/September. Screening for Trichiasis is promoted through out the Murchison during the annual flu vaccination clinics held in autumn. A follow up visit occurs after the screening/treatment activities to "mop up" remaining cases and provide feed back to all communities on program outcomes

CHN & Public Health nurse positions in Meekatharra are currently serviced by a FIFO worker. Filling these positions with permanent staff members residing in the town would be a better option.

A common factor identified has been the lack of public knowledge of the services available or offered and where and how they can be accessed.

Environmental Health Services – There is need to improve community knowledge and the need for follow up for enteric and vector borne diseases.

Commonwealth funding modifications to tied funding have had a significant effect on the ability to provide services throughout the region (e.g. GMML)

Coordination of services and prevention of duplication could be achieved through facilitating collaboration between health agencies and disciplines.

Recruitment of a resident CHN and Public Health nurse in Meekatharra.

10.19 COMMUNITY DRUG AND ALCOHOL		
SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>The Community Drug Service Team (CDST) provides drug & alcohol counselling in the Meekatharra office through their Indigenous Diversion Program worker and a visiting service to clients living within other Murchison communities. This position covers Meekatharra, Cue, and Mt Magnet providing counselling and working with the courts to provide Drug & Alcohol treatment and education.</p>	<p>Difficulty recruiting on site staff. Inconsistency of staffing has impacted on ability to provide ongoing services. Once a month outreach service provided currently which does not meet community's needs.</p>	<p>Recruit to available position and provide some level of consistency to service.</p>
10.20 CHILD HEALTH – EARLY INTERVENTION		
<p>Vulnerable children receive targeted interventions and multi-disciplinary primary and secondary health care are provided to support, educate and where necessary refer. Funding is provided for this service by RPHS and COAG WA Footprints to Better Health strategy.</p>	<p>There are significant numbers of developmentally vulnerable children in the catchment area. Both Meekatharra and Mt Magnet Early Development Index scores continue to be well below the national average.</p>	
10.21 PUBLIC DENTAL CARE		
<p>The communities of Yalgoo, Mount Magnet, Cue and Meekatharra have a dental team consisting of a dentist and dental nurse; who visit the region on a 3 monthly basis.</p> <p>There is a single purpose built dental service room on the health campus at Meekatharra. Other visiting services are provided from a fully equipped mobile clinic.</p> <p>Dental Services consider the current level of service delivery to the Murchison district as meeting the <u>non urgent</u> dental requirements of the district.</p>	<ul style="list-style-type: none"> • All emergency dental care must be accessed outside of the Murchison district, due to the lack of a resident or permanent dentist. • Continuity of care is poor with the existing service, as are the problems associated with service access in remote areas. 	<ul style="list-style-type: none"> • There is a need for Population Health initiatives to assist in the promotion of the need for good dental health, particularly in children living in the Murchison district. • There is a need for the state and commonwealth government to negotiate an increase of the mobile and/or visiting dental service in the Murchison district.

10.22 MENTAL HEALTH

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>The Murchison district is allocated two FTE Mental Health Nurses, who under the delegation of the Midwest Mental Health Service provides client-based services to Wiluna, Meekatharra, Cue, Yalgoo and Mt Magnet. In addition there are two Indigenous Mental Health Workers</p> <p>A visiting CAMHS service is provided from Geraldton on an as needs basis.</p> <p>A visiting Psychiatrist does clinical reviews via VC from Geraldton as well as running a monthly clinic at Meekatharra Hospital.</p> <p>A Domestic Violence Indigenous Support Officer (one FTE) is employed to cover Geraldton, Mullewa, Mt Magnet, Cue and Meekatharra. This position runs Men's Support Groups and provides education and counselling in regard to the impact of Alcohol and Drugs on community violence.</p>	<p>Stability of staffing has a major impact upon service delivery.</p> <p>There is a need for all local health employees to undertake training in Mental Health First Aid, to assist in the recognition of a mental health crisis, and to support the wider community in dealing with everyday mental health issues.</p> <p>There is a need for indigenous-specific mental health training in the Murchison district that is culturally appropriate to the local communities.</p> <p>There is a lack of Mental Health Promotion in Meekatharra and Mt Magnet.</p>	<p>It is recommended that Mental Health Services co-locate with the new Meekatharra Hospital. Recommend appointment of Mental Health Promotion staff.</p> <ul style="list-style-type: none"> Requires offices x three Interview room with videoconference facility. Secure interview room Secure reception area. Secure waiting area. Staff meeting room and kitchenette. <p>All nurses and health workers to undertake training in Mental Health First Aid as a mandatory requirement. Training package to be indigenous-specific and culturally appropriate to the local communities.</p> <p>Increased funding to improve the delivery of Gatekeeper Suicide Prevention training in the region.</p> <p>Fortnightly visit by CAMHS specialist mental health nurse. To be facilitated from Geraldton and supported by the air charter service.</p> <p>Establishment of a Youth Counselling Service through increased clinician FTE.</p> <p>Dedicated vehicle to support the increased Mental Health FTE in Murchison district.</p> <p>GRAMS clinic in Mt Magnet will support visiting services from a GRAMS psychologist. This service will be designed to meet the social and emotional well-being of those in need in the district.</p> <p>Review and implement strategies identified in the WACHS Mental Health Strategic Intent (2010) framework document.</p>

10.23 DISABILITY SERVICES		
SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>The Local Area Coordinator for Disability Services, based in Geraldton, visits the Murchison district on a six weekly basis.</p> <p>DSC contracts WACHS Midwest provide direct support to people with disabilities. This involves client advocacy, the development of care plans with referral to appropriate agencies as necessary.</p> <p>Services are provided at Mt Magnet with outreach to Yalgoo, Sandstone and Cue and Meekatharra with outreach to Karalundi & Yulga Jinna.</p>	Nil	Current service meets the needs of the community.
10.24 CURRENT & FUTURE CLINICAL SUPPORT SERVICES		
MEDICAL IMAGING		
<p>Basic X-Ray facilities are located at Meekatharra and Mount Magnet, enabling qualified nurses or visiting Radiographers to undertake simple emergency chest and extremity films and ultrasound.</p>		
MORTUARY		
<p>Meekatharra and Mt Magnet mortuary facilities are dated and not in keeping with culturally appropriate post mortem care.</p>	<p>The mortuaries do not have viewing areas.</p> <p>Spatial issues arise when large numbers of people gather for viewings.</p>	<p>Both sites require body holding facilities with sufficient floor space to facilitate a viewing area appropriate for viewings by groups of people.</p>
PATHOLOGY		
<p>Limited pathology services are provided from Meekatharra Hospital. Nursing and medical staff are able to test troponins and arterial blood gases onsite. All other specimens are processed in Geraldton.</p>	<p>Increased range of point of care testing would be beneficial. This will require staff training, and possibly additional staffing.</p>	

STERILE SUPPLIES / CSSD		
Provided from Geraldton Hospital		No planned change to current CSSD supply system
INFECTION CONTROL		
Staff member holds Infection Control portfolio but GHC provides ongoing IC Support on a regional basis to assure consistency of approach and standards.		Current service meets the needs of the community.
TELEHEALTH & E-HEALTH		
SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<ul style="list-style-type: none"> • Video-otoscopy is currently available from school health in Meekatharra and Mt Magnet Health Centre. Pictures are relayed to ENT specialists in Perth for review and treatments or follow up ordered accordingly. • Videoconferencing for education and meetings is used frequently. • Patient consultations for Mental Health clients with Geraldton based Psychiatrists occur on an as required basis. • ETS commenced August 2014 in Mt Magnet, Cue and Meekatharra 	There is a need for adequate facilities to provide clinical telehealth consultations.	<p>Recommend establishment of clinical telehealth area(s) for use by Mental Health, General medicine, Emergency Department, Drug & Alcohol services and any other specialities to enable patient to receive treatments during their consultation from attending support staff.</p> <p>Telehealth and e-health promotion of services is required.</p>
MEDICAL RECORDS		
Hard copy medical records are currently stored onsite at both Meekatharra and Mt Magnet. A staged plan is planned to move toward an electronic record system.	<p>Issues with space and adequacy of storage rooms.</p> <p>Issues with information sharing and duplication between service provider groups.</p>	<p>Stage 1: Introduce strategy of storage for last 5 years and then move non active records offsite to facility in Perth for storage.</p> <p>Stage 2: Move onto a shared electronic medical record system with directorate by directorate transition (Acute care (WACHS, GRAMS) → mental health → aged care → population health...)</p>

PHARMACY

The Geraldton Regional Aboriginal Health Service provides a medication support program to Aboriginal clients within the Murchison district.

A private pharmacy now operates in Mt Magnet and Meekatharra.

10.25 NON-CLINICAL SUPPORT SERVICES

CATERING

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
Catering services are provided from Meekatharra Hospital including inpatients and Meals on Wheels.		<ul style="list-style-type: none"> • Current service meets the needs of the community. • The environment needs review to ensure efficient and contemporary services and to meet staff needs e.g. <ul style="list-style-type: none"> ○ Cook's office located near the kitchen. ○ Kitchen to have a walk-in cool room and freezer. ○ Staff toilets with change room, showers, lockers.

CORPORATE SERVICES, ADMINISTRATION & CLERICAL SUPPORT SERVICES

Meekatharra Hospital and Mt Magnet Health Centre receive corporate governance and support from the Midwest Health Services Regional Office located in Geraldton. The front office / administration and reception staff are located in the main entry area of the hospital at Meekatharra.	Design of the administration area is dated and not conducive to ergonomic work practice.	Provision of suitable offices for administrative staff. Secure staff and Government car parking. Provision of office or hot desk space for GRAMS staff and other visiting agencies to better facilitate partnership arrangements.
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PATIENT SUPPORT (PSA) / CLEANING & ORDERLEY SERVICES

<ul style="list-style-type: none"> • Mt Magnet has an All Purpose Orderly. • Meekatharra has Patient Support Assistants. 	Most Meekatharra PSA staff are generally multi-skilled.	
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LINEN SERVICES

Meekatharra Hospital laundry operates to supply itself and Mt Magnet.	Equipment upgrades would streamline the efficiency of this service.	Current service meets the needs of the community. Planned relocation to a new facility.
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GROUPS & GARDENING

The All Purpose Orderly maintains grounds in Mt Magnet and Meekatharra Hospital has a Gardener.		Current service meets the needs of the community.
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ENGINEERING & MAINTENANCE		
SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
Maintenance at Meekatharra provides outreach services to Mt Magnet, Cue and Yalgoo. There are three staff consisting of a coordinator, local worker and travelling repair man.		Allocate maintenance position to Mt Magnet to facilitate more time efficient access to Cue and Yalgoo.
SUPPLY SERVICES		
Supplies are provided on a regional basis from Geraldton Health Campus to both Mt Magnet and Meekatharra.	The main problem with offsite supply is distance and turnaround time waiting on orders to arrive.	Current service meets the needs of the community. However, a larger sized storeroom is required in the general ward, aged care and ED to increase onsite capacity and reduce turnaround time from supplies.
LEARNING & DEVELOPMENT		
Learning and Development Services are supported via GHC, including visiting educators who provide mandatory skills training. Meekatharra has a part time CN position supporting local professional development. Staff development portfolio is filled by a Clinical Nurse currently employed at Meekatharra Hospital	Staffing resources often limit opportunity to access staff development and training.	

INFORMATION, COMMUNICATION & TECHNOLOGY (ICT)

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<p>ICT underpins all service delivery and management and consists of a number of systems and technologies such as telephone and computer systems, information systems patient records and systems to manage service activity, finances and staff.</p> <p>Emerging technologies, including digital imaging and increased uptake of Telehealth as part of the SIHI will be guided by the WA Health ICT Service.</p> <p>ICT services are provided from Geraldton. The Regional IT coordinator for Midwest / Murchison district provides technical help desk support during business hours from a central number.</p>	<p>Reception is slow in terms of email and information transfer around the Murchison District due to limited bandwidth but is improving</p>	<p>WACHS Midwest ICT strategies will be guided by the WA Health ICT service and Infohealth Network. Proposed changes include:</p> <ul style="list-style-type: none"> • Demand for high resolution images, video streaming and bandwidth intensive applications will increase in the future. • Wireless communications that support mobile workers, as well as cater for mobile phones, will operate seamlessly within the wireless networks within the building. • Prepare the Midwest sites for ongoing implementation of the new state-wide health information systems to be rolled out in the next few years as part of the WA e-health strategy comprising patient administration, clinical information, pharmacy, pathology and radiology systems, including adoption of the state-wide unique medical record identifier • Evaluate technology options in Telehealth and scope the clinical services that may be enhanced through the use of enabling technology, • Improve the understanding of information systems and data linkages of managers and clinicians to enable more informed use of data in reporting and decision making • Collaborate with private and non-government entities to allow the sharing of information across health and related providers, through informed consent, to enable more efficient and effective health care for patients.

10.26 OTHER FACTORS ENABLING SERVICE DELIVERY

10.27 Infrastructure

Facility impacting on service delivery at Meekatharra

There are a number of facility issues that have been identified that are impacting directly on service delivery and the ability to implement contemporary models of care. These include:

- Limited office space in emergency, allied health, catering and acute areas.
- Limited storage space for patient and clinical/non clinical equipment
- Inadequate secure parking
- The layout of ED bays can lead to issues with patient care and confidentiality
- A lack of a suitable ED waiting area

A building condition audit was undertaken in October 2010. This revealed a number of infrastructure issues including:

The main hospital, staff accommodation and morgue buildings are timber framed and are approximately 60 years old. The reports states, "...a Meekatharra Hospital is 10-20 years past its design life."

Fire Assessment identified a number of non-compliance issues, some of which related to the age of the building.

"...as the building ages and further defects occur, such as corrosion to steel and rot to timber elements, cost of maintenance will increase significantly. The longevity of the building structure as a whole will depend upon maintenance works to be completed in the future.

Significant defects including asbestos, termite damage and a leaking roof

10.28 Interface with Other Services

A governance model for the integration of services is proposed by WACHS Midwest and would require the signatory endorsement of all agencies participating. WACHS will establish mechanisms to facilitate information sharing and assist in coordinating multidisciplinary care.

Geographical isolation from Geraldton and other sites in the Murchison District indicates the need to maximise use of Telehealth technologies by both government and non government agencies such as Disability Services, Silver Chain, GMML, emergency departments, mental health, population health and the Community Drug Service Team.

The strengthening of linkages with the GMML Network will assist in maintaining a robust service provider network.

Encourages participation in conjoint resourcing of services to the catchment area.

In partnership with the Yulella Aboriginal Corporation and Mission Australia WACHS Midwest will work toward provision of training positions as Aboriginal Health Workers and in maintenance and patient support service staff.

A sound working relationship exists with the RFDS with close liaison for patient transfers I. RFDS GP clinics are provided at Sandstone and Yalgoo.

Partnerships are developed where possible with local government authorities and regular contact is kept through periodic visits and communications. The Midwest Gascoyne Human Services Regional Managers group provides an excellent forum for State and local Government representatives to network.

10.29 Workforce Strategies

The following workforce strategies should occur:

- Recruit to all currently vacant and established positions.
 - In collaboration with the Regional Director Nursing & Midwifery, investigate models of nursing care to provide optimal practice outcomes in the Murchison that may include consideration of Nurse Practitioner positions in the Murchison including Meekatharra Hospital.
 - Maximise use of technologies such as videoconferencing for meetings and staff education.
 - Increase the use of e-health technologies for remote medical consultation and assessment.
 - Facilitate leadership and management development of senior staff and middle managers.
 - Form strong links with the regional Learning and Development Team.
 - Encourage mentoring of less experienced staff.
 - Encourage staff at all levels to participate in quality improvement.
 - Develop a workforce culture and environment that supports innovation, continuous improvement and work life balance.
 - Explore options to maximise attraction and retention benefits for staff.
 - Introduce flexible service models such as mobile clinical teams, and fly-in fly-out models of care.
 - Support the movement of staff between sites to maximise available skilled workforce.
 - Improve recruitment and orientation of International Medical Graduates in partnerships with workforce agencies to ensure that all Overseas Trained Doctors providing services have adequate orientation to the operational and diverse cultural characteristics of health service delivery in country WA.
 - Implement the WACHS Aboriginal Employment Strategy 2010-2014 to increase the number of Aboriginal employees in health service delivery.
 - Assure that attention is given to support arrangements for visiting health professionals, including Doctors, Allied health and Agency Nurses.
- Maintain staff and patient safety and health systems to provide a safe environment for work and care.

10.30 Access for visiting staff

- Maintain current Allied Health and Medical Service provision at Meekatharra.
- To ensure adequate human resources to maintain service provision a regular Fly-in Fly-out model of care is in place. This charter flies 4 weeks a month and includes landings at Mt Magnet, Meekatharra and Wiluna (twice a month). This program has facilitated human resource requirements particularly in the area of nursing and allied health. It has encompassed acute as well as community and child health nurses. The service has also provided access to, medical, mental health, corporate and maintenance staff. Relevant NGO services access the service on occasion. A second flight each week the service is active would facilitate improved service accessibility and time available on the ground.

10.31 Emergency, Critical Care & Retrieval

In terms of acute care and retrieval, Royal Flying Doctors Service (RFDS) provide a whole of state service. Over 90per cent of emergency transfers from Meekatharra are to Perth, with a few patients going to Geraldton. Public and commercial transport options are significantly limited between Geraldton and the Murchison and are generally more accessible between Perth and the Murchison communities of Meekatharra and Mt Magnet. The main reasons for transfer from Meekatharra are Injury and Poisoning and Circulatory problems.

The concept of establishing a Midwest Regional Emergency Retrieval System out of GHC to coordinate and manage planned retrieval of emergency patients from district sites (by road or air) should be further explored. This would help to relieve pressure on medical and nursing staff, which currently needs to escort critically unwell patients to GHC leaving their sites understaffed and support safe planned transfer of critical patients within the region.

In addition, a non-urgent patient transport service is recommended as an important support to reduce the pressure on volunteer Ambulance services in the Murchison district. This would facilitate the prompt transfer of patients returning to Meekatharra for step down care following treatment at GHC, as well as the inter-hospital transfer of patients who require a specialist or access to diagnostic investigations that are not available in Meekatharra or Mt Magnet. PATS is an established support mechanism to assist residents in rural and remote areas to access specialist medical care.

10.32 Patient Assisted Travel Scheme (PATS)

- A PATS service is facilitated at Meekatharra for central coordination of Murchison district PATS and medical retrieval services to enhance service quality optimise appropriate resource utilisation and improve service efficiencies.
Provide regular supportive training and up-skilling of Admin staff providing PATS support functions.
Investigate and implement for trial innovative forms of transportation between health services.
Further develop specific initiatives to bus patients and carers in from the Murchison district for specific blocks of surgery such as the Outreach in the Outback – healthy Ears, Better Hearing, Better Listening Program - ENT surgery for children.

10.33 Change Management

Maintain effective communication with the community through established inter-agency forums and representation on external committees at a local level.
Monitor feedback on health service performance through patient surveys, letters of compliment or complaint and focus group sessions involving relevant stakeholders
Establish and monitor performance against strategic and operational plans at appropriate levels throughout the organisation
Build strong relationships with other health care providers and key organisations

Health, Aged Care & Related Services Currently provided by Geraldton Regional Aboriginal Medical Service

10.34 PRIMARY HEALTH CARE

SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
Mobile Clinic with: Chronic Disease Management / Women's Health / Men's Health / Aged Care Services		
<ul style="list-style-type: none"> S100 Service delivered by the GRAMS mobile clinic Mobile Clinic Service including follow-up/recalls, medication reviews, home visits and advocacy 		
MT MAGNET PRIMARY HEALTH CENTRE		
<ul style="list-style-type: none"> Mt Magnet Primary Health Centre operates under the management of GRAMS. The aims being to improve chronic disease management and improve the referral process to other health professionals. GRAMS provide a maternal/child health service to the district that is culturally secure & adapted for remote communities. This is coordinated by the GRAMS midwife and supported by a multidisciplinary team. It aims to increase the number of Aboriginal women in the district who receive antenatal and post-natal care. The service is also committed to developing a clinical risk management plan for maternal care in the Murchison District. 		
EAR HEALTH		
<ul style="list-style-type: none"> Annual Service to Mt Magnet and remote schools in Pia Wadjari and Yulga Jinna. The Service involves working with an audiologist & ENT specialist to conduct checks of all school aged children. The checks include hearing test, tympanometry & otoscopy. If the AHW is concerned they may refer onto nursing post. 	<ul style="list-style-type: none"> A report is prepared and provided to parents and nursing post. 	<ul style="list-style-type: none"> Recommend development of ENT referral pathway for patients to be directly referred onto the Outreach in the Outback list for visiting surgical review and intervention.

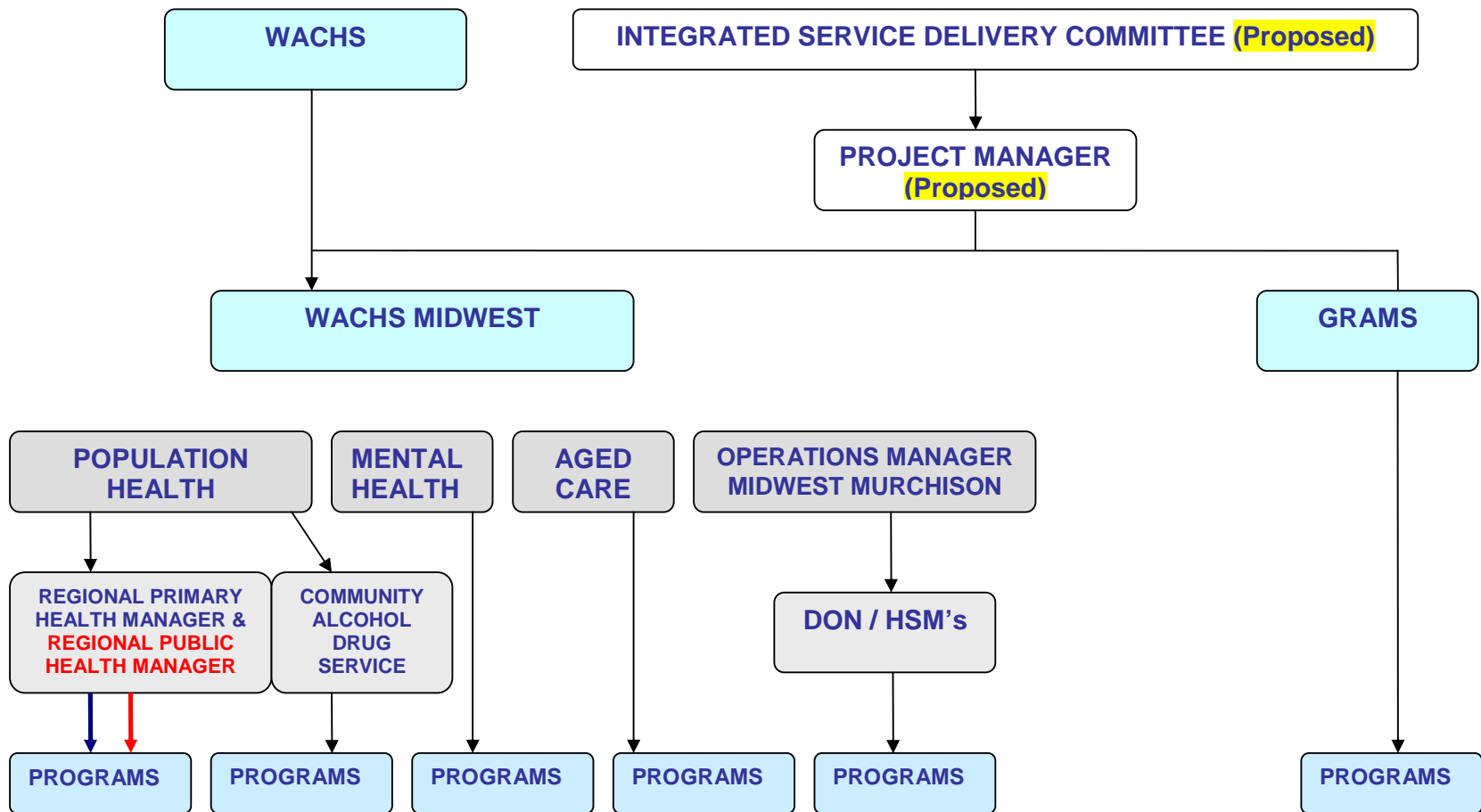
EYE HEALTH		
SERVICE DESCRIPTION	CURRENT ISSUES	PROPOSED NEW PROGRAMS & IMPROVED SERVICES
<ul style="list-style-type: none"> GRAMS's Eye Health coordinator provides bi-annual screening services to Yalgoo, Cue, Sandstone, Meekatharra, Pia Wadjarri and Mt Magnet which coincides with the visiting Ophthalmologist and physician to this area, especially diabetic clinics. The tests occur at the nursing post or Meekatharra community health centre. Screening includes a retinal screen of all diabetics. A retinal camera travels with the coordinator and images are stored and emailed to the ophthalmologist in Geraldton. Referrals to the coordinator are made by the doctor/s. 		<ul style="list-style-type: none"> Recommend development of an Ophthalmology referral pathway for patients to be directly referred onto a list for visiting specialist review and intervention.
ACUTE CARE		
MEDICAL SERVICES		
<ul style="list-style-type: none"> S100 Services delivered by GRAMS mobile clinic Mobile clinic provides acute care as required in Karalundi , Pia Wadjarri, Yalgoo, Cue, Sandstone, Meekatharra, Yulga Jinna and Mount Magnet 		

11 Appendix

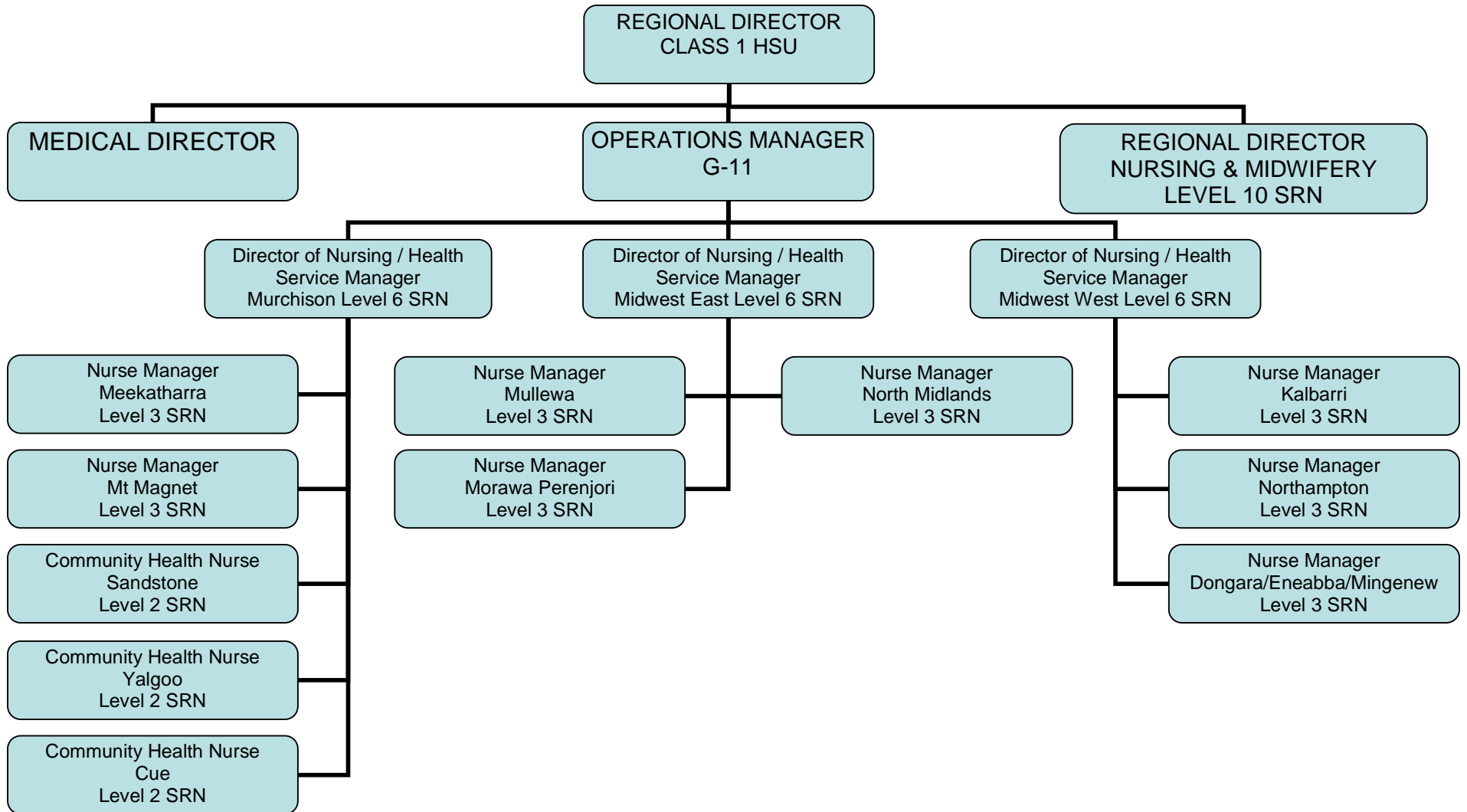
Acronyms

ACAT	Aged Care Assessment Team
AEDI	Australian Early Development Index
AHW	Aboriginal Health Worker
ATSI	Aboriginal & Torres Strait Islander
BMW	Building Management & Works
CUCRH	Combined Universities Centre for Rural Health
ECU	Edith Cowan University
ED	Emergency Department
GHC	Geraldton Health Campus
GP	General Practice
HACC	Home and Community Care
HCP/s	Health Care Professionals
ICT	Information and Communication Technologies
MPS	Multi-Purpose Service
NP	Nurse Practitioner
NGO	Non Government Organisation
Outreach in the Outback (formerly known as MSOAP)	Outreach in the Outback Program (formerly known as Medical Specialist Outreach Assistance Program)
PATS	Patient Assisted Travel Scheme
RFDS	Royal Flying Doctor Service
SJA	St Johns Ambulance
STI	Sexually Transmitted Infection/s
UWA	University of Western Australia
WACHS	Western Australia Country Health Service

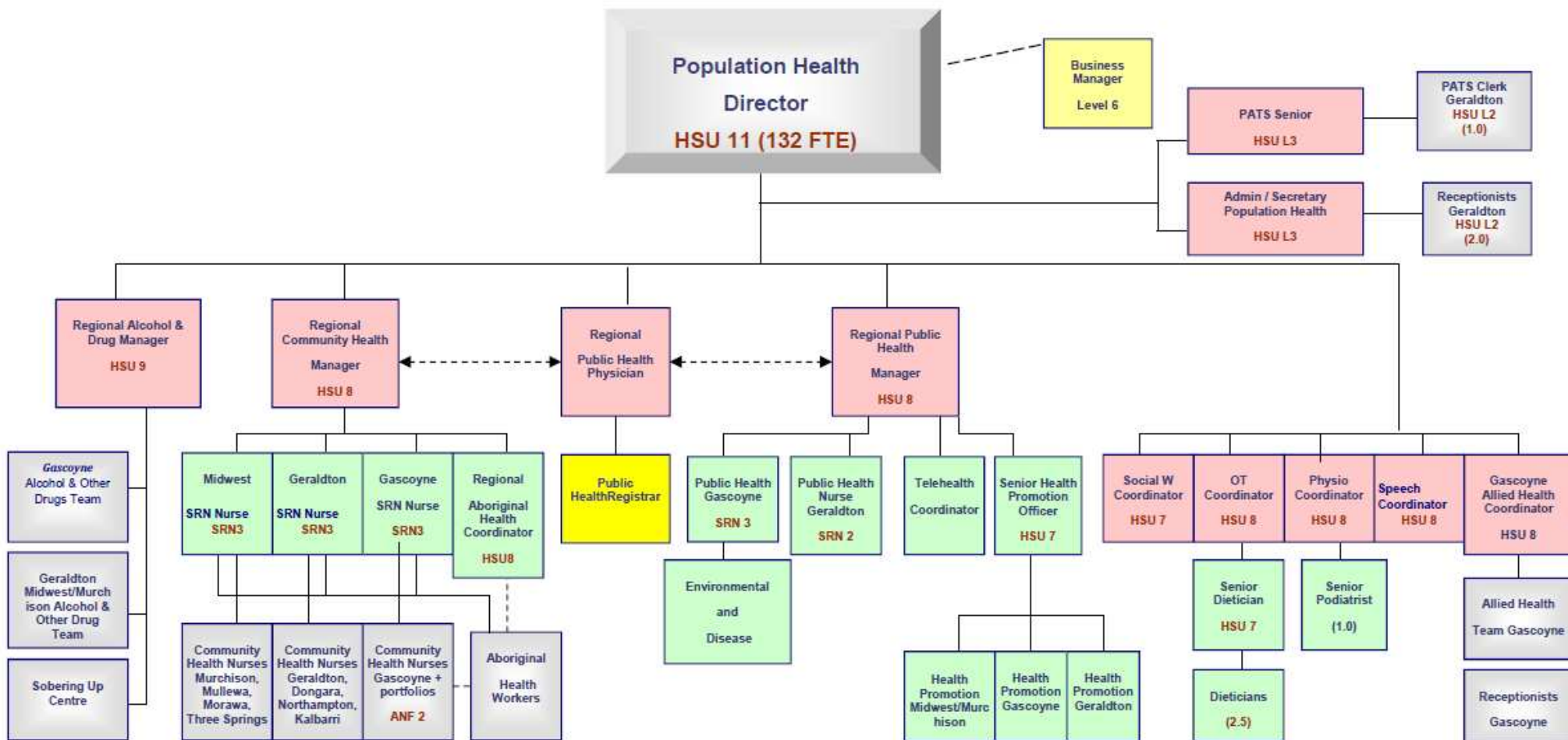
12 Appendix Organisational Structure Midwest Health Region



Organisational Structure Midwest Murchison



Population Health – Wachs Midwest Organisational Chart



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