



# Transforming Health

Community Information



## Delivering Transforming Health – Summary

Best Care. First Time. Every Time.







## Foreword: Minister for Health

We are now embarking on the next steps, of the biggest-ever transformation of South Australia's health system, building on a decade of this Government's reinvestment into our hospitals.

At the heart of Transforming Health is the pursuit of quality, as we strive to deliver the best care, first time, every time, to all South Australians.

Our best clinical experts have established quality standards for our modern health system and we now must reconfigure our health system to meet these standards.

We also now have data, which captures the entire South Australian metropolitan health system and shows that, while our health system is good, we must do some things better.

For example:

- > We know that some specialists have minimum numbers of procedures that they should perform, to maintain their skills and expertise;
- > We know that patients are currently having their elective surgery rescheduled and delayed;
- > We know that lives will be saved, if patients suffering once-in-a-lifetime conditions, such as heart attack or stroke, go to the right hospital, and get the right care regardless of what time of night, or day of the week; and
- > We know that rehabilitation needs to commence, and be provided consistently, from a patient's initial treatment.

We all deserve a healthcare system where we can receive the right care and support from the most experienced medical team.

Transforming Health will occur over the next four years.

We will begin by unlocking the capacity in our hospitals, and in many cases, we will need to upgrade our facilities as we carry out these changes.

Over 5000 submissions have been made during the Transforming Health process so far, and discussions have been held at many public forums and staff consultations.

I have listened to your feedback, and I want to assure you that, where alternative ways to meet quality standards were presented, changes to the original proposals have been made.

I am confident that the changes to be made during the Transforming Health process are sound, because they are based on clinical expertise and have the best interest of the patients that use our health system, at the heart of every decision.

I will continue engaging with the community and those working in healthcare, because the transformation of our health system and the pursuit of quality are ongoing.

It's the new way we provide best quality healthcare in South Australia.

**Jack Snelling**  
Minister for Health



# Foreword: Professor Dorothy Keefe P.S.M.

Transforming Health gives us a clear message: a high quality healthcare service that focuses on putting the patient first must be central to Government's health values, decision-making and standards of care.

Much has been achieved since Transforming Health began and we have had some robust conversations about the changes it proposes so our hospitals can deliver best quality care, first time, every time.

Our health system clearly means a lot to our community, our clinicians and staff, and the industry groups we work with every day. South Australians are unmistakably passionate and emotionally invested in their healthcare system, local hospitals and the services delivered. The feedback received since mid-2014 has shown that we all appreciate the urgency, are willing for transformation to happen and want to learn more about how it can be achieved. The feedback given to us by members of the public was also a valuable guide for testing our thinking when finalising the next steps for Transforming Health summarised in this document.

Transformation is a perpetual state, not the end of a process. We have consulted widely, listened intently and agree that the time to begin making these vital changes to our healthcare system is now. The important conversations with our community, clinical experts and staff about the complex details of how we implement them will continue in the coming months and years.

The Clinical Advisory Committees support these next steps, which allow us to implement the full suite of 284 Clinical Standards across our metropolitan hospitals. When implemented, these decisions will begin the transformation process and deliver the full set of standards. Under the current configuration of the system, we cannot meet 52 of the clinical standards and this is simply not acceptable.

This is the beginning of permanent, ongoing transformation of our healthcare system. Our work together from here will include detailed planning for implementation with the public who rely on our hospitals and health services, our clinicians and staff who care for them every day, and our partners in primary care, academia and industry.

Transforming Health gives us a wonderful opportunity to engage in the kind of genuine and lasting change that South Australians demand and that we cannot and must not delay any longer.

I thank you for taking the time to share your thoughts with us and look forward to working together with you to make the changes needed to deliver the very best healthcare system.

We, all of us, deserve nothing less.

**Professor Dorothy Keefe P.S.M.**  
Clinical Ambassador, Transforming Health

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# 1

# Delivering Transforming Health

**Transforming Health Vision:  
Best care, first time, every time.**

Transforming Health Values are centred on six quality principles:

- 1. Patient centred;**
- 2. Safe;**
- 3. Effective;**
- 4. Accessible;**
- 5. Efficient;**
- 6. Equitable**

The *Delivering Transforming Health Summary* outlines the next steps for Transforming Health, which are based on extensive input, feedback and ideas provided by the community, our staff and the industry.

For Transforming Health to succeed, our health system must focus on the patient, be led by our clinicians and driven by data. Clear lines of communication, with meaningful and direct conversations with our community, are essential too.

Transforming Health is the beginning of the conversation. We commit to engaging with our consumers and community to ensure that their needs, values and preferences are sought and considered as we transform our health system.

As we work with you and our staff to decide how best to make sure we achieve our goal of truly patient-centred care, we will continue to consult and engage with you.

# Engagement so far

## **Clinical Advisory Committees (June to October 2014)**

The Clinical Advisory Committees worked together to develop quality principles and 284 Clinical Standards they consider essential to provide a healthcare system that meets the future needs of South Australia.

## **Discussion Paper (17 October to 21 November 2014)**

The Discussion Paper was released for wide consultation, which included 39 community events. More than 2000 submissions were received and close to 5000 staff and community members were involved in the consultation process.

## **Transforming Health Summit (28 November 2014)**

More than 600 people attended the Transforming Health Summit and agreed that transformation is needed to deliver the best quality healthcare first time, every time, beginning with our metropolitan hospital system.

## **Proposals Paper (3 to 27 February 2015)**

The *Delivering Transforming Health Proposals Paper* was released for feedback. Feedback received included submissions from staff and clinicians; the community; unions; consumer representative organisations; research, training and education providers; and non-government organisations.

## **Next Steps (March 2015)**

*Delivering Transforming Health – Our Next Steps* was released, outlining initial decisions, a commitment to ongoing engagement, and timelines of the first changes to improve our healthcare system.

More information about Transforming Health and the engagement so far is available in *Delivering Transforming Health – Our Next Steps*, which you can read at [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au)

# 2

# Our commitments

## **Our commitment to quality**

SA Health is committed to ensuring that evidence-based quality care is adopted consistently across our health system, that our actions reflect Transforming Health's visions and values, and that we will deliver our agreed quality standards.



### **Our commitment to engaging and consulting with the community and consumers**

SA Health is committed to creating a health system where what is best for the patient comes first and where consumers are central to every aspect of designing and delivering Transforming Health.

We will work with, and through, the Health Consumers' Alliance of South Australia, the Local Health Network Governing Councils and Consumer Councils, and the Health Advisory Councils to consult with consumers, consumer representatives and communities. Through consultative processes we will identify issues that are important to our community, and solutions for how to deliver the best care, first time, every time.

We are committed to undertaking the important and necessary work with consumers and communities to make the best health system that we can for South Australia. If decisions are difficult but necessary, we will work through the best way to implement them so that whatever we do improves the health and outcomes for South Australians.

Whilst this phase of Transforming Health is about improving our metropolitan hospital system, we also commit to planning and developing strategies with our partners in primary healthcare, to keep people healthy and out of hospital.

We will develop, foster and maintain a truly community and consumer-centred healthcare system by:

- > setting up a Peak Consumer and Community Engagement Forum for Transforming Health to guide and direct how we engage with consumer and community groups. This will assist us to design and deliver health services that reflect the values, needs and preferences of health consumers, carers and the community
- > being proactive in ensuring that the voice of the most vulnerable in our community, and who traditionally have the poorest health outcomes, is sought and considered as we plan, implement and evaluate our health services. In particular, we recognise that there is a significant need to improve the health outcomes of Aboriginal people, and to work with them in partnership as we transform the health system, to close the gap in their health inequality
- > making sure that reconfiguring services results in better care and health outcomes for patients, consumers and the community
- > being more transparent about our safety and quality performance, population health outcomes and sharing our progress in transforming the health system
- > working together with the many organisations, including volunteer groups, Hospital Foundations and other philanthropic organisations who help us to enhance the quality of the care we give
- > continuing to engage our Governing Councils in transforming our health services.

### **Our commitment to working in partnership with General Practice, Primary Health Care and the health industry**

We know that achieving better health outcomes for our community is integrally linked to strong primary health, and playing our role as part of a wider system of health care in the community.

It is effective, integrated care across the many health care providers that our consumers access, that will make a positive long term difference in our community's health status. Primary Health Care is central to disease prevention and health promotion, and we are committed to developing care pathways that provide a seamless journey for our patients so that the different levels of the system are linked.

### **Our commitment to research and education**

The world's leading health systems have excellence in teaching, education and research, which translates into high quality, innovative and evidence-based clinical practice. South Australia has a national and international reputation for its clinical research. Through Transforming Health we will continue to partner with our leading university, educational and research partners to build on the existing strengths and excellence in these foundational areas of performance.

We will establish the South Australian Advanced Health Research and Translation Centre, which will comprise the state's leading academic, research and healthcare delivery agencies. They will focus on our acceleration of research and evidence into clinical practice, as well as evaluating our progress in improving the quality of healthcare, and long-term health status of our community. We will also work together to ensure the availability of a skilled and responsive workforce for the future, with health graduates who exemplify the values of Transforming Health.

### **Our commitment to investment**

There are many investments being made to make sure Transforming Health successfully delivers a world-class health service and gives the best return on the community's investment.

For example, we will invest over \$250 million in 'bricks and mortar' to create state-of-the-art health facilities, as well as investing in our people so that we continue to have amongst the most talented doctors, nurses and midwives and allied and scientific health professionals in the nation. Our clinical and business processes and practices are essential foundations of our health system, so it is essential that we invest in them to make sure Transforming Health succeeds.

More information about our commitments to quality, engaging and consulting, and to investment, is available in *Delivering Transforming Health – Our Next Steps*, which you can read at [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au)

# 3

## Why does our health system need to change?

### **Our health needs have changed**

In the past, hospitals were designed to deal with acute medical crises, like heart attacks or major accidents. Today, our hospitals also care for people who have multiple, complex conditions and chronic diseases like diabetes. Dealing well with these different health needs means redesigning how we care for people.

### **Our population is changing**

South Australia has an ageing and very diverse population. Ours is one of the oldest populations in Australia. One in six people are older than 65 and, on average, 40 percent are aged between 65 and 85. As we age, we are more likely to develop chronic conditions, which raise new challenges for our health system.

At the same time, we know that different groups have different levels of health and wellbeing. For example, Aboriginal and Torres Strait Islander people experience the poorest health of any population group in South Australia and face different challenges in accessing appropriate healthcare.

### **Technology has changed**

Advances in technology happen quickly. Used properly, they can help record information about our health, send it electronically to health professionals and track and monitor important information like blood sugar levels, heart rate, diet and exercise levels. Telehealth provides the opportunity to link clinical specialists with country doctors and their patients.

Breakthroughs in medical science have also improved clinical practice and recovery times. For example, open abdominal surgery for gall bladder removal has been replaced in most cases by laparoscopic surgery, which is less invasive and has a quicker recovery time.

### **We need to deliver consistent quality care**

South Australia's health care system is good but it can be great and there are things that can be done better. Our doctors, nurses and midwives and allied and scientific health professionals believe this will be enabled by delivering the 284 Clinical Standards they developed through the Transforming Health journey.

### **Too many deaths occur in our hospitals**

On average, South Australia has 500 more deaths each year in our hospitals than other hospitals across Australia, with hospital mortality rates varying up to 50 percent overnight and on the weekend.

### **Senior clinicians unavailable**

While senior clinicians are available on call overnight in cases of emergencies, generally there are no senior clinicians rostered on-site overnight in our major hospitals.

### **Insufficient opportunities for staff to maintain their skills**

Some speciality services need to see a minimum number of patients to meet safe, quality care standards and so staff must treat enough patients to maintain their skills and expertise.

### **Too many cancelled elective surgeries**

Approximately 25 percent of elective surgery is cancelled, with 41 percent due to theatres, doctors and beds being unavailable. We know that our patients and their families plan their lives around scheduled surgery, and that cancelling or postponing is disruptive and inconvenient.

The remainder of the cancellations are due to patients cancelling for personal reasons or decisions being made that the patient is not fit for surgery. Of the 11 000 elective surgeries postponed in 2013-14, 41 percent were due to hospital-related causes. We don't think this is good enough and will be working hard to ensure surgery does not get cancelled because of factors that are within our control.

### **Low day surgery rates**

The day-only elective surgery rate (as opposed to overnight surgery) for the state's metropolitan hospitals is 52 percent of total surgery, which is too low compared with other Australian states, which average 60 to 70 percent, and the United Kingdom which averages 75 percent. What's more, the amount of time elective theatres are used for elective surgery is as low as 40 percent in some hospitals.

### **Too many procedures**

South Australian hospitals perform more procedures in some speciality groups for the number of people they see than anywhere else in Australia. For example, on a population basis, South Australia has some of the highest rates for procedures such as hysterectomies and knee arthroscopies.

### Long waiting times for discharge or placement

Some patients stay in hospital for up to three days longer than others with the same condition, depending on which hospital they are treated at and what day of the week they are admitted. There are a number of reasons for this, like allied health staff and senior clinicians not being available to see them on the weekend so they can be discharged.

Other patients who no longer need acute care cannot be discharged when they are medically fit because they are waiting to be placed or transferred to another location. We describe these patients as requiring restorative care. They are ready to be discharged, but are waiting in hospital beds, and risk getting infections and their health deteriorating rather than improving.

### Too many transfers between hospitals

More than 4700 patient transfers are made each year between hospitals in South Australia, often because patients are not in the right hospital to treat their condition. As a result, treatments are delayed, leading to longer recovery times.

### Our health system is unable to meet some national standards

Although South Australia's healthcare system is well resourced, we are unable to meet some national standards. For example, South Australia's emergency departments struggle to meet the National Emergency Access Targets (NEAT)<sup>1</sup>.

This target requires patients who present to an emergency department to be admitted, discharged or transferred within four hours of arrival.

Mental health consumers experience excessively long waits in the emergency department, with visit times being about 16 hours. Indeed mental health consumers wait far longer than any other patients in South Australia and we need to ensure that they receive timely and responsive care.

### Risk to the financial sustainability of our healthcare

We currently spend 31.5 percent of our state budget on health, and if we keep going at the current rate South Australia's spending on health will be nearly half of the state Budget over the next 15 years. If spending in healthcare doesn't change, it will mean there is less money to invest in other important services like education, police and emergency services.

The community expects that Government will use its investment wisely. We are confident that we can improve how we work to deliver consistent, quality care. With a system as well resourced as ours, we should have better health outcomes in South Australia.

More information about why our health system must change is available in *Delivering Transforming Health – Our Next Steps*, which you can read at [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au)

<sup>1</sup> Australian Institute of Health and Welfare 2012. Australian Hospital Statistics: national emergency access and elective surgery targets 2012. Health services series no. 48. Cat. no. HSE 131. Canberra.

# 4

## What you have told us

*Delivering Transforming Health – Our Next Steps* is the result of in-depth consultation that began in mid-2014. We received an enormous amount of feedback, with much of it from members of the public. For example, 53 percent of the 2400 responses received to the Delivering Transforming Health Proposals Paper came from community members.

Feedback was invited on whether the proposals met the Clinical Standards, and in some cases, suggestions were received with alternatives to meet the Standards. Where alternatives were offered, the Government considered them in line with the agreed Clinical Standards before outlining these next steps.



Based on the feedback received, the following changes have been made to the original proposals:

**1. Noarlunga Hospital will offer a Community Emergency Department, located in the Noarlunga Hospital and not on the GP Plus Super Clinic site**

Noarlunga Hospital will retain a Community Emergency Department, instead of relocating it to the Noarlunga GP Plus Super Clinic precinct. The Community Emergency Department will continue to be staffed by doctors and nurses, and it will be open to the community 24/7.

By being located inside the Hospital, the Community Emergency Department will have direct access to diagnostic services like radiology and pathology. Staff will also be able to respond quickly to medical emergencies experienced by day surgery patients or mental health consumers.

Protocols will be developed for Ambulances to take patients to Noarlunga Community Emergency Department, if appropriate and if it isn't expected the patient will need to be admitted. For example, an unwell older person with a catheter blockage will not need to travel to Flinders Medical Centre for care as this can be managed at the Noarlunga Community Emergency Department.

Since the Noarlunga Hospital will focus on day surgery, patients who need to be admitted for medical care or surgery will be directed to Flinders Medical Centre.

**2. Neonatal services for Level 6 Neonates**

Neonatal services at Flinders Medical Centre, Lyell McEwin Hospital and Women's and Children's Hospital will work in partnership with a statewide governance structure, which will be established as a priority. Level 6 Neonatal services (or care for the most unwell babies) will continue at the Women's and Children's Hospital and Flinders Medical Centre.

**3. Palliative care services will be relocated, with the location to be determined through consultation**

Daw House Hospice, located at the Repatriation General Hospital, cannot meet the Clinical Standards if it stays as a stand alone unit. This is significant because when other services relocate from the Repatriation General Hospital the patients at Daw House Hospice won't have access to the expertise that is sometimes needed to provide them with safe quality care. We will work with the community, clinicians and industry organisations to decide where palliative care services should be relocated.

More information about the feedback we received and the changes we have made is available in *Delivering Transforming Health – Our Next Steps*, which you can read at [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au)



# 5

## How we are changing and what it means for our hospitals

Transforming Health is about ensuring all South Australians have access to the best care, first time, every time. To improve the consistency and quality of care across South Australia's health system, Transforming Health means:

- > some of the state's services will need to work differently and in partnership
- > focusing on evidence-based, statewide models of care
- > using different initiatives to unlock capacity and improve patients' access and use of our metropolitan hospitals.

These themes are explored in much greater detail in *Delivering Transforming Health – Our Next Steps*, which you can read at [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au)

### **What Transforming Health means for our hospitals**

Transforming Health must be a whole-of-system transformation but we have to start where the impact is greatest – our metropolitan hospitals. The metropolitan area is where most services are delivered, specialty services are located, and our most complex and often vulnerable patients are treated.

Transforming Health's realignments and service changes were developed to enable South Australia's public health system to meet all of the Clinical Standards designed by the Ministerial Clinical Advisory Committees. While many of the Standards could be met by the current system, there are 52 that could not be met if we maintain the status quo. The relocation of Daw House Hospice is one example. The relocation of rehabilitation services from the Repatriation General Hospital to a new building at Flinders Medical Centre is another.

## Some of the next steps

As part of our next steps towards Transforming Health:

- > We will focus on improving how the community accesses hospitals and health services, as well as how they use the system. Everybody should receive the right care, in the right place, at the right time. Nobody should have to stay longer in hospital than they need to.
- > We will focus on improving patient access and flow, which will create capacity in our system. This is necessary before we can safely make some of the required service changes.
- > The engagement strategy for our consumers and community will be developed in partnership with and through South Australia Health Consumer Alliance, and the many communities of interest whom they partner with to provide a voice about our public health care.
- > Three major Emergency Departments, located at the Royal Adelaide Hospital, Lyell McEwin and Flinders Medical Centre, will operate 24/7 with appropriate support and senior medical staff on-site.
- > Emergency Departments at The Queen Elizabeth Hospital and Modbury Hospital will operate 24/7 with only life-threatening emergencies going directly to major Emergency Departments.
- > Noarlunga Emergency Department will become a 24/7 Community Emergency Department. It will be staffed by doctors and nurses, and protocols will be developed so that Ambulances can be taken to Noarlunga Hospital for patients who are unlikely to be admitted to hospital.
- > The Women's and Children's Hospital will continue to provide 24/7 major emergency and trauma care for children.
- > There will be a major increase in the number of paramedics and support staff, 12 new ambulances and proposed new ambulance stations to make sure patients are taken to the right hospital for treatment.
- > Three dedicated elective surgery centres will be created, with multi-day surgery provided at The Queen Elizabeth Hospital, day surgery at Noarlunga Hospital and eye surgery at Modbury Hospital. Having specialist streams will mean fewer cancellations, shorter waiting times and teams that see enough patients each year to maintain and improve their skills. Elective surgery will continue at other hospitals.
- > More than \$250 million will be invested in capital works and refurbishments to prepare our hospitals for Transforming Health.
- > A new \$15 million Centre for Excellence, planned in consultation with Veterans, will provide first-class care for Post-Traumatic Stress Disorder.

- > A 24/7 stroke service will be established at the Royal Adelaide Hospital and dedicated stroke units at Lyell McEwin Hospital and Flinders Medical Centre will provide care 8am to 8pm, 7 days a week. These units will be able to treat stroke patients fast to make sure they have the best possible health outcomes and have a reduced risk of death and long-term disability.
- > Rehabilitation services will be moved from Hampstead Rehabilitation Centre and be integrated into our major hospitals so rehabilitation can start sooner and patients can have better health outcomes. Discussions will take place with the community and users of the centre to determine the most appropriate future use of the site.
- > Services from the Repatriation General Hospital will be integrated into other hospitals, with Orthotics and Prosthetics SA, the Chapel, Museum and Remembrance Garden remaining on the site. The site will be earmarked for healthcare, ageing and community-related purposes. The Government will explore opportunities with community groups for the future use of the site, including the pool.
- > Palliative care services provided at the Daw Park Hospice will transfer to a new location, following consultation with the community, clinicians and the industry.
- > People who are ready to be discharged but who can't be accommodated in an aged-care facility or other suitable setting will be cared for in nurse-led restorative care. This will free up beds for people who are unwell.
- > The treatment and accommodation of mental health consumers will be improved with new models of care that will be developed in consultation with clinicians. In addition, there will be a focus on improving services and pathways within emergency departments and ensuring that clinicians lead mental health services, in line with other medical specialties.
- > We will plan for the earlier relocation of the Women's and Children's Hospital to the South Australian Health and Biomedical Precinct with the new Royal Adelaide Hospital.
- > We will create statewide governance for a number of specialty services, including for neonatal care and paediatric surgery, so that care is consistent.
- > We will create capacity to enable us to configure our health system for a sustainable future, and reinvest in continuous improvement and new infrastructure.



## FLINDERS MEDICAL CENTRE

### Emergency

- > The 24/7 major Emergency Department will offer major emergency and trauma care.
- > Senior doctors and senior nurses will be rostered on-site 24/7 to ensure rapid decision-making.
- > Diagnostic and imaging services will be available as appropriate 24/7.
- > 24-hour on-call service for acute coronary syndrome.
- > 7 days a week, 8am to 8pm on-site stroke service, for local patients and all eligible patients needing reperfusion (restoring blood flow to the brain).
- > Mental health services will continue, with the development of an improved direct admission pathway.

### Surgery

- > 24-hour access to trauma surgery.
- > Major hospital for elective multi-day surgery.
- > Statewide cardiothoracic service, with Flinders Medical Centre to focus on complex cardiac surgical cases.
- > Statewide governance for neurosurgical services across Flinders Medical Centre and Royal Adelaide Hospital.
- > Eye surgery and day surgery will continue.

- > Day surgery and procedures will be managed across Flinders Medical Centre and Noarlunga Hospital.
- > Liver transplant surgery will continue.

### Medicine

- > There will be an increase in the complexity and volume of medical services.
- > 24-hour on-call service for acute coronary syndrome.
- > 7 days a week, 8am to 8pm on-site stroke service, for local patients and all eligible patients needing reperfusion (restoring blood flow to the brain).

### Rehabilitation

- > 55 rehabilitation beds in a new building.
- > Statewide model of care for orthogeriatric and stroke services.
- > Expanded gym and new hydrotherapy pool facilities.

### Paediatrics

- > Paediatric surgery to continue, as part of a statewide governance service.
- > Paediatric medicine will continue.

### Neonatal services

- > Provides complex care to acutely ill newborns, as part of a statewide governance service with the Women’s and Children’s Hospital and Lyell McEwin Hospital.
- > Level 6 Neonatal Intensive Care Services will continue, as part of a statewide governance service.
- > Continued \$17 million commitment to upgrade the neonatal unit.

### Maternity

- > Major site for maternity services in the south.

### Mental Health

- > Older Persons’ Mental Health Service will be moved from the Repatriation General Hospital to a new building.
- > Mental health services to continue, with the development of an improved direct admission pathway.

### Palliative care

- > In-reach services provided by the Southern Adelaide Local Health Network Palliative Care Service will continue.

### Nurse-led restorative care

- > Patients waiting for placement across the southern Adelaide region will be supported at Noarlunga Hospital.

### Outpatients

- > Outpatient clinics will continue, with final locations agreed through consultation.

### Allied health

- > 7 day allied health will be provided, as appropriate, to support patient recovery and timely discharge.

### \$159 million capital investment

- > More car parking with a new multi-level centre to make it easier to visit loved ones.
- > A rehabilitation centre with 55 rehabilitation beds and a new gym and hydrotherapy pool so rehabilitation can start earlier.
- > A dedicated orthogeriatric unit for older people.
- > A new centre for the Older Persons’ Mental Health Service.



## NOARLUNGA HOSPITAL

### Emergency

- > A 24-hour Community Emergency Department will be on-site. Life-threatening emergencies will go directly to a major Emergency Department.
- > Protocols will be developed for ambulances to take patients to Noarlunga Community Emergency Department, when appropriate and no admission is expected.
- > Paediatric emergency services will continue, with a dedicated paediatric space for children being established in the Community Emergency Department.
- > Mental health services to continue, with the development of an improved direct admission pathway.

### Surgery

- > Dedicated elective day surgical centre.
- > Surgical services will be managed across Noarlunga Hospital and Flinders Medical Centre, with overnight surgery focused at Flinders Medical Centre and with elective day surgery focused at Noarlunga Hospital.

### Medicine

- > Acute medical admissions will go to Flinders Medical Centre.

### Mental Health

- > Existing services will continue, with the development of an improved direct admission pathway.



### **Palliative care**

- > The location of palliative care services for Southern Adelaide will be determined through consultation.

### **Nurse-led restorative care**

- > Patients waiting for placement across the southern Adelaide region will be supported at Noarlunga Hospital.

### **Outpatients**

- > Outpatient clinics will continue, with final locations agreed through consultation.

### **Allied health**

- > Allied health support as required.

### **\$7 million capital investment**

- > Refurbishment for dedicated elective day surgery centre.
- > Minor works in the Community Emergency Department to establish a dedicated paediatric space for children.
- > Refitting ward space for the dialysis unit.



## REPATRIATION GENERAL HOSPITAL

Most clinical services currently provided at the Repatriation General Hospital will continue but at different locations across the metropolitan hospitals. Orthotics and Prosthetics SA will continue on site and the Chapel, Museum and Remembrance Garden will be retained for their considerable significance, particularly to Second World War veterans and their families.

The current facilities for Veterans at the Repatriation General Hospital were built in 1942 for soldiers returning from war. The buildings belong to the last century and cannot provide the spaces, equipment and layout needed for modern medical treatments. Given the proximity of the Flinders Medical Centre, it is not viable to rebuild or refit many of the ageing buildings at the Repatriation General Hospital.

Transforming Health will mean patients will receive the care they need, where they need it and when they need it. Outpatients will receive the services they need at the same location where inpatient services are provided. Similarly, best practice tells us that rehabilitation needs to start as soon as the patient is ready. We intend to build a rehabilitation service that improves on what we have now, in a state-of-the-art new development at Flinders Medical Centre, which will include 55 beds and a new pool and gym. We will work with our staff to ensure the high standard of this service continues in its new location.

### In summary:

- > The excellent service currently provided at the Repatriation General Hospital's Ward 17 is housed in buildings that are unsuitable for a leading service. A new \$15 million Post-Traumatic Stress Disorder Centre for Excellence will provide the required high-quality facilities and build on our reputation as a leader in Post-Traumatic Stress services.
- > A Veterans' consultative process will be established to ensure the new Centre meets the needs of Veterans. The Chair of The Repatriation Hospital Foundation, Associate Professor Susan Neuhaus C.S.C., will co-chair a panel of Veterans' representatives and clinical experts to advise the Government about the model of care, where it will be built and what type of building is required. The panel will take into account current and future Veterans' needs when providing advice about the location and model of care.
- > Veterans' services will be provided across metropolitan hospitals.
- > The mental health services for older people will be moved to a new 30 bed unit at the Flinders Medical Centre.
- > Geriatric Evaluation Management services will be relocated to Flinders Medical Centre.

- > Palliative care services provided at the Daw Park Hospice will transfer to a new location, following consultation with the community, clinicians and the industry.
- > We acknowledge the positive culture at the Repatriation General Hospital and want to see this positive culture replicated within hospitals across metropolitan Adelaide.
- > The Chapel, Museum and the Remembrance Garden will be retained for their considerable significance, particularly to Second World War Veterans and their families.
- > The existing Orthotics and Prosthetics SA will continue on the site.
- > The Government will earmark the site for healthcare, ageing and community-related purposes. We will explore opportunities with community groups for the future use of the site, including the pool.

## ROYAL ADELAIDE HOSPITAL, THEN NEW ROYAL ADELAIDE HOSPITAL

### Emergency

- > A 24-hour major Emergency Department, where complex multi-trauma will be managed for the state.
- > Senior doctors and senior nurses on-site 24/7 to ensure rapid decision-making.
- > Diagnostic and imaging services will be available as appropriate 24/7.
- > 24-hour on-call service for acute coronary syndrome.
- > 24-hour on-site stroke team for local patients and all eligible patients needing reperfusion (restoring blood flow to the brain). Patients admitted after hours from out of catchment areas will be returned to the most appropriate local hospital within 48 to 72 hours.
- > Statewide centre for complex cancers.
- > Mental health services to continue, with the development of an improved direct admission pathway.

### Surgery

- > 24-hour access to trauma surgery.
- > Major hospital for high complex elective multi-day surgery, like head and neck cancer.
- > Statewide centre for complex cancers and bone marrow transplant.
- > Statewide centre for cranio-maxillo-facial surgery.

- > Statewide cardiothoracic service – Royal Adelaide Hospital will focus on complex thoracic surgical cases, and Flinders Medical Centre on complex cardio surgical cases.
- > Statewide network for neurosurgical services across Royal Adelaide Hospital and Flinders Medical Centre.
- > Day surgery and procedures will be managed across Royal Adelaide Hospital and The Queen Elizabeth Hospital.
- > Day surgery will continue to be performed.

### Medicine

- > Medical services will be managed across Royal Adelaide Hospital and The Queen Elizabeth Hospital, with patients receiving care at hospitals closer to their homes if appropriate.
- > 24-hours on-call service for acute coronary syndrome.
- > 24-hours on-site stroke team, for local patients and eligible patients needing reperfusion (restoring blood flow to the brain).
- > Statewide centre for complex cancers.

### Rehabilitation

- > Acute rehabilitation services for spinal patients and those with brain injuries, including stroke.
- > For ongoing care, patients will be transferred to The Queen Elizabeth Hospital.

### **Mental Health**

- > Existing services to continue, with the development of an improved direct admission pathway.

### **Palliative care**

- > Services based at The Queen Elizabeth Hospital with in-reach to Royal Adelaide Hospital

### **Nurse-led restorative care**

- > Patients waiting for placement across the Central Adelaide Local Health Network will be supported in a place to be determined following consultation.

### **Outpatients**

- > Outpatient clinics will continue. The final location will be agreed through consultation, with the goal of being as accessible as possible for patients.

### **Allied health**

- > 7 day allied health will be provided, as appropriate, to support patient recovery and timely discharge.



## THE QUEEN ELIZABETH HOSPITAL

### Emergency

- > 24-hour Emergency Department, with Ambulance access, will remain on-site and life-threatening emergencies will go directly to sites with a major Emergency Department.
- > Mental health services to continue, with the development of an improved direct admission pathway.

### Surgery

- > Multi-day elective surgery centre.
- > Day surgery and procedures will be managed across Royal Adelaide Hospital and The Queen Elizabeth Hospital.

### Medicine

- > Medical services will be managed across Royal Adelaide Hospital and The Queen Elizabeth Hospital. Where appropriate for their conditions, some patients may be treated in a hospital closer to their home.

### Rehabilitation

- > Statewide centre for rehabilitation for ongoing spinal patients and those with brain injuries, including stroke, once acute rehabilitation at Royal Adelaide Hospital is complete.
- > Expanded rehabilitation service, including hydrotherapy pool.

### Mental Health

- > Existing services to continue, with the development of an improved direct admission pathway.

### Nurse-led restorative care

- > Patients waiting for placement across the Central Adelaide Local Health Network will be supported at a site to be determined.

### Outpatients

- > Outpatient clinics will continue. The final location will be agreed through consultation, with the goal of being as accessible as possible for patients.



### Allied health

- > 7 day allied health will be provided, as appropriate, to support patient recovery and timely discharge.

### \$20 million capital investment

- > New hydrotherapy pool for enhanced rehabilitation.
- > An additional level added to the Allied Health and Rehabilitation Building for expanded allied health and rehabilitation services.
- > Existing ward spaces will be refitted to add on-ward gymnasiums for quicker rehabilitation.

## HAMPSTEAD REHABILITATION CENTRE

Rehabilitation services provided at Hampstead Rehabilitation Centre will be transferred to acute hospitals, where patients will also receive their medical treatment.

The Royal Adelaide Hospital will provide acute rehabilitation services for spinal patients and brain injury, including stroke. The Queen Elizabeth Hospital will be the centre for rehabilitation for spinal patients and brain injury, including stroke, following acute rehabilitation at the Royal Adelaide Hospital.

Discussions will take place with the community and users of the Hampstead Rehabilitation Centre to determine the most appropriate future use of the site, including the pool.

## ST MARGARET'S REHABILITATION HOSPITAL

St Margaret's Rehabilitation Hospital is a dedicated community asset and will continue to have a health focus.



## LYELL MCEWIN HOSPITAL

### Emergency

- > The 24/7 major Emergency Department will deal with major emergency and trauma. Complex multi-trauma will be managed at Royal Adelaide Hospital.
- > Senior doctors and senior nurses rostered on-site 24/7 to ensure rapid decision making.
- > Diagnostic and imaging services will be available, as appropriate, 24/7.
- > 24-hour on-call service for acute coronary syndrome.
- > 7 days a week, 8am to 8pm on-site stroke service, for local patients and all eligible patients needing reperfusion (restoring blood flow to the brain).
- > Mental health services to continue, with the development of an improved direct admission pathway.

### Surgery

- > Increase complexity and volume across the current range of services.
- > Major catchment centre for elective multi-day surgery.
- > Day surgery and procedures will be managed across Lyell McEwin Hospital and Modbury Hospital, with increase towards Modbury Hospital.

### Medicine

- > Interventional cardiology will continue.
- > 24-hour on-call service for acute coronary syndrome.
- > 7 days a week, 8am to 8pm on-site stroke service, for local patients and all eligible patients needing reperfusion (restoring blood flow to the brain).

### Rehabilitation

- > Statewide model of care for orthogeriatric and stroke services, including a new in ward gym facility to support early commencement of acute rehabilitation.

### Paediatrics

- > Paediatric surgery will continue, as part of statewide governance.
- > Paediatric medicine will continue.

### Neonatal services

- > Complex care will be provided to acutely ill newborns as part of a statewide governance service with the Women's and Children's Hospital and Flinders Medical Centre.
- > The Special Care Nursery will increase in complexity and volume, under the direction of statewide governance.

### Maternity

- > Major site for maternity services in the north.

### Mental Health

- > Existing services to continue, with the development of an improved direct admission pathway.

### Palliative care

- > Services to continue to be provided at Modbury Hospital, with in-reach to Lyell McEwin Hospital.

### Nurse-led restorative care

- > Patients waiting to be placed across the Northern Adelaide Local Health Network will be located at Modbury Hospital.

### Outpatients

- > Outpatient clinics will continue. The final location will be agreed through consultation, with the goal of being as accessible as possible for patients.

### Allied health

- > 7 day allied health will be provided, as appropriate, to support patient recovery and timely discharge.

### \$600,000 capital investment

- > Wards will be upgraded to include gym facilities that will support rehabilitation for stroke and orthogeriatric patients.





## MODBURY HOSPITAL

Some of the services available at Modbury Hospital will include:

### Emergency

- > 24-hour Emergency Department, with Ambulance access, will remain on-site and life-threatening emergencies will go directly to sites with major Emergency Departments.
- > Paediatric emergency services will continue. Minor works in the Community Emergency Department will create a dedicated paediatric space for children.
- > Mental health services will continue, with the development of an improved direct admission pathway.

### Surgery

- > A new dedicated elective eye centre will be created, which will offer procedures like cataract removal.
- > Surgical services will be managed across Lyell McEwin Hospital and Modbury Hospital, with complex cases focused at Lyell McEwin Hospital.
- > Day surgery and procedures will be managed across Lyell McEwin Hospital and Modbury Hospital.

### Medicine

- > Medical services will be managed across Lyell McEwin Hospital and Modbury Hospital.
- > Geriatric services will continue.

### Rehabilitation

- > Major rehabilitation service centre for the north.
- > Expanded gym and hydrotherapy pool facilities will support rehabilitation.

### Paediatrics

- > Lyell McEwin Hospital will continue to provide services for inpatient paediatrics.

### Maternity

- > The existing antenatal clinic to continue.

### Mental Health

- > Existing services will continue, with the development of an improved direct admission pathway.

### Palliative care

- > Existing services will continue.

### **Nurse-led restorative care**

- > Patients waiting for placement across the Northern Adelaide Local Health Network will be located at Modbury Hospital.

### **Outpatients**

- > Outpatient clinics will continue. The final location will be agreed through consultation, with the goal of being as accessible as possible for patients.

### **Allied health**

- > 7 day allied health will be provided, as appropriate, to support patient recovery and timely discharge.

### **\$32 million capital investment**

- > Wards for a new dedicated elective eye centre will be refitted.
- > New hydrotherapy pool and rehabilitation centre for expanded rehabilitation services.
- > Wards will be repurposed and upgraded to provide 28 rehabilitation beds and supporting services.



## WOMEN'S AND CHILDREN'S HOSPITAL

### Emergency

- > The 24-hour major Emergency Department and paediatric complex multi-trauma hospital for the state.
- > 24-hour senior doctors and senior nurses rostered on-site to ensure rapid decision making.
- > Diagnostic and imaging services will be available, as appropriate, 24/7.

### Surgery

- > Provides statewide services for complex surgical and statewide governance for paediatric surgery.

### Medicine

- > Provides complex medical services for the state.
- > Low complexity medical care for patients from the south and north will be transferred to Flinders Medical Centre and Lyell McEwin Hospital respectively.

### Neonatal services

- > Provides complex care to acutely ill newborns, including Level 6 care.
- > Will be part of a statewide governance service with Lyell McEwin Hospital and Flinders Medical Centre.



### Maternity

- > Statewide governance for high complex maternity services.
- > Low risk, non-complex maternity will be provided to patients closer to their homes.
- > Provides most complex medical services for the state.

### Mental Health

- > Statewide provider of acute and community based child and adolescent mental health services.

### Outpatients

- > Outpatient clinics will continue.

### Allied health

- > 7 day allied health will be provided, as appropriate, to support patient recovery and timely discharge.



## NEXT STEPS FOR SA AMBULANCE SERVICE

Increasing and expanding ambulance services is a core component of Transforming Health.

For many, the patient journey starts with an emergency situation where an ambulance is called. The skills and expertise of our highly trained paramedics are vital in assessing and caring for patients in emergency situations and ensuring they are taken straight to the right hospital for their condition.

As part of Transforming Health, \$15 million will be invested to hire many more ambulance officers and support staff and expand the ambulance fleet by 12 vehicles.

Options will also be explored for:

- > building new ambulance stations in Adelaide's north and west
- > expanding the new station at Noarlunga
- > maximising the skills and expertise of Extended Care Paramedics, who are highly skilled intensive care paramedics who treat people in their homes.

## NEXT STEPS FOR COUNTRY HEALTH SA

Improving metropolitan hospital services as part of Transforming Health will improve services for all South Australians, including those who live in the regional, rural and remote parts of our state.

Right now, country patients account for 16 percent of overnight admissions in metropolitan hospitals. This means that they, and their families, are significantly impacted when their surgery is cancelled or postponed. Similarly, many country people have to travel to Adelaide for a 10-15 minute follow up appointment. Improving our elective surgery performance and better use of technology such as telehealth to link city specialists with country doctors and patients will improve the access and quality of care for country South Australians.

Delivering the full suite of Clinical Standards and consistent quality care at these sites will lay the foundations and help determine how best to implement Transforming Health across the state.

## OUR PLAN FOR MENTAL HEALTH SERVICES

Under Transforming Health, our next steps for mental health include:

- > aligning mental health services and bed management processes primarily with Local Health Network boundaries and systems
- > significantly improving emergency department waiting times for mental health consumers by better understanding the reasons for these delays and improving efficiency within emergency departments and wards
- > improving access for consumers with chronic and complex needs to rehabilitation beds, sub-acute beds and supported accommodation
- > improving the transition from hospitals to community mental health services for mental health consumers
- > improving the efficiency and comprehensiveness of community mental health services
- > improving the interface and shared care arrangements between primary care and state mental health services.

### The Government has already:

- > set new targets for mental health sector:
  - By January 2016, no mental health consumer should wait more than 24-hours for admission to an acute hospital bed. By July 2018, 75 percent of mental health consumers should be admitted within four hours and 90 percent within eight hours
- > committed to introducing new governance structures for mental health services so that they are clinician led, in line with other medical specialties
- > established a new Mental Health Advisory Group with mental health clinicians to focus on reducing patient waiting times in hospital emergency departments, improve access to acute mental health beds and resolve system blockages
- > started implementing the transformation of Child and Adolescent Mental Health Services, to deliver an integrated, system-wide approach to care, focused on prevention, early intervention, recovery and social inclusion.

# 6

## What it means for you

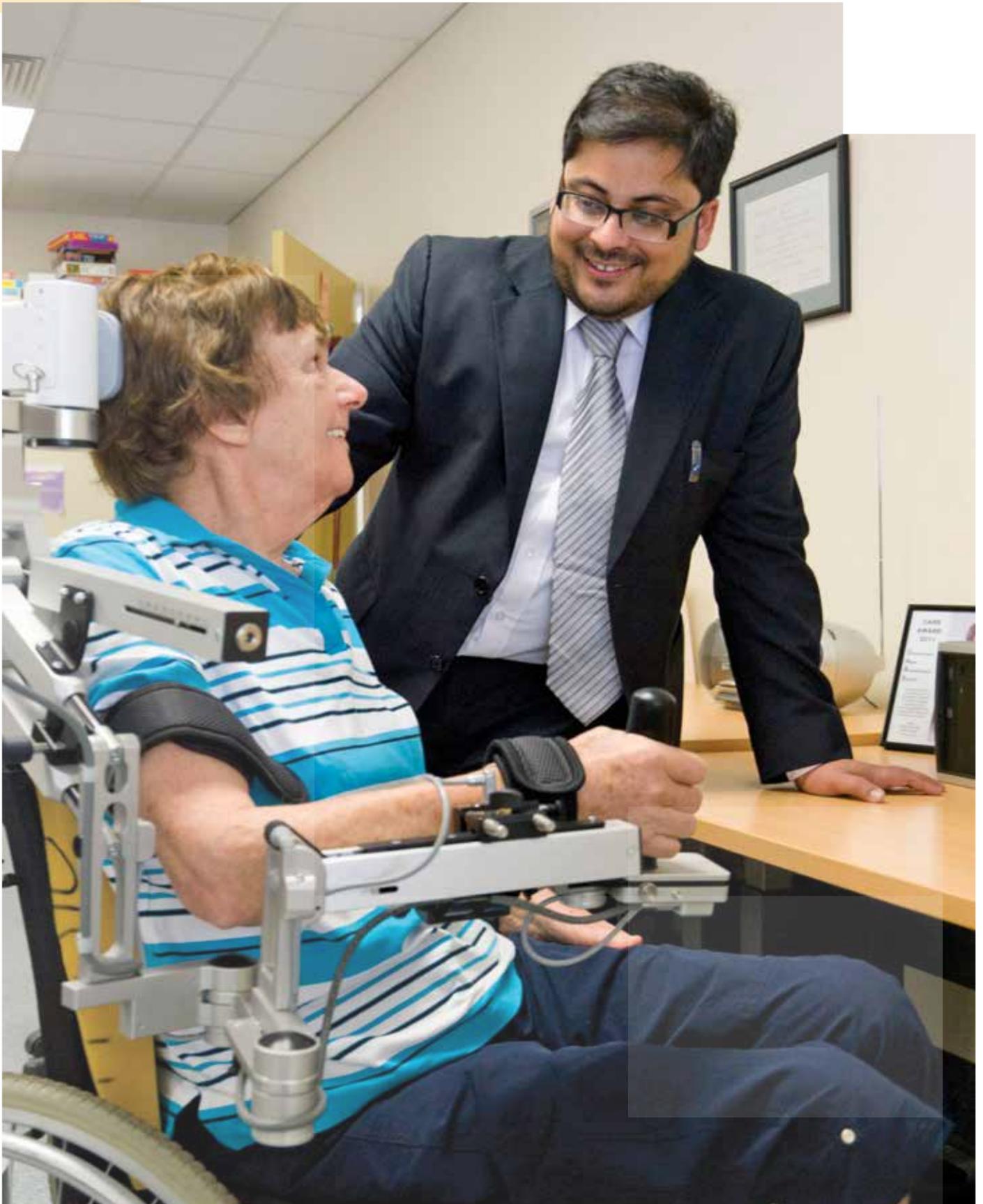
**Patient-centred care is the cornerstone of Transforming Health and providing it means changing the way we work so what's best for you – the patient – is central to every decision made about your care.**

The transformation of our health system is a significant and unprecedented challenge. We will succeed because our community deserves the best quality care, and because we owe it to future generations to make some difficult, but necessary, decisions now. By engaging with our clinicians and community, and other key stakeholders in every step of the planning, design and delivery of the transformative changes, we will create one of the world's leading health systems.

Transforming Health is the beginning of the conversation. As we work to decide the models of care that will best serve our goal of truly patient-centred care, consultation will continue and we will clearly communicate any changes with the community, our staff and stakeholders before they made.

Changes to our systems and services will only occur once we are satisfied that the measures put in place for how we work and to improve things like emergency and surgical pathways have created enough capacity in our hospitals. The community and patients within our hospitals will be kept up to date and informed before any major service changes take place.

More information about what Transforming Health means for you is available in *Delivering Transforming Health – Our Next Steps*, which you can read at [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au)



# 7

## Indicative timeline for change

Implementing Transforming Health's main changes will happen between 2014/15 and 2018/2019. Beyond 2019, Transforming Health will be a journey of continuous improvement applied across the healthcare system.

Delivering Transforming Health is an enormous task, given the sheer scale of the changes required, and the input of our communities, our staff, unions and industry partners will be essential to ensure the changes reflect views of those affected by them and meet the Clinical Standards.



**System and service changes will only occur once enough capacity has been created in our hospitals by introducing new ways of working and improving things like emergency and surgical pathways, so patients are better able to access and use the services they need. They will include:**

- > developing clinical projects and initiatives to create capacity, such as improving emergency pathways and surgical pathways
- > building, refitting and refurbishment work
- > introducing new ways of working
- > shifting activities between sites, in line with the hospitals' new profiles
- > realigning the work of non-clinical staff to support the changes
- > creating new models of care
- > establishing standardised and integrated patient pathways to provide the best access to care.

Improving how patient's access and move through hospital requires a redesign of how our hospitals work. It's not just about the Emergency Department, but all of the support services that link-up to make it a seamless journey into a bed and back home when patients are ready for discharge. Improving this access and flow is an immediate priority for Transforming Health.

More information about the system and service changes needed for Transforming Health is available in *Delivering Transforming Health – Our Next Steps*, which you can read at [www.transforminghealth.sa.gov.au](http://www.transforminghealth.sa.gov.au)

# Indicative timeline for change

2014/15

## Capacity building:

- > Work will start on initiatives that improve patient access and flow, which will create hospital capacity and support improving the flow of patients through Emergency Departments. Initiatives will include the Winter Demand Management strategy priorities in the Southern Adelaide Health Service, Central Adelaide Health Service and Mental Health.

## Engagement:

- > Collaborate with the Health Consumers' Alliance of South Australia to co-create the consumer and community engagement strategy and principles.
- > Establish the peak Research, Education and Translational Practice forum with Universities, research institutes, and any other key partners.
- > Establish formal Transforming Health union consultative forums.
- > Establish clinical engagement programs.
- > Finalise the plan for leadership and capability support and training for staff.

## Ways of working:

- > Implement the governance structure and teams (internal and external) to support Transforming Health.
- > Establish clinical groups and begin activities to support statewide governance and models of care in key areas like stroke, cardiothoracic surgery, neurosurgery, surgery for paediatrics, SA Ambulance Service protocols.
- > As a priority, establish the clinical group and begin activities to introduce statewide governance for neonatal services.

## Capital planning and development:

- > Plan for building the infrastructure will begin, including exploring opportunities to construct new Ambulance stations.

2015/16

## Capacity building as above, plus:

- > Create more capacity in the system by implementing productivity initiatives, for example conducting more day surgeries, establishing an orthogeriatric pathway of care and restorative care beds.

## Engagement:

- > Start the process of employing additional senior staff for out of hours work where needed, for example senior doctors and nurses and allied health staff who will be rostered over 7 days a week.
- > Implement engagement strategies.

## Ways of working:

- > Start implementing service moves, in line with identified clinical networked models of care, for example cardiothoracic surgery.
- > Start implementing service moves in line with service delineation by, for example streaming elective surgeries.

## Capital planning and development:

- > Contracted completion of the new Royal Adelaide Hospital.
- > Begin construction of new facilities at Flinders Medical Centre, including rehabilitation building, older persons mental health service and a multi-level car park.
- > Start refitting acute rehabilitation facilities at the Lyell McEwin Hospital to include gyms integrated within wards
- > Start refitting Modbury Hospital to support the eye service and improved inpatient rehabilitation, including a gym and hydrotherapy pool.
- > Start refitting wards at The Queen Elizabeth Hospital to improve inpatient rehabilitation with a gym and hydrotherapy pool.
- > Investigate bringing forward the relocation of the Women's and Children's Hospital to the South Australian Health and Biomedical Precinct on North Terrace with the new Royal Adelaide Hospital.

2016/17

**Capacity building, as above plus:**

- > Continue to create more capacity in the system by continuing with productivity initiatives such as increasing day surgery, implementing the orthogeriatric pathway of care, introducing restorative care beds, criteria led discharge and agreed models of care.

**Engagement:**

- > Ongoing engagement strategies continue.

**Ways of working**

- > Transfer any remaining activity from Hampstead Rehabilitation Centre to the new Royal Adelaide Hospital (spinal and neuro acute rehabilitation).
- > Consolidate any remaining specialities and services.
- > Shift any remaining appropriate activity to local catchment.

2017/18

- > Start transferring services from Repatriation General Hospital to the new buildings at Flinders Medical Centre.
- > Continuous clinical improvement and engagement.

## For more information

Visit: [transforminghealth.sa.gov.au](http://transforminghealth.sa.gov.au)

Email: [transforminghealth@health.sa.gov.au](mailto:transforminghealth@health.sa.gov.au)

Free call: 1800 557 004

If you require this information in an alternative language or format please contact SA Health on the details provided above and they will make every effort to assist you.



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