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The Hon. Peter Malinauskas
Minister for Health
Level 9, 11 Hindmarsh Square
Adelaide SA 5000

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Dear Minister

Future Service Model for Modbury Hospital

Thank you for the opportunity to express our members' views on how services at the Modbury Hospital (MH) can be improved. The Australian Medical Association (SA) (AMA(SA)) has consulted extensively about the most appropriate mix of service delivery at the hospital to serve the north eastern community. Please find attached an explanation of the proposed solution, a table of options to support expanded surgical and medical case mix.

The problem with the current service configuration at Modbury Hospital for patients

In theory, under Transforming Health, the north eastern community should be able to access acute services and emergency surgery at the Lyell McEwin Hospital (LMH) and receive emergency care, 24-hour-stay elective surgery and low acuity care at Modbury Hospital. In reality, members of the community are frequently unable to access appropriate care when they need it. This is primarily due to the LMH being unable to meet service demands leading to bed block and slow/poor transfer times. This highlights the fact that MH emergency department and surgery teams do not have sufficient acute short term support.

While those supporting the Transforming Health 3-spine hospital model emphasise that the LMH hospital is only 15 minutes away from the MH, the reality for many local people is that it is extraordinarily difficult to access. The Lyell McEwin Hospital is stretched to its limit, as are ambulance services, and many of the 250 patients/month transferred on average from the MH to the LMH have to wait in uncomfortable conditions for extended periods. The MH has a much higher transfer rate than other Adelaide hospitals and longer patient waiting times. Elderly patients particularly struggle to be seen – as they do in all public and private hospitals under the current model. In addition, many families including elderly and infirm find it almost impossible to access via public transport to visit loved ones as it can take an average of two hours travel time due to the transport routes/corridors and schedules.

Training and professional development challenges

At the same time, doctors at the hospital have lost access to appropriate case mix to enable them to maintain skills in key areas (for example the hospital has dropped from three to one surgical trainee), and training places in surgery and anaesthetics have been lost, despite a recognition that the Modbury Hospital has provided excellent training.

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Proposed solutions – in summary

Significant investment in capital and recurrent funding is needed to support better localised care for the community at MH – not a duplication of services at the LMH but a better use of available skills and resources to support the Northern Area Local Health Network (NALHN).

A discussion of the solutions is provided at Appendix 1 but in summary, the most efficient and effective approach to addressing the problems at the MH would be to:

1. **Increase the number of Intensive Care Beds for NALHN** from 14 to at least 20 at the LMH
2. **Improve the patient transfer system** –A clinical transfer unit supported by better access to beds and ambulances is desperately needed to ensure safe rapid transfer of patients to appropriate care. This would alleviate the need for doctors to spend extended periods bargaining over beds, reduce the need for 'higher care' at MH whilst awaiting transfer and greatly alleviate clinical stress and diversion of clinical resources in ED to keep patients stable.

   The reliance on ambulance availability, bed availability and acceptance of patients has led to significant delays, stress and resource diversion in the ED at MH. Previously the AMA(SA) has raised the possible need for a dedicated NALHN managed shuttle service for some patients suitable for this type of transport. Whilst this seems 'out of the ordinary' it has been mentioned several times over the past few years and somehow the transport issues between the 2 sites requires attention.

3. **Enable a more complex surgical case-mix at MH** – Increase the scope of surgical services to enable low risk elective and emergency surgery (up to 72 hour stay) to reduce wait-times for patients, reduce demand at the LMH, and to improve the case mix for continuing professional development and training for surgical and anaesthetic staff. Elective surgery such as ventral hernia repair; shoulder replacement and hysterectomy in patients without significant comorbidity would be safely provided. Also a clearly defined policy allowing surgeons and anaesthetists flexibility to provide immediate or delayed acute surgery in selected cases must be available. This will also increase community and clinicians satisfaction with clinical services being provided locally.
4. **Create additional acute medical beds** – Provide additional acute medical beds (with funding for appropriate staff) to meet demand, particularly from the growing ageing local population and to support the focus on geriatric care at Modbury.
5. **Implement an appropriate clinical governance model and appropriate management for MH services**– Implement a clinical governance model to ensure patients selected for surgery or medical treatment at the MH are low risk (with limited co-morbidity etc). A management model is also required to ensure clinicians at both the LMH and MH are equally involved in decisions about their services.
6. **Create an extended Recovery Unit/Higher Observation Unit** – Establish a unit with a high ratio of nursing staff (2:1) and some physiological monitoring to support the change in surgical case mix. Surgeons and physicians would be responsible for their own patients in the unit. LMH could support a perioperative support model without the need for a high dependency unit.
7. **Restructure the training network in collaboration with professional colleges –** Colleges currently require site-based accreditation which does not fit the networked hospital system. We need clinicians with representatives of LMH and MH and colleges to develop an excellent training network across sites.
8. **Develop purpose-built palliative care facilities for NALHN –** Building on the current investment in sub-acute aged care, it is reasonable to invest in a purpose built 16 bed palliative care facility on the Modbury site.
9. **Improve inpatient geriatric facilities** – Provide capital investment to improve inpatient geriatric services to meet growing demand and provide a level of care comparable to

that available in the Southern Area Local Health Network. This is needed to divert pressure on the emergency department and reduce the number of transfers.

10. **Improve acute mental health facilities (Woodleigh House)** – Provide investment for inpatient services for people with high mental health needs – this includes acute care for psychiatric patients and psychogeriatric services.
11. **Cardiology.**
    The services at LMH provide acute care. Modbury currently has a 2/52 outpatient clinic for general cardiology assessment and triage. What is needed is the necessary transfer capability and referral processes for management of acute care, assessment and management.

This approach would provide better local access to more services for the north eastern community, reduce pressure on the LMH and improve opportunities for continuing professional development and training – and hence recruitment and retention of medical and nursing staff.

Greater capacity is essential to provide appropriate services for the north eastern population and to remove pressure from the system which is currently simply failing to meet demand. The MH and its staff have the capacity to deliver additional safe care, particularly for more low complexity and lower acuity surgery, with some additional supports and appropriate structures in place.

We submit that by addressing the above, specifically, increased surgical services, including low risk acute/emergency surgery; much improved transfer between MH and LMH; peri-operative support and investment in a palliative care facility for the northern suburbs the hospital identity with the public and clinicians will be restored. There is also the importance of meeting the training and ongoing clinical professional development requirements to ensure that MH becomes a place where talented people want to work – as it used to be.

We would be pleased to discuss these options, risks and benefits in more detail if it is required.

Yours sincerely

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CHIEF EXECUTIVE