

# CASTERTON MEMORIAL HOSPITAL



## “MODEL OF CARE”

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Signed Off: .....  
Chief Executive Officer

Date: .....

**CASTERTON MEMORIAL HOSPITAL  
“MODEL OF CARE”**

**Adopted 19/06/08**

**MISSION STATEMENT:**

*“To provide Health, Aged and Primary Care Services to Casterton and District and seek to improve access for rural consumers to healthcare and related services.*

*To ensure that services are supported by appropriate resources and subject to on-going standards, risk management and quality improvement”*

**STRATEGIC PLANNING:**

The Casterton Memorial Hospital maintains a Strategic Planning approach to its operations and reviews and adopts this Strategic Plan on an annual basis.

The Strategic Plan sets specific Key Performance Indicators under our Strategic Objectives as determined by the Board, which include;

- ~ Governance & Corporate Service
- ~ Quality Improvement & Risk Management
- ~ Services Development
- ~ Physical Faculties / Assets
- ~ Human Resources

**A SMALL RURAL HEALTH SERVICE:**

Casterton Memorial Hospital is classified as a Small Rural Health Service (SRHS) under the Department of Human Service Guideline.

As a result our SRHS status allows CMH to direct service delivery, within our budget, that will best meet the needs of our community.

This service and planning decentralisation of the Hospital is important for flexibility from year to year or as circumstance may alter, but also in allowing us at the local level to identify and target community needs.

It is the role of management and Board to utilise information available on our local area to plan for most appropriate care and intervention options for our local catchment area to maximise the health gains for our community.

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### **THE DEMOGRAPHIC ISSUES:**

The Glenelg Shire has a population in total of approx 20,000 persons with the Northern sector, CMH catchment has a population of around 4,000 persons.

Compared to the rest of Victoria CMH has a significantly higher % of 50+ year olds, lower % of 15-49 year olds and a higher % of 5-14 year olds.

The data available indicates in our view a similar pattern across the region and state wide, with a natural direction and associated consequences of an aging community.

Population data trending indicates that over the next 30 years CMH can anticipate for the LGA a decrease in the 25-69 aged group starting around 2016, a sharp rise in the 70+ age group at the same time continuing out to 2031, a small decline on-going for the 0-14 age group, however remaining stable from 2020 on and a similar situation for the 15-24 age group.

What does all this data indicate?

Although population aging is occurring as expected CMH must consider that with the relatively small population base that minor changes in economic opportunities will alter the make up of the population demographics ie Forestry Industry Developments, Mineral Sands Production, Blue Gums Plantation management and processing, retirees and “Tree Change” populations.

These are only a couple of examples of recent changes, which are and will continue to change the population demographics of the region.

It is not reasonable to believe that Departmental attitude to health resourcing in this particular catchment should be heavily swayed to aged care at the cost or neglect of maintaining an effective acute and restorative health service in this catchment.

There is much data on a Shire wide basis in relation to demographics, which will be reviewed in more detail as required for development of various services.

# SOUTHERN GRAMPIANS / GLENELG AREA BASED PLANNING

## RISK FACTORS

### 1) **BURDEN OF DISEASE PROFILE: *Top 10 combined for SG/Glenelg*** (Source Key Health & Wellbeing Trends, SGG Catchment 2006)

<b>MALES</b>	
* Heart Disease	
* Lung Cancer	
* Stroke	
* Cancer of Colon	
* Diabetes	
* Dementia	
* Prostate Cancer	
* COPD	
* Road & Traffic Accidents	
* Depression ( Glenelg )	*Suicide (S.Gramp)

<b>FEMALES</b>
* Heart Disease
* Lung Cancer
* Stroke
* Cancer of Colon
* Diabetes
* Dementia
* Breast Cancer
* COPD
* Depression ( Glenelg )
* Asthma

### 2) **Municipal Public Health Plans Listed Priorities:**

<b>GLENELG</b>
~ Aged high care beds
~ Disability health education
~ Men's health edu/promo
~ Disadvantaged youth
~ Public dental access
~ Support programs women
~ Relationship support service
~ Mental Health
~ Paucity of Community
~ Public transport
~ Recruitment health profess

<b>S. GRAMPIANS</b>
~ Food safety, immunisation, infectious disease, water & environmental health.
~ Public health emergency requirements.
~ Opportunities for younger persons
~ Affordable house
~ Universal access to services

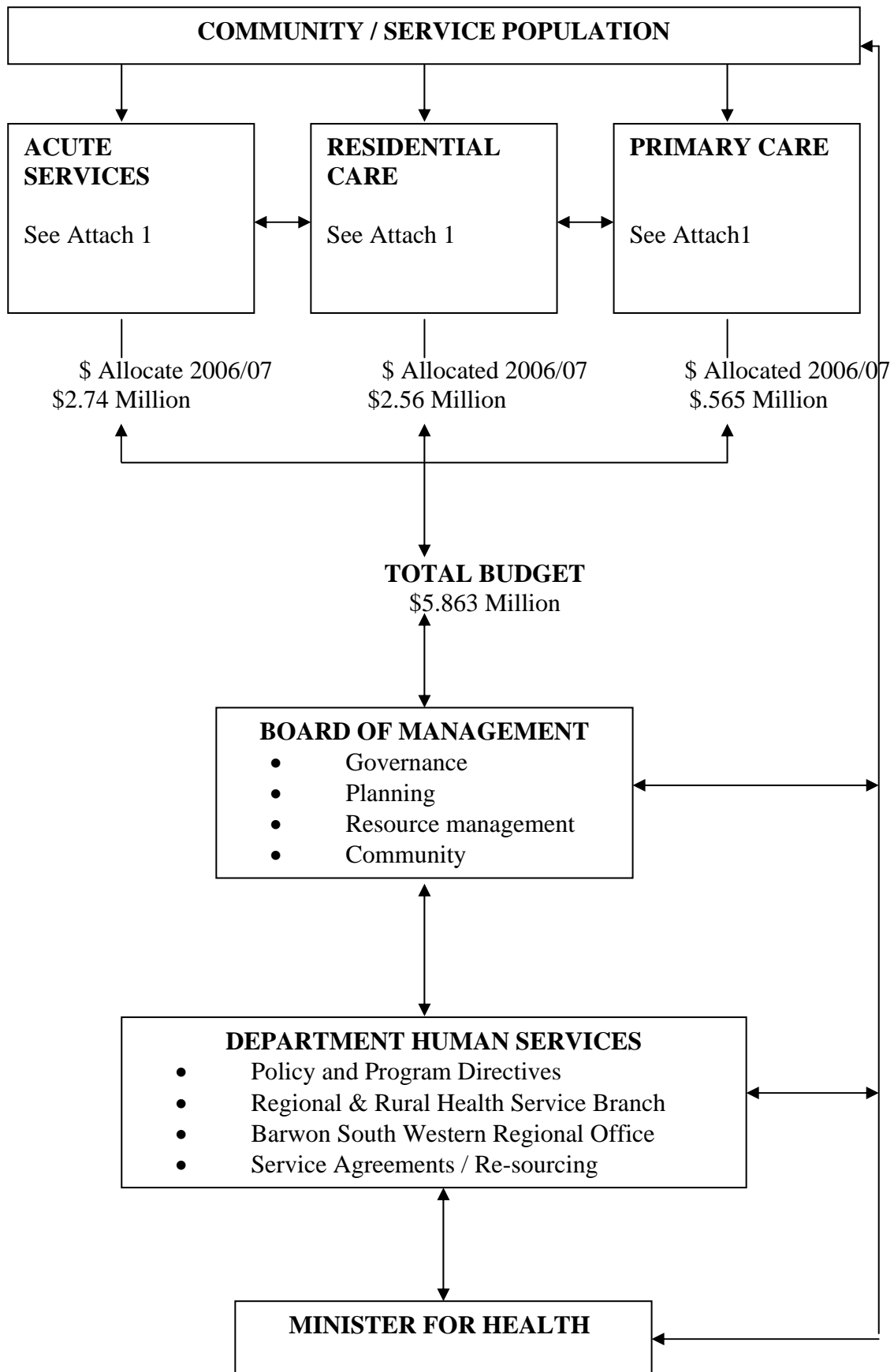
### 3) **Department Human Services Public Health Centre Priorities.**

#### **PRIORITIES**

~ Cancer prevention & screening	~ Arthritis, asthma & vision
~ Tobacco policy & control	~ Health inequalities
~ Obesity & diabetes prevention	~ Child public health
~ Mental health promotion	~ Climate change
~ Cardiovascular disease prevention	~ Indigenous health
~ Injury prevention	~ Food & nutrition policy
~ Early years support	

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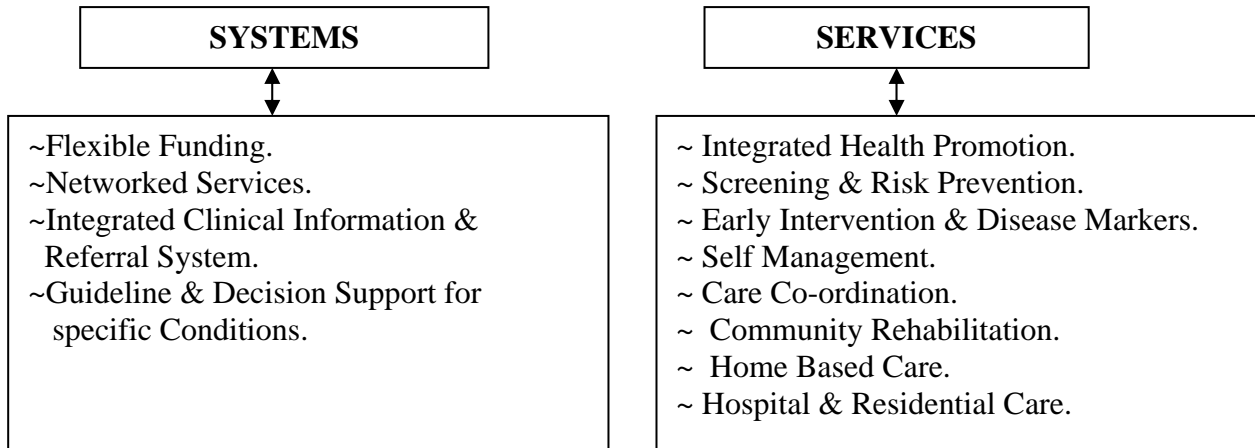
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### GOOD PRACTICE CHECKLIST:

In reviewing the Model of Care and Service Profile format a suggested Good Practice Checklist on Population Health for Small Rural Health Services as detailed by the Australian Institute for Primary Care Provides;



### SUMMARY:

As a Small Rural Health Service the Model of Care is relevant, cost efficient and well targeted.

Issues of resource allocation into community settings and health promotion will be reviewed together with more accurate development of cost allocations to the three main programs of Acute, Aged and Primary Care Services.

The service model is flexible and will be adjusted to address priority demands for our population health in the context of services personnel available.

Community participation will increase and provide input to the Boards planning decisions. Area based planning and the establishment of our local Community Capacity Forum is designed to and will provide additional drivers to our overall population health planning process and in turn our Model of Care.

**Owen Stephens**  
**Chief Executive Officer**

## CASTERTON MEMORIAL HOSPITAL SERVICE MODEL

As at April, 2008

