policy, planning & asset services

Part B (3)

Service Profile for Charleville Hospital

Infrastructure Renewal Planning Project for Rural and Remote Areas

July 2010

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1 Executive summary

The Infrastructure Renewal Planning Project for Rural and Remote Areas has been identified by the Deputy Premier as a priority project aimed at providing a comprehensive and prioritised health infrastructure program for rural Queensland. The need to address health inequities and access to hospitals in remote areas has also been identified by the Commonwealth Government's National Health and Hospital Network Agreement 2010.

This Service Profile for Charleville Hospital is one of 12 profiles developed for each of the Queensland prioritised rural sites. The profile identifies the current level (draft CSCF v3.0 Level 3) and mix of clinical services provided at each site with a focus on the core services of surgical and procedural, maternity, Emergency Department and general medical. Table 1 details the current and projected bed requirements for Charleville Hospital.

To improve the efficiency of current service delivery, infrastructure upgrades will be required for the Hospital as a whole. As the Emergency Department is separate to the ward area and on another floor, the ward becomes an emergency area after hours. The Operating Theatre Suite also needs appropriate theatre and recovery spaces to provide both day and overnight surgery. In addition, support services such as pathology, dental and allied health services have been flooded and damaged several times in the last decade. The improvements to the infrastructure are necessary to enhance the safety and efficiency of patient services at Charleville Hospital.

Rural hospitals rely on visiting clinicians to provide a range of specialist services. Dysfunctional layouts and insufficient treatment spaces make it difficult to attract specialists to the hospital to provide these services. As Charleville Hospital currently does not have an Outpatient Department, or sufficient consultation and treatment rooms, there is a negative impact on the provision of routine services, and compromise to patient safety and privacy. Without the services provided by visiting specialists rural communities will continue to experience health inequities.

Rural hospitals typically have difficulty recruiting staff, and the age and condition of accommodation provided is a major barrier to attracting and retaining a skilled workforce. If staff cannot be recruited and retained, patient access to safe and sustainable services will be compromised.

Table 1: Summary of current and future bed requirements for Charleville Hospital

Bed and treatment spaces	Current number	Number required by 2021/22
Overnight beds	24	15
Same day beds	0	10
Bed alternatives	6	8
Emergency Department treatment spaces	1	8
Multipurpose consultation rooms (for outpatients)	5	4

2 Service profile for Charleville Hospital

2.1 Geographic profile

Charleville Hospital is located in the South-West Health Service District (the District) in the major regional centre of Murweh Shire, which covers an area of 319,800 square kilometres and encompasses the councils of Balonne, Bulloo, Murweh, Maranoa Regional, Quilpie and Paroo.

Charleville Hospital is located in the central north of the District and is one of two secondary hubs for the District (St George Hospital is the other). Roma Hospital is the primary hub for the District (Paper 1: Attachment D).

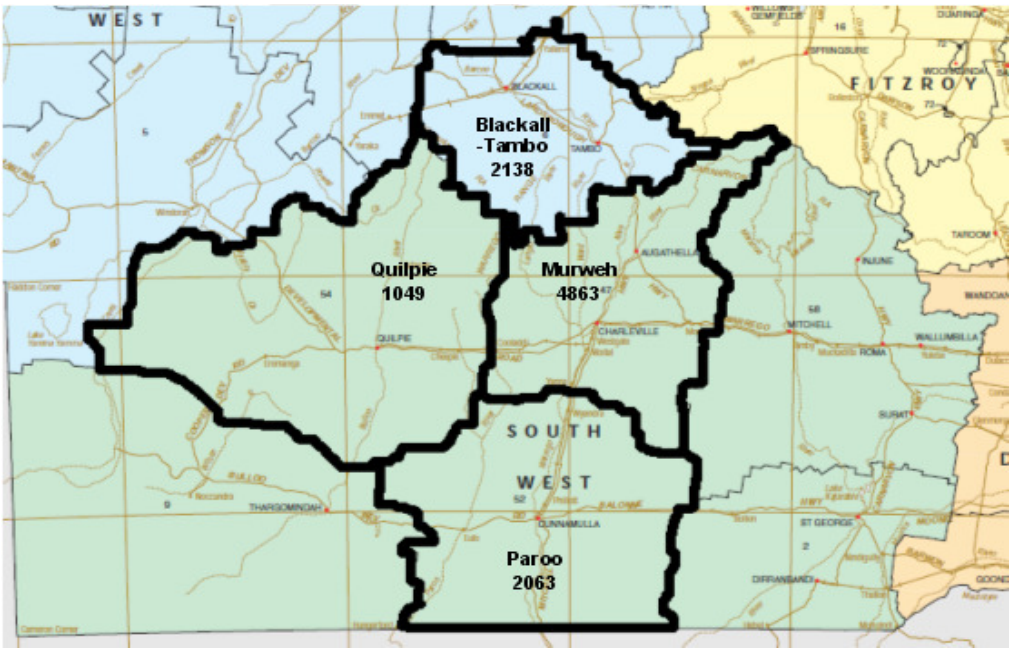
According to the Australian Statistical and Geographical Categories Murweh Shire and Charleville are classified as 'very remote' with a remote area score of RA5.[1]

2.2 Demographic profile

2.2.1 Catchment population

In 2007/08, residents of Murweh Shire accounted for almost 83 per cent of all hospital separations from Charleville Hospital. For the purpose of this service profile, this population is identified as the primary catchment for Charleville Hospital services (Figure 1).

Figure 1: Estimated resident population by statistical local area, total persons Charleville Hospital catchment



Source: Office of Economic and Statistical Research

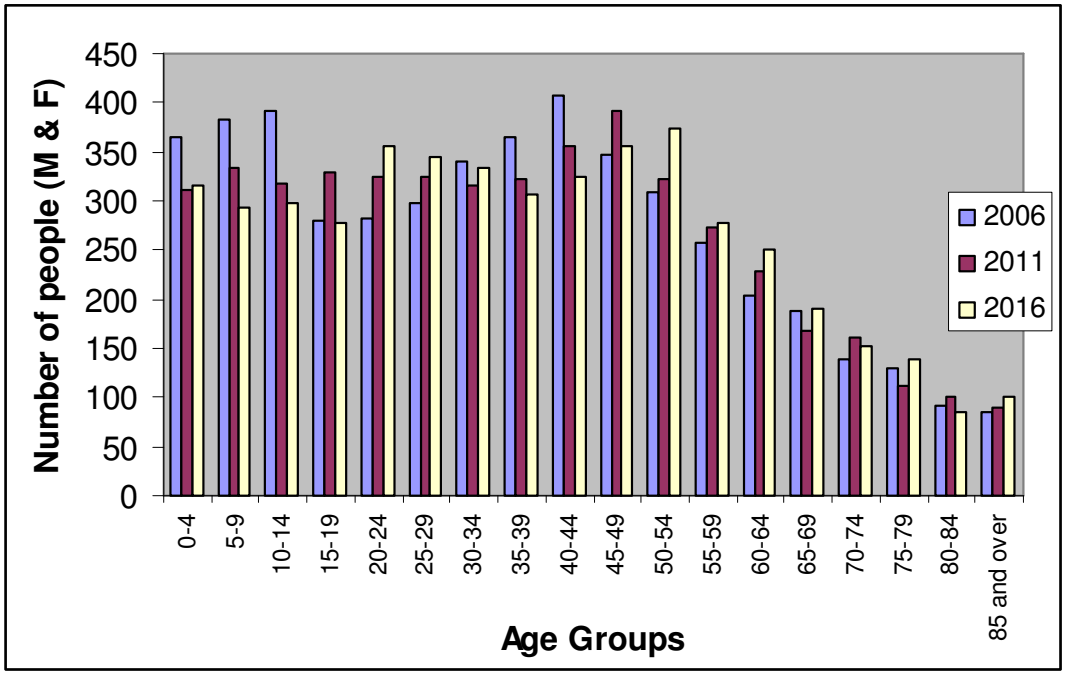
The 2008 Estimated Resident Population of the primary catchment was 4784 (Table 2). A nominal decline in the Murweh Shire population is expected for the years 2011–2016 and 2016–2021 (less than 1% respectively). Between 2011 and 2016, the 50–64 year age group is expected to have the largest percentage increase (9.6%); however, the 35–49 year age group will account for the highest proportion of the total population (21%). By 2021, the 35–49 year age group will still account for the largest proportion of the total population; however, the largest percentage increase (17%) will be seen in the 65–79 year age group (Figure 2).

Table 2: Catchment populations, primary and secondary, Charleville Hospital

SLA	2006	2008	2011	2016	2021
Primary catchment					
Murweh	4,863	4784	4779	4791	4,801
Total Primary	**4,863**	**4784**	**4779**	**4791**	**4,801**
Secondary catchment					
Blackall-Tambo	2,138	2052	2101	2143	2,205
Murweh	4,863	4784	4779	4791	4,801
Paroo	2,063	1930	1923	1926	1,928
Quilpie	1,049	1038	1046	1060	1,071
Total Secondary	**10,113**	**9804**	**9849**	**9920**	**10,005**

Source: Office of Economic and Statistical Research

Figure 2: Population projections for Murweh Shire 2006–2016



Source: Office of Economic and Statistical Research

In 2007, the number of people who identified as Aboriginal and Torres Strait Islander in the Murweh Shire was 545 people (11 per cent of total population). This is significantly higher than for Queensland at 4 per cent (Table 3).

Table 3: Aboriginal and Torres Strait Islander estimated resident populations, Queensland as at 30 June 2007

Aboriginal and Torres Strait Islander	Murweh Shire	Total Queensland
Aboriginal and Torres Strait Islander	545	150,529
Non- Aboriginal and Torres Strait Islander	4,234	4,030,902
Total	**4,779**	**4,181,431**
% of Aboriginal and Torres Strait Islander population to total population	**11.4**	**03.6**

Source: Office of Economic and Statistical Research (March 2008)
(Modifications and area groupings made by HSC) ASGC2006

2.2.2 Services in the secondary catchment

The secondary catchment for Charleville Hospital includes the shires of Paroo, Tambo and Quilpie (Figure 1).The catchment population for the Charleville Hospital is geographically dispersed.

The 2008 Estimated Resident Population of the secondary catchment was 9804 (Table 2). It is expected that this population will experience a nominal increase for the years 2011–2021 (1.6%).

2.3 Charleville Hospital

Charleville Hospital is currently a 30 bed facility providing the following range of services:

- emergency and outpatient
- obstetrics and midwifery
- general medical and surgical
- visiting specialists such as general surgery, gynaecology, ophthalmology and paediatrics
- pathology, radiology and pharmacy.

Charleville Hospital provides a range of low-acuity services. More complex or high risk cases are currently transferred to other hospitals in Toowoomba or Brisbane; although future service directions in the District may result in redirecting some of these transfers to Roma Hospital. Under a hub and spoke service model, Charleville Hospital provides services to surrounding hospitals including Augathella, Quilpie, Thargomindah and Cunnamulla Hospitals and Morven Outpatient Centre. Charleville Hospital provides services at the draft CSCF v3.0 Level 3 or lower.

The basis for identifying gaps in service capability against the core service profile is to secure and consolidate services provided at Charleville Hospital as it has been identified as a secondary hub service. This may involve the enhancement of existing service roles and staffing levels to support its role in the District.

The current service capability at Charleville Hospital is outlined below. The minimum suite of core services aims to ensure surgical and procedural services, maternity services, emergency services and general medical services are able to be provided.

Table 4: Draft CSCF v3.0 service gap analysis

Core Services	Draft CSCF v3.0 Level	Current Services	Current CSCF Level	Gaps
Emergency services	3	Emergency services	3	
Medical services	3	Medical services	3	
Surgical services	3	Surgical services	2	
Peri-operative services	3	Peri-operative Services	3	
Anaesthetics services	3	Anaesthetics services	2	
Maternity services	3	Maternity services	3	
Neonatal services	3	Neonatal services	3	
Mental health services	2	Mental health services	3	
Rehabilitation services	3	Rehabilitation services	3	
Palliative care services	2	Palliative care services	2	
Pathology services	3	Pathology services	3	
Medical imaging services	3	Medical imaging services	2	Visiting service–no ultrasonographer on site
Pharmacy services	3	Pharmacy services	3	

Source: Queensland Health, February 2010

2.3.1 Hospital inpatient activity including current beds

Queensland Health is the only provider of acute inpatient and mental health services in Charleville. There are no private hospitals in Charleville or surrounding areas.

The Charleville Hospital is a 30 bed facility (24 overnight and 6 same day/bed alternatives). The current Charleville Hospital bed allocation is:

- 14 general beds
- three paediatric beds, including one cot
- two monitored beds
- one mental health or isolation room
- one palliative care bed
- three maternity beds, including the antenatal clinic room
- six bed alternatives which are fully used for the monthly visits of the Flying Surgeon and the eye surgeon who visits each quarter. There is additional use for minor operations.

Waroona Aged Care Facility is situated on the Charleville Hospital campus and has 45 beds: 26 high care and 19 low care; however with healthy ageing in place, this bed mix can slightly alter depending upon the needs of the residents.

The Hospital has an annual average occupancy rate of 28.2 per cent for all age services. The majority of separations from Charleville Hospital were for residents from the Murweh Shire at 82.8 per cent of total separations. Paroo Shire residents accounted for the next highest number of separations at 5.9 per cent of total separations.

Table 5: Separations by district of residence, Charleville Hospital 2007/08

Place of Residence	Separations	% Of Total	Beddays
Cairns and Hinterland	3	0.1	5
Central Queensland	2	0.1	6
Central West - Barcoo	3	0.1	8
Central West - Blackall Tambo	17	1.5	51
Central West - Boulia	1	0.1	2
Central West - Diamantina	7	0.1	22
Central West - Longreach	2	0.1	3
Darling Downs–West Moreton	6	0.1	7
Gold Coast	3	0.1	4
Mackay	1	0.1	1
Metro North	4	0.1	6
Metro South	6	0.1	7
Mt Isa - Mt Isa	3	0.1	3
Sunshine Coast-Wide Bay	4	0.1	11
South West - Balonne	1	0.1	1
South West - Bulloo	3	0.1	3
South West - Murweh	927	82.8	2085
South West - Paroo	66	5.9	209
South West - Quilpie	28	2.5	75
South West - Roma	6	0.1	10
Townsville - Townsville West	2	0.1	2
Tweed–Byron	1	0.1	4
Other Interstate	23	2.1	36
Total	**1119**	**100**	**3282**

Source: aIM data 2007/08

Table 6 summarises all inpatient activity and average occupancy for Charleville Hospital over the last five years. During this period, separations increased by 20 per cent, while beddays increased by eight per cent.

Table 6: Summary of inpatient activity at Charleville Hospital, 2004/05–2008/09

Year	Separations	Beddays	ALOS^	Bed Numbers	Average Occupancy %	Peak Occupancy %
2004/05	942	3280	3.5	30	32	43
2005/06	944	2879	3.1	30	27	37
2006/07	928	2818	3.0	30	28	34
2007/08	1077	3168	2.9	30	31	38
2008/09	1138	3542	3.1	30	38	48

Source: Queensland Hospital Admitted Patient Data Collection, Queensland Health (Extracted 1 Oct 2009)
^ Average length of stay

Table 7 lists the top 10 adult Service Related Groups (SRGs) at Charleville Hospital in 2008/09 for both same day and overnight stays. Endoscopies comprised 18 per cent of all adult same day separations. Obstetrics (12%) and respiratory medicine (12%) comprised 24 per cent of all adult overnight separations.

Table 7: Top 10 adult Service Related Groups at Charleville Hospital 2008/09

Same Day	Separations	Overnight	Separations	Beddays
Diagnostic GI Endoscopy	49	Obstetrics	94	237
Ophthalmology	37	Respiratory Medicine	88	503
Orthopaedics	24	Non-subspecialty Medicine	78	481
Non-subspecialty Medicine	18	Non-subspecialty Surgery	78	222
Non-subspecialty Surgery	18	Cardiology	71	226
Cardiology	16	Immunology and Infections	46	149
Neurology	14	Orthopaedics	44	157
Gastroenterology	13	Gastroenterology	36	67
Gynaecology	10	Non-acute	29	334
Plastic and Reconstructive Surgery	10	Neurology	28	104

Source: Queensland Health Admitted Patient Data Collection, April 2010

Between 2004/05 and 2008/09 all of the top 10 adult same day SRGs have increased in activity, except for gynaecology, which has reduced by 50 per cent (Table 7). This reduction in same day gynaecology activity is most likely due to the increase in overnight obstetric activity, which is performed by the same visiting specialist with limited availability. The largest increases have been in neurology (87%), non-subspecialty medicine (72%) and gastroenterology (54%).

Table 8: Five year trend of adult same day activity at Charleville Hospital, 2004/05–2008/09, descending order by 2008/09

Same Day Separations	2004/05	2005/06	2006/07	2007/08	2008/09	% Growth Over 5 Years
Diagnostic GI Endoscopy	34	50	61	56	49	44
Ophthalmology	28	29	40	36	37	32
Orthopaedics	17	16	19	25	24	41
Non-subspecialty Medicine	5	13	4	16	18	260
Non-subspecialty Surgery	16	26	17	26	18	13
Cardiology	13	15	16	22	16	23
Neurology	2	10	2	15	14	600
Gastroenterology	6	13	5	16	13	117
Gynaecology	20	12	20	14	10	-50
Plastic and Reconstructive Surgery	10	12	8	11	10	0

Source: Queensland Health Admitted Patient Data Collection, April 2010

Between 2004/05 and 2008/09, all of the top 10 adult overnight SRGs have increased in activity (Table 8), except for non-subspecialty medicine (5% decrease) and neurology (15% decrease). The largest increases have been in non-acute (62 %), immunology and infections (50%) and obstetrics (34%).

Table 9: Five year trend of adult overnight activity at Charleville Hospital, 2004/05–2008/09, descending order by 2008/09

Overnight Separations	2004/05	2005/06	2006/07	2007/08	2008/09	% Growth Over 5 Years
Obstetrics	62	55	74	61	94	52
Respiratory Medicine	74	71	68	86	88	19
Non-subspecialty Medicine	82	58	53	74	78	-5
Non-subspecialty Surgery	66	53	67	71	78	18
Cardiology	63	53	52	84	71	13
Immunology and Infections	23	33	38	35	46	100
Orthopaedics	42	34	34	45	44	5
Gastroenterology	33	33	30	37	36	9
Non-acute	11	10	17	8	29	164
Neurology	33	21	24	28	28	-15

Source: Queensland Health Admitted Patient Data Collection, April 2010

Projected activity

The profile of projected activity at Charleville Hospital is not expected to change. However with improved infrastructure, including modernised layouts or refurbished buildings, service provision could be enhanced. Maternity, emergency services, surgical and outpatient services could continue to grow and be more efficient.

The bed types and treatment spaces set out in Table 20 reflect the categories from the *More Beds for Hospitals Strategy*.[2] It should be noted that many of the categories outlined in Table 20 and Table 21 are not applicable for rural hospitals.

The projections have been calculated using aIM data and data templates developed by the Planning and Coordination Branch Statewide (Data) Team. The benchmarks used for calculating the projected bed categories are described in the Methodology section of Statewide Implications for Service Provision.

In rural hospitals beds are classified as multipurpose as they are not designated into specific bed type categories because in Level 3 services (draft CSCF v3.0) there are no specialist clinical units. When projecting overnight beds only multipurpose beds have been considered.

Charleville Hospital currently has 24 overnight beds, which are sufficient to meet activity requirements until 2021/22. Projections indicate that 9.5 overnight beds will be required, applying an 85 per cent occupancy rate and 15 overnight beds, applying a 70 per cent occupancy rate.

The number of Stage 2 recovery chairs needs to increase to eight chairs in order to meet scheduled day surgery activity. No further increase will be required to 2021/22. The number of these chairs should not be double counted with same day bed numbers as these usually serve the same purpose in rural hospitals.

The number of Emergency Department treatment spaces will need to increase from two to eight by 2021/22. These treatment spaces will need to include a mix of acute treatment trolley spaces (including a resuscitation cubicle), consultation rooms and specific treatment rooms (e.g. plaster, procedure and isolation rooms). In addition, four consultation rooms will be required for outpatient activity.

Charleville Hospital currently has a major theatre. The number of Stage 1 recovery bays needs to increase from one to two to meet benchmark requirements. There are currently sufficient delivery and treatment suites. However, additional consultation rooms, multipurpose/staff/education room and a child-friendly waiting area are required.

Table 10 indicates that the projected births for Charleville Hospital will remain steady for the period to 2021/22. However, actual activity data for 2008/09 and 2009/10 indicates that the number of births per year is likely to be closer to 60 than 40.

Table 10: Projected births for South West Health Service District 20011/12–2021/22

	2011/12	2016/17	2021/22
Total births for South West HSD as a district of residence	463	503	525
Roma Hospital	150	156	160
St George Hospital	69	73	75
Charleville	40	40	40
Cunnamulla	6	6	6

Projections developed by Office of Economic and Statistical Research using Perinatal Data Collection.

2.4 Core services

Outlined below is a description of the four core services provided at Charleville Hospital: surgical and procedural, maternity, Emergency Department and general medical.

2.4.1 Surgical and procedural

The Operating Theatre is accessible 24 hours a day, seven days a week. Visiting surgical specialities are gynaecology, ear, nose and throat surgery, orthopaedic surgery and urology. Charleville Hospital should provide surgical services at a draft CSCF v3.0 Level 3. The hospital currently has one recovery bay. An additional recovery bay is required for the provision of surgical services at draft CSCF v3.0 Level 3.

The main visiting surgeon conducts one day of surgery per month. Most surgery is done by visiting specialists and allowance must be made for adequate bed numbers to accommodate scheduling and the case numbers on the theatre list (refer Visiting specialist services).

During 2008/09, the highest numbers of surgical separations were related to endoscopies (same day activity) and obstetrics (overnight activity), as shown in Table 11.

Table 11: Current top 10 adult surgical/procedural Service Related Groups at Charleville Hospital for 2008/09

Same Day	Separations	Overnight	Separations	Beddays
Diagnostic GI Endoscopy	49	Obstetrics	12	59
Ophthalmology	36	Non Subspecialty Surgery	11	41
Plastic and Reconstructive Surgery	10	Gynaecology	8	13
Gynaecology	6	Diagnostic GI Endoscopy	7	12
Urology	5	Ear, Nose and Throat	4	4
Orthopaedics	4	Ophthalmology	4	7
Colorectal Surgery	2	Plastic and Reconstructive Surgery	3	3
Ear, Nose and Throat	2	Urology	3	5
Obstetrics	1	Breast Surgery	2	4
		Orthopaedics	2	3

Source: Queensland Health Admitted Patient Data Collection, April 2010

2.4.2 Maternity

In the South West Health Service District, Charleville, Roma, St George and Cunnamulla Hospitals provide low risk maternity services with planned deliveries of ≥37 completed weeks gestation.

There is some ability to manage unplanned deliveries of 35–37 weeks gestation, elective and emergency vaginal and assisted deliveries and selected low risk elective caesareans. Antenatal and postnatal care is provided across the District under a network arrangement, with the four facilities offering birthing services.

Charleville Hospital provides low level birthing facilities, with three maternity beds and an antenatal clinic room. Demand for maternity services (pre- and post-natal in particular) remains high at the Hospital. The Hospital provides a large proportion of antenatal services, while general practitioners provide other services.

There is currently one antenatal clinic room, in addition to the delivery suite. The maternity service infrastructure at Charleville Hospital needs to be upgraded to enable the provision of service at a draft CSCF v3.0 Level 3, through the addition of two consultation rooms and a child-friendly waiting area.

Maternity beds/rooms

In 2007/08, the average length of stay after a vaginal delivery was 2.5 days, after a caesarean section 4.9 days, for a postnatal stay 2 days and for an antenatal admission 1.5 days.

In 2009/10 there is on average 1.2 maternity beds occupied daily. This increase from the 2008/09 figure is as a result of the implementation of the Charleville Hospital Maternity Model of Care and further increases are expected with the provision of additional ante and post natal services to outlying communities. Therefore two beds need to be allocated specifically for maternity services.

Table 12: Current births for South West Health Service District 2007/08

	2007/08
Total births for South West HSD as a district of residence	*461
Roma Hospital	140
St George Hospital	69
Charleville	40
Cunnamulla	6

*Live births by district of usual residence Queensland 2006–2008 source perinatal data collection.

Paediatrics

Paediatric inpatient services at Charleville Hospital consist of low risk non-speciality paediatrics. There are three paediatric beds, including one cot, at Charleville Hospital. Acute medical and surgical paediatric patients are managed together.

Table 13 lists the top 10 paediatric SRGs at Charleville Hospital in 2008/09 for both same day and overnight stays. In both overnight and same day admissions, the highest numbers of paediatric separations were for non-subspecialty medicine and surgery.

Table 13: Top 10 paediatric Service Related Groups at Charleville Hospital 2008/09

Same Day	Separations	Overnight	Separations	Beddays
Non-subspecialty Medicine	10	Non-subspecialty Medicine	25	38
Orthopaedics	8	Non-subspecialty Surgery	13	23
Non-subspecialty Surgery	7	Qualified Neonate	6	19
Neurosurgery	3	Endocrinology	5	14
Respiratory Medicine	2	Gastroenterology	5	9
Dentistry	1	Orthopaedics	5	5
Drug and Alcohol	1	Respiratory Medicine	5	7
Extensive Burns	1	Ear, Nose and Throat	2	2
Immunology and Infections	1	Gynaecology	2	6

Same Day	Separations	Overnight	Separations	Beddays
		Immunology and Infections	2	2

Source: Queensland Health Admitted Patient Data Collection, April 2010

Between 2004/05 and 2008/09, the main areas of paediatric overnight activity were non-subspecialty medicine and non-subspecialty surgery (refer Table 14).

Table 14: Five year trend in paediatric overnight SRG separations at Charleville Hospital, 2004/05-2008/09, descending order by 2008/09

Overnight Separations	2004/05	2005/06	2006/07	2007/08	2008/09	% Growth Over 5 Years
Non-subspecialty Medicine	25	17	9	30	25	-
Non-subspecialty Surgery	3	5	6	4	13	334
Qualified Neonate	5	4	0	1	6	20
Endocrinology	0	1	0	2	5	400
Gastroenterology	1	2	2	5	5	400
Orthopaedics	1	4	4	3	5	400
Respiratory Medicine	4	4	7	6	5	25
Ear, Nose and Throat	2	3	3	0	2	-
Gynaecology	0	0	0	0	2	100
Immunology and Infections	3	4	5	9	2	-33

Source: Queensland Health Admitted Patient Data Collection, April 2010

2.4.3 Emergency Department

Charleville Hospital provides 24 hour emergency care. The Emergency Department provides specialist outpatient services including diabetic, general surgery, antenatal, ophthalmology, paediatric and pre-admission.

Between 2004/05 and 2008/09, there was a 23 per cent increase in emergency presentations; from 4394 in 2004/05 to 5696 in 2008/09. Much of the increase in emergency presentations was in Category 4 and 5 presentations, both admitted and non-admitted. Over this period, Category 1–3 presentations remained steady at 3 per cent of all emergency presentations. For Category 1, there were between zero to three presentations per month.

Table 15: Percentage of Emergency Department presentations admitted/transferred at Charleville Hospital 2004/05-2008/09

	2004/05	2005/06	2006/07	2007/08	2008/09	% Growth Over 5 Years
Number of Presentations	4394	4591	4030	4984	5696	23
% of admitted transferred	2	7	8	7	7	5
% of triage Category 1, 2 and 3	3	5	3	2	3	No change
% of triage Category 4 and 5	97	95	97	98	97	No change

Source: Queensland Hospital Admitted Patient Data Collection, April 2010

Charleville Hospital's Emergency Department has a lack of space, including inappropriate consultation and treatment rooms. Regardless of the number of emergency presentations, the Emergency Department requires a minimum set of rooms to enable the provision of services to a draft CSCF v3.0 Level 3. The current rooms are shared between the Outpatients and Emergency Departments, resulting in an inadequate number of consult and treatment spaces for emergency use, especially when visiting specialists are present.

There is no triage room and desk for initial assessment and continual observation of the waiting room. There is no central observation desk for health professionals to view patients who are ill in the acute treatment spaces. The current configuration of treatment spaces is more suited to outpatient services than an Emergency Department.

2.4.4 General medical

General medical services at Charleville Hospital are routinely provided by nursing, medical (general practitioner and senior medical officers) and allied health staff. These services include general medicine, cardiology, dermatology, endocrinology, infectious diseases, neurology, and thoracic medicine.

In addition, there are visiting medical specialists who provide services on a regular basis, including paediatrics, geriatrics, gynaecology, ophthalmology and diabetes.

In rural towns the hospitals are generally the only place able to provide overnight respite services. As a result there are limited respite services and there is only one bed allocated for palliative care.

Charleville Hospital currently provides a 'step down' (transition care) rehabilitation service, which is dependent upon bed availability. In community consultation undertaken for the 2010–2015 Charleville Hospital Health Service Plan,[3] rehabilitation was identified as a priority. Geriatric rehabilitation services account for over half (58%) of all non-acute beddays, with total bed day activity projected to increase in the period to 2021/22.

Table 16: Five year trend for the non-acute (SRG) activity at Charleville Hospital 2004/05–2008/09

Non-acute	2004/05	2005/06	2006/07	2007/08	2008/09
Separations					
Same day	0	0	0	0	0
Overnight	11	10	20	8	29
Beddays					
Overnight	258	230	327	185	334

Source: Queensland Health Admitted Patient Data Collection, April 2010

Non-admitted occasions of services

Outpatient services at Charleville Hospital provide a range of non-admitted services. These include allied health, general medical, obstetrics/gynaecology, paediatric, general surgery, ophthalmology and pre-admission clinics.

Outpatients Department

There is no Outpatient Department at Charleville Hospital. Clinicians providing outpatient services are required to use Emergency Department treatment spaces, impacting negatively on the provision of emergency services. Additional consultation rooms are required to those used for the Emergency Department. These will be used by visiting specialists and a range of other clinicians including general practitioners.

As with other rural towns there has been difficulty in recruiting general practitioners for the Murweh Shire, including Charleville. It is becoming increasingly difficult to recruit rural general practitioners to private practice and to get general practitioners to bulk bill. As a result the Charleville Hospital has recently employed additional general practitioners to provide services in the Emergency Department, placing further pressure on the built facility. One of these general practitioners' premises was destroyed in the recent flood and the practice now has to be accommodated by the Hospital.

Specialty or subspecialty services at Charleville Hospital are provided as a visiting service. These services include:

- ophthalmology
- paediatrics
- plastic and reconstructive surgery
- ear, nose and throat
- orthopaedic
- surgical
- gynaecology and obstetrics.

Visiting specialists, who utilise the facility on a weekly or monthly basis, are required to share limited consultation space within the designated emergency areas.

Outpatient occasions of service increased between 2004/05 and 2008/09 by 42 per cent. The largest increases in services were maternity (from 179 to 578 cases), allied health (from 2629 to 4987 cases) and primary care medical (from 3603 to 4768 cases).

Visiting specialist services

Visiting specialist services provided at Charleville Hospital include:

- paediatrics
- gynaecology
- ophthalmology
- general medicine.

The Flying Surgeon visits once a month to complete same day and overnight surgical lists.

The following private medical specialists visit Charleville Hospital:

- paediatrian
- ophthalmologist (day only list)
- sonographer.

Flying specialist services

Two Flying Specialists visit Charleville Hospital:

- Flying Surgeon visits once a month for theatre
- Flying Obstetrician and Gynaecologist visits once a month for theatre and day consultations.

Medical Specialist Outreach Assistance Program

Where there is a demonstrated need in rural and remote areas, the Medical Specialist Outreach Assistance Program provides a range of Commonwealth-funded visiting services. The program funds services to the District, as shown in Table 17.

Table 17: Medical Specialist Outreach Assistance Program services provided to the South West Health Service District

Type Of Service	Locations Serviced	Source
General paediatrics services	Roma, Charleville, St George, Cunnamulla, Quilpie	Provided by Mater Children's Hospital
General paediatrics	Roma, St George, Charleville, Cunnamulla, Quilpie.	Gold Coast private specialists
Psychiatric telepaediatrics	Roma, Charleville, St George	Provided by Mater Children's Hospital
Child and adolescent psychiatry	Roma, Charleville, St George	Provided by Mater Children's Hospital
Physician oncologist	Roma, St George	From Toowoomba
Physician cardiologist (including cardiac stress testing)	Roma	Provided by Princess Alexandra Hospital

2.4.5 Current support services

Currently support services at Charleville Hospital include:

- pathology onsite (a new temporary pathology lab is currently being built)
- medical imaging and ultrasonography onsite
- pharmacy onsite and available during business hours and accessible to the nursing supervisor after hours
- dental and oral health onsite (damaged in the flood).

Table 18: Medical imaging and pharmacy Occasions of Service, Charleville Hospital 2004/05–2008/09

Services	2004/05	2005/06	2006/07	2007/08	2008/09	% Growth Over 5 Years
Medical Imaging	1927	1951	1700	1930	2183	13
Pharmacy	5176	4944	5134	4975	7380	43

Source: Queensland Health Admitted Patient Data Collection, May 2010

2.5 Primary health care and community health services

One of the major challenges of health services in the catchment is to effectively implement evidence-based interventions aimed at addressing preventable disease. The growth in the population, the travel required to access health services and the need to provide services to sparsely populated regions has created a need to reconsider current models of care and look for alternative service delivery models.

Implementation of alternative models of care such as Hospital in the Home, Hospital in the Nursing Home, integrated models of care across primary health care and acute services and nurse practitioner led clinics, may achieve some efficiency in service delivery.

A key strategy in achieving these efficiencies will be expanding community-based resources for targeting, identifying and managing key chronic diseases and common conditions of ageing, in collaboration with other local agencies.

Future community-based service requirements have been broadly considered in the context of the catchment and opportunities for enhancing community-based services. Detailed consideration of future community health services and capacity requirements will occur if the preliminary evaluation progresses to a business case.

Demand for primary health care services

Community health services include:

- Alcohol Tobacco and Other Drugs
- hearing screening
- child health
- counselling
- health checks
- Aboriginal and Torres Strait Islander
- oral health
- antenatal and post natal
- women's health
- allied health.

Health promotion and prevention services include:

- public health
- health promotion and prevention
- incidence and disaster response support
- mental health
- acute assessment, triage and crisis management
- community mental health.

High proportion of Aboriginal and Torres Strait Islander people

Given the high proportion of Aboriginal and Torres Strait Islander people in the population of the Murweh Shire (refer Catchment population), the outpatient demand for Aboriginal and Torres Strait Islander health worker services is high.

The Charleville and Western Areas Aboriginal and Torres Strait Islander Corporation for Health is located in Charleville. Services include:

- massage therapies, eye health, sexual health and youth health services
- general practitioner consultations
- podiatry and dental services
- support with travel to specialist services
- counselling services.

Allied health services

Allied health services are provided as inpatient and ambulatory care services from a building situated behind the hospital. A range of allied health services are provided including:

- nutrition
- physiotherapy
- occupational therapy
- Aboriginal and Torres Strait Islander health
- social work
- speech pathology.

All these services deliver acute and non-acute care to patients, including education services. They also provide outreach services to the outlying facilities.

Between 2004/05 and 2008/09, allied health services increased by 53 per cent (Table 19). In 2008/09 there were 4390 occasions of service, compared to 2049 occasions of service in 2004/05.

Table 19: Allied health Occasions of Service at Charleville Hospital 2004/05–2008/09

Services	2004/05	2005/06	2006/07	2007/08	2008/09	% Growth Over 5 Years
Nutrition	109	138	332	297	274	60
Occupational Therapy	371	368	408	432	831	55
Other Allied Health	98	-	-	-	-	-
Physiotherapy	1140	2299	1973	2338	2651	57
Social Work	40	414	133	148	144	72
Speech Pathology	27	135	85	25	214	87
Total	**2049**	**3563**	**3153**	**3471**	**4390**	**53**

Source: Queensland Health Admitted Patient Data Collection, May 2010

3 Current and future bed requirements

3.1 Summary of projected bed requirements

Table 20 and Table 21 present a high-level summary of the projected bed and other treatment space requirements for Charleville Hospital to 2021.

Table 20: Current and projected bed requirements for Charleville Hospital

	Current numbers	Projections using 85% occupancy rates			Projections using 70% occupancy rates		
Beds/Alternatives	**2010**	**2011**	**2016**	**2021**	**2011**	**2016**	**2021**
Overnight Beds							
Total multipurpose overnight beds	**24**	**10**	**10**	**10**	**15**	**15**	**15**
Same day beds/bed alternatives							
Same day beds	0	8	9	10			
Stage 2 recovery chairs	6	7	8	8			
Chemotherapy chairs	0	0	0	0			
Renal dialysis chairs (in centre)	0	0	0	0			
Other medical (inc. Discharge Lounge)	0	0	0	0			
Total same day beds/ alternatives	**6**	**15**	**17**	**18**			

Other treatment spaces

Projected requirements for recovery spaces and Emergency Department spaces currently exceed the current built capacity at Charleville Hospital.

Table 21: Current and projected other treatment space requirements for Charleville Hospital

	2010	2011	2016	2021
Operating Theatres	1	1	1	1
Procedure rooms	1 (ED)	1 (ED)	1 (ED)	1 (ED)
Stage 1 recovery spaces	1	2	2	2
Delivery Suites	1	1	1	1
Outpatient clinic rooms	5	4	4	4
ED treatment spaces	1	8	8	8
X-ray rooms Ultrasound, plain film x-ray	2	2	2	2
CT scanner	0	0	0	0

4 References

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