

# Limestone Coast Local Health Network Accreditation Report



## Limestone Coast Local Health Network

### Accreditation Report Details

<b>Date of Visit:</b>	<b>Thursday 3 June 2021</b>
<b>Team Leader:</b>	<b>Dr Benjamin Teague</b>
<b>Team Members:</b>	<b>Ms Natalie Michael Dr Bernard Lee</b>
<b>SA MET Ex-Officio:</b>	<b>Ms Vicki Foote Ms Stacey Holst</b>

<b>Date approved by SA MET Health Advisory Council:</b>	<b>25 August 2021</b>
<b>Expiry Date:</b>	<b>31 August 2025</b>

### Accreditation Decision

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## Executive Summary

The Limestone Coast Local Health Network (LCLHN) is currently accredited for up to 7 core and 7 non-core intern posts and 13 PGY2+ posts. This includes the General Medicine, Mount Gambier District Health Service (MGDHS) rotation accredited for 3 intern posts and 2 PGY2+ posts *or* 2 intern posts and 3 PGY2+ posts, *not both* and General Surgery, MGDHS accredited for 2 interns *or* 1 intern and 1 PGY2+ post, *not both*.

The COVID-19 Pandemic presented unique challenges in 2020 affecting all areas of service delivery, including medical education and training. The Medical Education Unit (MEU) was able to quickly adapt to the changing conditions, ensuring there was minimal interruption to the Education and Training Program (ETP). The resourcefulness and commitment demonstrated by the LCLHN executive, supervisors, clinical staff and MEU towards medical education and training especially during this time was clearly demonstrated.

Established as part of SA Health governance reforms in 2019, LCLHN oversee and manages local health services, including medical education and training in the southeast region of South Australia. Due to the COVID 19 pandemic their strategic plan has been delayed but is expected to be completed later this year. It is anticipated this will outline the organisations priorities including medical education and training. Currently they partner with Flinders University Rural Health SA (FURHSA) to provide this service.

The Medical Education Committee (MEC), comprising MGDHS and FURHSA staff, oversee all teaching and training within the LCLHN ensuring it meets the needs of TMOs and complies with the relevant standards. Despite the growing numbers of TMOs and the increasing demands on their time, the MEU delivered high quality education and supported TMOs during their time at LCLHN. They and the Executive Director of Medical Services (EDMS) worked closely with TMOs ensuring they were 'listened to' and their well-being needs were met. In answer to some TMO concerns the accreditation team noted improvements already implemented at the LCLHN and a quality and improvement project under way to further address working conditions.

Clinical experience and exposure within rotations offered by LCLHN were considered valuable, varied and extended TMOs skills and knowledge. Recent improvements noted by the accreditation team included the introduction of a mid-cover shift and The Emergency Medicine Empowerment Program, currently being developed by the Acting Head of Unit of the Emergency Department. Areas where improvements may be of benefit include the process of ordering chemotherapy and a formal written debriefing process that would support TMOs following challenging situations involving children.

All TMOs commencing at the LCLHN participated in an extensive orientation program to FURHSA and the MGDHS. Interns received a comprehensive five-day orientation with support to meet some of their mandatory training requirements including BLS training. In order to meet service requirements PGY2+s were moved to an induction model of orientation. Orientation to units were reported to vary; most being positive except the Emergency Medicine, General Medicine, General Surgery and Loxton rotations where improvements could be made.

Overall, TMOs reported they were appropriately supervised at a level appropriate to their experience and capabilities and had pathways to escalate clinical concerns. Concerns arose within the General Medicine unit where the only supervision available was provided by the three consultants and the Emergency Department where TMOs were occasionally left alone overnight.

All TMOs reported that they had undergone valid and reliable formative mid-term and end-of-term assessments. Assessments were completed with Term Supervisors and TMOs were provided opportunity to discuss their performance.

Generally, TMOs were satisfied with the duties and working hours provided across the LCLHN rotations with the exception of General Medicine. Even though supervisors had introduced some measures in the General Medicine unit to address workload issues, TMOs continued to report long working hours and high patient numbers, especially on weekends. The EDMS has currently allocated a significant portion of their time to working within the unit and consulting with all staff in order to address these concerns.