

# Multi-Purpose Services (MPS) Strategy

2026 – 2028



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## The Artwork

The Regional Health Division's artwork was created by Lakkari Pitt, a proud Gamilaroi Ularoi yinarr.

Lakkari's digital artwork represents the Regional Health Division and NSW Health's 9 regional local health districts.

## Aboriginal Health Impact Statement

The Regional Health Division acknowledges the importance of Aboriginal voice and the consideration of the needs of Aboriginal people during every phase of health program, policy and strategy development. An Aboriginal Health Impact Statement was developed to record how the MPS Strategy's development has involved, and been guided by, Aboriginal people's voice. The Statement also described the potential impact the MPS Strategy could have on Aboriginal people in NSW and how that will be considered during implementation.

# Acknowledgements

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We extend our sincere gratitude to the many individuals, groups and agencies who contributed to the development of this MPS Strategy. This document is the result of extensive consultation, thoughtful input, and dedicated effort from a wide range of people.

Special thanks go to the MPS Strategy Working Group and the MPS Strategy and Reform Steering Committee whose members led the early development and consultation planning.

We deeply appreciate the guidance and assistance provided by our Community Reference Group, whose local perspectives and constructive feedback helped shape the MPS Strategy. Their local engagement ensured community feedback was received and that the MPS Strategy reflects the outcomes and experiences that matter most to people in regional NSW communities.

We also thank our external and NSW Health stakeholders who shared their time, knowledge, and experiences, resulting in an MPS Strategy that is centred on best practice and is future focused.

Finally, we acknowledge the expertise and contributions of NSW Health staff throughout the development of this document. This MPS Strategy was developed through engagement, consultation and collaboration, and we are grateful to everyone involved.



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# Introduction

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The purpose of the NSW Health Multi-Purpose Services (MPS) Strategy is to guide and inform decisions about planning, investment and service delivery and to identify best practice for design, quality, safety, workforce and experiences in MPS.

This strategy outlines considerations that inform current and future planning requirements, healthcare delivery. The MPS Strategy also highlights best practice examples occurring in regional MPS for planning, infrastructure, design, lifestyle, engagement, experience and workforce.

## What is an MPS?

An MPS provides integrated health and aged care services to regional, rural and remote communities (hereafter referred to as regional), in Modified Monash Model (MMM) 5-7 areas. The MPS model supports access to health and aged care in regional communities by combining acute and aged care services together in the one facility, in communities that may not have been able to sustain an acute health service and a separate aged care facility. MPS deliver a range of services that may include inpatient, palliative care, emergency, allied health, mental health, primary care and community services. All MPS provide residential aged care.

MPS facilities allow older people in small communities to remain close to family and friends and still receive the ongoing health and aged care support they need. The MPS provides a home-like environment for aged care residents.

The MPS model is designed to meet the needs of local communities and varies according to location, demographics, demand, funding and governance models.

Health care at MPS is provided by networks of local services including nursing, allied health, local and visiting medical officers, and other local providers. An important part of the networked model includes District, Base and Rural Referral hospitals, ensuring access to more complex healthcare needs that larger hospitals can provide. MPS are also supported by virtual care and patient retrieval services from larger regional hospitals.

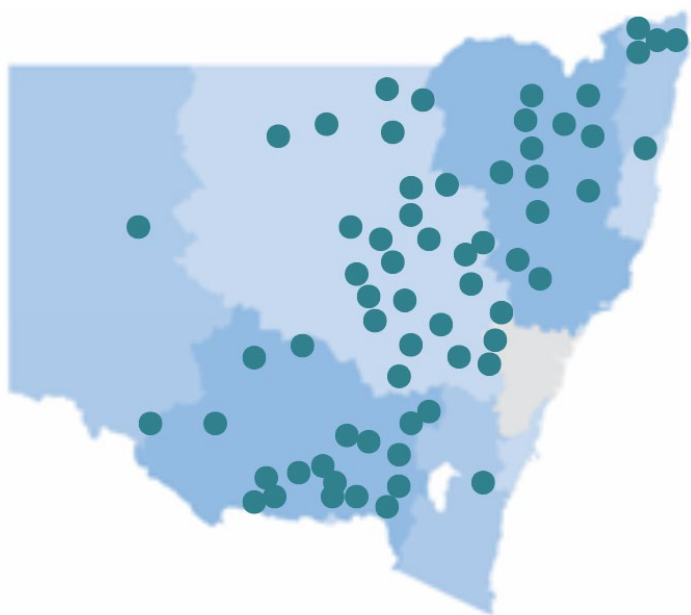
NSW Health delivers the MPS model in partnership with the Australian Government. MPS receive funding from both the Australian Government and NSW Health. NSW Health funds acute and inpatient health services, capital, infrastructure and ongoing maintenance costs of MPS. The Australian Government contributes funds for the aged care services, by providing flexible funding for allocated residential aged care places. The Australian Government also offers grants to build, extend or upgrade MPS and key worker accommodation through the Aged Care Capital Assistance Program.

NSW currently has 66 MPS in 8 regional local health districts, providing 1161 residential aged care places. There are MPS in Far West, Hunter New England, Mid North Coast, Murrumbidgee, Nepean Blue Mountains, Northern NSW, Southern NSW and Western NSW Local Health Districts.

## Which communities are best suited for an MPS?

Regional communities that may be suitable for an MPS include those with:

- insufficient populations to sustain separate hospital, residential aged care, community health and home care services (often in the range of 1,000 to 4,000 persons)
- inability to access health and aged care services due to isolation
- potential complementary (rather than competing) services
- consumer and community involvement in, and commitment to, an MPS
- support for MPS model from existing health services, including virtual care and local GPs
- capacity to achieve financial sustainability under MPS funding arrangements
- willingness and capacity to participate in the change management processes essential to gain the most benefit from the flexibility of the MPS model
- no adverse impact on health and aged care services in nearby towns.



Locations of current MPS sites across NSW

## Why do we need an MPS Strategy?

It is important that a sustainable and appropriate model for MPS is developed now and for the future. The 2021 [Royal Commission into Aged Care Quality and Safety Final Report](#) found that MPS is a good model for delivering regional aged care. The report also recommended that the MPS model be expanded in regional, rural and remote areas.

The MPS model was developed more than 30 years ago and plays a vital role in providing health and aged care in regional communities. The MPS Strategy identifies key considerations for investing and planning service delivery in an MPS in NSW and identifies best practice examples that support sustainable health and aged care.

The MPS Strategy guides decision-making regarding current and future service delivery and infrastructure requirements. This is necessary for responding to changing community demographics and healthcare needs.

## Who is the MPS Strategy for?

While the MPS Strategy is for everyone, the intended purpose will be different for each person reading it, for example:

- For community members the MPS Strategy provides transparency on the decision-making considerations for the MPS model
- For local health districts and MPS staff, the MPS Strategy provides decision-making guidance for service planning, guidance for changing community health service needs and highlights best practice for MPS
- For NSW Health the MPS Strategy highlights where coordinated approaches can support local health districts to deliver MPS services and other statewide initiatives
- For partner organisations, such as Primary Health Networks, Aboriginal Community Controlled Organisations, non-government organisations and local councils, the MPS Strategy highlights greater opportunities for collaboration in the delivery of health care.

## The development of the MPS Strategy

The development of the MPS Strategy was led by the Regional Health Division (RHD) in consultation with key internal and external stakeholders. Meaningful engagement with consumers, communities, stakeholders and the NSW Health system underpinned the development process. A robust transparent, localised and multimodal consultation approach was undertaken to ensure the MPS Strategy effectively responds to local needs and supports strengthened relationships between health services and the communities they serve. Engagement was consistent with the Regional Communities Consultation Guide.

Governance groups were established to oversee the consultation process and the development of the MPS Strategy.

Consultation occurred over 18 months and included a 3 month community engagement period from April to June 2025. Consultation activities included a community survey, virtual meetings, presentations, letters to external organisations, posters, newsletters, and social media posts seeking feedback on the draft MPS Strategy.

A detailed description of the development and consultation process, including a timeline for development, can be found in [Appendix A](#).

## Alignment with NSW Health strategic plans

The [Regional Health Strategic Plan 2022–2032 \(RHSP\)](#) is specific to rural, regional and remote communities and will guide NSW Health’s strategic focus for the next 10 years. The MPS Strategy aligns with the 6 priorities of the RHSP:

- Strengthen the regional workforce
- Enable better access to safe, high quality and timely health services
- Keep people healthy and well through prevention and education
- Keep communities informed, building engagement, seeking feedback
- Expand integration of primary, community and hospital care
- Harness and evaluate innovation to support a sustainable health system.

The MPS Strategy aligns closely with [Future Health: guiding the next decade of care in NSW 2022-2032](#) which provides the strategic framework and priorities for the whole system over the next 10 years. The MPS Strategy aligns with Future Health’s 6 Strategic Outcomes:

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well
- Our staff are engaged and well supported
- Research and innovation, and digital advances inform service delivery
- The health system is managed sustainably.



The Strategy is informed by the [NSW Health Workforce Plan 2022-2032](#) which provides a framework to guide the implementation of Future Health's workforce-related strategies across NSW Health.

The Strategy aligns with the [NSW Aboriginal Health Plan 2024-2034](#) which outlines health system reform to provide culturally safe, holistic and high-quality care for all Aboriginal people in NSW. The MPS Strategy aligns with the NSW Health Aboriginal Health Plan 2024-2034 priority reform areas:

- Formal partnerships and shared decision making
- Building the community-controlled sector
- Transforming government organisations
- Shared access to data and information at a regional level
- Employment business growth and economic prosperity.

Continued collaboration and alignment of the MPS Strategy with Future Health, RHSP, NSW Health Workforce Plan and the NSW Aboriginal Health Plan will help improve regional health services and health outcomes for people living in regional, rural and remote NSW. Other key strategies and guidance documents are listed in [Appendix B: Guidance and Document Library](#).

## Governance

The development of the MPS Strategy was overseen by the MPS Strategy Working Group and the MPS Strategy and Reform Steering Committee which report to the Regional Health Committee and the Deputy Secretary, Rural and Regional Health.

A time-limited Community Reference Group was also established to provide community perspective and input into the development of the MPS Strategy.

## MPS Strategy Working Group

The purpose of the MPS Strategy Working Group is to guide the development, implementation and evaluation of the Strategy. Membership includes the NSW Ministry of Health, NSW Health Pillars, Statewide Services, regional local health districts, MPS staff and Regional Service Planners.

The Working Group provided subject matter expertise on the development of the MPS Strategy, input and review of the draft MPS Strategy and advice on stakeholder engagement.

## MPS Strategy and Reform Steering Committee

The purpose of the MPS Strategy and Reform Steering Committee is to ensure the developed MPS Strategy and implementation is effective for local health districts. The MPS Strategy and Reform Steering Committee also provides advice on the implementation of Aged Care reforms for MPS. Membership consists of executive level representation from across key NSW Ministry of Health Branches and regional local health districts.

## Community Reference Group

The Community Reference Group (Reference Group) was established to provide community input into the development of the MPS Strategy and to support community consultation activities. The Reference Group disseminated the draft MPS Strategy to their networks and promoted feedback and consultation.

Community engagement activities undertaken by the Reference Group included:

- Presentations on the MPS Strategy for local groups
- Posters on local noticeboards
- Content in electronic newsletters
- Sharing promotional materials with local service clubs and community groups
- Posting the community survey link on Facebook and Instagram

# MPS Strategy plan on a page

## VISION

MPS provide sustainable health and aged care services that deliver outcomes and experiences that matter most to residents, patients, their families and carers and community members in regional NSW.

## PURPOSE

To guide and inform decisions about investment and best practice for design, quality, safety, workforce and experience in MPS

**OUTCOME 1:** Future directions for healthcare and aged care delivered from the Multi-Purpose Services are informed by and meet the community's needs

**OUTCOME 2:** Best practice is implemented in NSW Multi-Purpose Services



Community need, demand and supply



Pathology, pharmacy, non-clinical support services and transport



Capital investment and infrastructure



Governance



Design and lifestyle



Partnerships and co-located services



Resident, patient, family, carer and caregiver experience, and community engagement



Safety and Quality



Aboriginal Culturally Responsive Care

## ENABLERS



Workforce



Digital infrastructure, technology and systems



Financial sustainability

# MPS Strategy

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The MPS Strategy is relevant for all health and aged care services delivered within, or from, MPS facilities.



MPS may provide a variety of services including hospital, palliative, emergency, allied health, mental health, primary care and community health services.

All MPS provide residential aged care, with some MPS also delivering 'Support at Home' services from the MPS or separately.



# Outcome 1

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Future directions for healthcare and aged care delivered from the Multi-Purpose Services are informed by and meet the community's needs

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## 1.1 Community need, demand and supply

Understanding community need, demand and supply for an MPS will ensure that service provision and delivery is planned and responsive to the current and future health needs of communities. It is important that robust planning is undertaken to inform MPS development or service amendments.

To identify community need, MPS service planning and evaluation should understand:

### Need

- Community demographics, composition, population health data and epidemiological trends
- Community population projections including declining scenarios and population peaks and per population ratios of over 70 years old and over 50 years of age for Aboriginal people
- Current service utilisation and health profile of the community including chronic disease and lifestyle risk factors
- Aboriginal community, cultural protocols and safety, demographics and population projections, with consideration to Aboriginal people entering aged care facilities at a younger age and the impacts of kinship arrangements in the community
- High needs groups for healthcare and aged care services, including people with chronic disease, people needing renal dialysis, people with a disability including National Disability Insurance Scheme (NDIS) participants, people (including younger people) with dementia, young people in out-of-home-care or in contact with the child protection system
- Specific needs of diverse communities including LGBTIQ+, culturally and linguistically diverse (CALD) and refugee communities
- Gender responsive care considerations
- Community consultation, to enable demographics and population projection data to be combined with planning tools and advice from local community, to create a picture of the population to inform health and aged care service planning.

### Supply

- Consider the availability and capacity of healthcare and primary service providers such as:
  - GPs
  - Aboriginal Community Controlled Health Organisations (ACCHO)
  - Aged care providers
  - Public and private non-government organisations (NGO)
  - Allied health
  - Mental health including older peoples mental health
  - Youth health or youth mental health services
  - LGBTIQ+ health services
  - Specialist multicultural and refugee health services
  - Violence, Abuse and Neglect services
  - Child and Family services
  - Dental services
  - Community support services
  - Hospital in the Home (HITH)
  - Home Care services
  - Disability support services
  - Statewide health services e.g. NSW Ambulance services
- Mapping of other regional services such as Urgent Care Services and clinics and medical ancillary services such as radiology and pathology
- Capacity of MPS to support visiting services such as drug and alcohol, mental health, domestic and family violence, immunisation and cardiac clinics
- Opportunities for MPS integrated services to support healthcare viability, e.g. GP clinic
- Opportunities to integrate services with other service providers e.g. such as sharing staff with private aged care providers.

## Demand

To identify community demand MPS service planning should consider rise and fall in population trends while ensuring health services are flexible and can meet changing demands, including declining populations, now and for the future. This involves considering:

- Current and future community need for:
  - urgent care and walk-in services
  - primary care services including GP, allied health, violence, abuse and neglect services, sexual assault and mental health services
  - inpatient services
  - outpatient/ambulatory care services
  - rehabilitation services, following discharge from tertiary hospitals
  - specific healthcare services for diverse communities such as LGBTIQ+, CALD and refugee communities
- Factors that impact on MPS inpatient service provision such as:
  - the networked model
  - bed occupancy/availability, bed block and average length of stay
  - changes and/or delays in care
  - transfer interruptions
  - delaying care type changing
  - long stay older patients
  - staffing, especially of key positions
  - wait times
  - case conferencing
  - bulk billing
  - disaster relief and recovery planning (i.e. drought, floods, fires)
- Current bed mix and availability of beds/funded beds and physical beds
- Challenges in healthcare provision and aged care services, including the availability of accessible housing for people with a disability and availability of community aged care packages
- Current allocated MPS residential aged care bed places and occupancy, waitlist and utilisation of homecare places
- Community preferences for healthcare and aged care services
- Current local industries, employment sectors and workforce profile

- Future industry changes and infrastructure projects that have personnel that may utilise healthcare services (freeway bypasses, renewable energy projects, mine expansions, 4G Network upgrades, electricity roadmap workers)
- Processes for NDIS participants to access respite and aged care beds where appropriate
- Needs of residents and patients with complex health needs where MPS are the only providers.



Photo: Gilgandra MPS and staff

- Distances to access healthcare services not provided in MPS
- Patient and resident modes of transport including:
  - NSW Ambulance
  - Non-emergency Patient Transport Services
  - Royal Flying Doctor Service
  - Community transport
  - Private vehicles
  - Public transport
- Community expectations around reasonable distance to travel for health care and specialised care, particularly renal dialysis and oncology services
- Equity of access to healthcare and aged care services identifying:
  - Acute bed occupancy in nearby hospitals and health facilities
  - Waitlist numbers for residential aged care placement in the area
  - Who is best placed to provide aged care services in the region and consider the viability of the private sector
  - Access to specialist aged care services such as dementia services or end of life care to support people to age in place
  - Viability of existing healthcare services
- Existing or potential local health district-wide HITH models, virtual care hub and spoke service models, virtual rehabilitation services, virtual emergency mental health services
- Availability of key worker accommodation
- Services for people with a disability including NDIS participants

**Guidance documents to support planning for Community need, demand and supply are located in [Appendix B](#).**

# BEST PRACTICE SNAPSHOT: Service planning using innovative population investigation to inform services at Lightning Ridge MPS

Lightning Ridge is a small outback town in northwest NSW, located near the Queensland border and approximately 770 kilometres from Sydney. Known for its opal mining industry, the town attracts locals and visitors to its unique lifestyle and gemstone history.

Members of the Western NSW Local Health District Planning and Redevelopment Team worked with community members, service providers and staff to draft a Lightning Ridge Service Plan which describes the vision for Lightning Ridge Health Service over the next 10 years. The Service Plan draws on data from multiple sources, mindful that the Census population data for the town may not accurately reflect the actual population due to the number of people living in camps and on the surrounding opal fields.

The Service Plan was developed by:

- Gathering information about the health and well-being of people living in and around Lightning Ridge.
- Talking to staff, members of the community and service providers about health, social and cultural needs.
- Using data about the current services, and Lightning Ridge resident use of local and networked services, and population changes anticipated in the future.
- Bringing that information together to see how health needs and the demand for health services will change over time; and identifying the services and their scale to meet this demand.

The plan outlines future models of care that enable care closer to home, improved access to local and networked services, and keeping people well and out of hospital. It also recommends some expansion and enhancements of existing services.



Photo: Signage at the entrance to Lightning Ridge MPS

## 1.2 Pathology, pharmacy, non-clinical support services and transport

Access to pathology, imaging, pharmacy, non-clinical support services and transport enables the delivery of high-quality patient care in MPS.

This requires consideration of the following:

### NSW Health Pathology (NSWHP) services

- Proximity and availability of networked NSWHP laboratories, courier services, pathology specimen collections and/or 24/7 point of care testing (POCT) services that can provide timely results in line with relevant POCT state and federal policy
- Inclusion of NSWHP services ensures that all results are available in the electronic medical records (eMR) and available to treating clinicians at referral sites. This enables improved patient care, eliminates duplicate or repeat testing and avoids unnecessary delays for treatment.

### Imaging (x-rays, scans)

- Proximity and availability of radiography and ultrasound services and the timeliness of reports
- Consider remote x-ray operator in the MPS, such as trained nursing, medical and allied health staff.

### Pharmacy

- Proximity and availability of pharmacy services including general supply and access to a pharmacist for medication reviews.

### Non-clinical support services

- Availability and/or co-location of non-clinical support services such as linen, laundry and food services including 'cook-fresh' sites
- Availability of security services.

### Transport

- Current transport needs, gaps and options for:
  - patients, residents and family getting to and from an MPS
  - patients and residents accessing health and other services beyond the MPS
  - non-emergency patient transport between hospitals and MPS residents that can and those that cannot access government programs with funded transport
  - public transport
  - community transport
  - People living with a disability
- Investigate mitigation strategies to enable access to the MPS where limited or no options exist.



## 1.3 Capital investment and infrastructure

Built infrastructure plays a vital role in the provision of health services. MPS infrastructure should be sustainable and fit-for-purpose now and into the future.

This requires consideration of:

### Capital investment

- Underpin local health districts capital investment and asset planning decisions with detailed service planning
- Participate in necessary capital planning processes when investment is needed
- Local health districts should:
  - Complete a service plan outlining current and future service requirements and a case for change that includes options analysis, workforce considerations, risk and mitigation strategies and identifies clinical networking arrangements to inform MPS capital investment decisions
  - Undertake asset planning, underpinned by the consideration of asset lifecycle costs, performance and risk, to determine local asset needs and support effective and sustainable service delivery
  - Develop asset management plans which include repair, maintenance and refurbishments (RMR)
- Capital Investment Plans (CIP) assessed as eligible may be included in the NSW Health 10-year Capital Investment Plan submitted to NSW Treasury each year for consideration as part of the State Budget process
  - Identify Australian Government aged care capital investment funding opportunities including the Aged Care Capital Assistance Program and minor and major capital works funding (acknowledging the Commonwealth's co-contribution is generally limited to the residential aged care component and only the existing bed places).
- Consider future infrastructure investment purposes with a focus on maintaining and making better use of and repurposing existing assets, as outlined in the NSW Health 20 Year Health Infrastructure Strategy.



Photo: Braidwood MPS

### Infrastructure

- The suitability and capacity of existing facilities
- Capital and ongoing RMR costs for maintaining and keeping older facilities operational, particularly to address safety
- Consider flexibility in spaces and infrastructure use to ensure spaces can be re-purposed over time as community need and demand changes
- All planning for services and activities including redevelopment, renovation or refurbishment of facilities should consult with Aboriginal communities to ensure services are culturally appropriate and consider past traumas associated with old hospitals and services
- Consider the characteristics of each local community when considering different infrastructure models i.e. health hubs/precinct.



## Consider infrastructure requirements for:

- ✓ Virtual care now and for the future, including digital infrastructure requirements
- ✓ Residents with dementia and those with increasingly complex chronic health conditions
- ✓ Lifting residents and patients requiring lifting equipment in rooms and bathrooms
- ✓ Wide doorways to enable beds to be wheeled safely
- ✓ Quality end-of-life care considerations including access to outdoors and space to wheel palliative care beds outside
- ✓ Patients and residents with low vision or acoustic requirements
- ✓ Food services and if the site will be “cook-fresh” or “cook-chill”
- ✓ Spaces or rooms for visiting services
- ✓ Gender responsive care
- ✓ People with a disability to ensure access to safe and quality healthcare
- ✓ Adequate ventilation to prevent outbreaks and transmission events
- ✓ Cleanable surfaces and fittings
- ✓ Supporting the personal safety and security of staff, residents, patients and the community
- ✓ Personalisation / home-like environment of bedrooms
- ✓ Single rooms with ensuites
- ✓ Adequate storage space for equipment for patient lifting and activities, cleaning equipment and food service equipment
- ✓ Healthcare worker accommodation
- ✓ Co-location of feasible services e.g. GP clinics, X-ray imaging, gym space and equipment, consultation rooms, outreach services and government access services
- ✓ Aboriginal people living off Country, including those who have been displaced due to previous Government policies such as Stolen Generation Survivors and their Descendants
- ✓ Collection and safe storage of forensic health evidence in line with NSW Health policy directives for Responding to Sexual Assault and Early Evidence Collection and appropriate physical spaces for sexual assault service provision.

- Embed sustainability elements in MPS infrastructure planning and RMR including net zero, energy efficiency, decarbonisation, renewable targets, electrification and disaster resilience and consider the impact of local harsh environmental conditions on facilities (e.g. hard water on pipes)
- Consider design elements which:
  - Create culturally appropriate environments like waiting rooms, outdoor spaces, gardens, yarning circles and welcome areas and appropriate use of ‘language’ as part of inclusive signage
  - Ensure a safe workplace for staff and safety and security for patients, families, carers and community members
  - Ensure spaces are inclusive, safe and calming especially for individuals with complex health conditions such as dementia or lived experiences of trauma (understand principles of trauma-informed design)
  - Incorporate natural light, green spaces, and biophilic elements to improve mood, reduce stress, and support recovery
- Create a home-like environment for the residents which feels comfortable and differentiates it from a clinical setting.

**Guidance documents to support planning for capital investment and infrastructure are located in [Appendix B](#).**

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## BEST PRACTICE SNAPSHOT: Staff accommodation at Balranald MPS

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Providing modern, sustainable, and secure accommodation helps to attract and retain key health staff, particularly in rural and remote communities. It is one of the most important considerations for staff working in regional health facilities such as Multi-Purpose Services (MPS).

Balranald MPS, in Far West Local Health District, now has four new units, delivered on site and completed in mid-2024 under the NSW Government's Key Worker Accommodation (KWA) program.

The fully furnished units each include a well-equipped kitchen, comfortable living area, bedroom, ensuite bathroom and laundry, as well as a double carport and grassed private open space. The first health workers were welcomed into the units in July 2024.

The Balranald MPS project was delivered by the local health district in partnership with Health Infrastructure.



Photo: Balranald MPS staff accommodation

## 1.4 Governance

Clinical and professional governance provides a foundation to improve safety, quality and effectiveness of health service delivery. Robust processes create an environment that is transparent and accountable for patient safety and quality-of-care outcomes.

Governance in MPS should consider:

- Developing strategic, operational, clinical and professional governance frameworks based on national standards, local health districts clinical governance frameworks and accreditation processes
- Appropriate ongoing consultation with clinicians and clinical groups when developing MPS governance frameworks
- Appropriate Quality and Safety governance committees, with oversight of appropriate Key Performance Indicators
- Compliance with Australian Government regulatory requirements under the Aged Care Act including, the Aged Care Quality Standards, the Code of Conduct for Aged Care, Serious Incident Response Scheme (SIRS) reporting, worker employment screening and compliance with Key Personnel/Responsible Persons and complaints management requirements
- Identifying clear processes and governance for MPS staff to seek advice and support on operational requirements of the Aged Care Act
- Utilising systems, reviews and processes to support clinical quality and patient safety (e.g. complaint and incident management systems)
- Providing documented processes, staff training and development to support patient safety and quality
- Establishing processes to ensure ongoing engagement with Aboriginal communities, particularly Elders in governance and shared decision-making mechanisms in line with the NSW Aboriginal Health Governance and Accountability and Shared Decision-Making Framework and NSW Health commitments under Closing the Gap
- Identifying and implementing appropriate feedback mechanisms for staff, patients, residents, community, Aboriginal community and Elders. This may include different forms of self-reported information, survey collections and other ongoing feedback pathways. Clear roles and responsibilities should be established on reporting and actioning feedback for service improvement

- Ensuring a robust data governance strategy is in place for the collection, use and management of this feedback
- Establishing a safety system where clinical and non-clinical services and teams are strategically integrated and enabled through governance approaches, partnerships, safety culture, safety resources, safety roles and responsibilities for staff and leaders
- Safety capability and capacity building embedded within service delivery.

**Guidance documents to support planning for Governance are located in [Appendix B](#).**





# Outcome 2

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Best practice is implemented in  
NSW Multi-Purpose Services

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## 2.1 Design and lifestyle

The design of an MPS can support the delivery of high quality, safe, respectful and dignified care for residents, patients, staff and the community.

- The entire MPS, including emergency, inpatient and residential aged care services should:
  - Prioritise creating warm and welcoming, accessible, and inclusive environments that promote dignity for residents, staff and visitors.
  - Support meaningful connection with family, friends and community
  - Be culturally safe, responsive and appropriate for both Aboriginal and other diverse communities
  - Integrate art, cultural design elements, and natural materials into the built environment to enhance well-being and create spaces that inspire healing and connection
  - Support individual safety and security
  - Support a trauma-informed care approach

Support care that recognises the specific needs and challenges faced by people based on their gender, including women and gender diverse people. The following points refer to the MPS residential aged care sections:

- Create a home-like environment which provides residents with:
  - Privacy, choices, preferences that promote resident participation in meaningful activities and daily experiences
  - Personalised spaces, with private ensuites and storage
  - Inviting, interactive spaces including areas that encourage physical and social activities
  - Access to kitchens to support resident food choices
  - Ability to see, access and spend time outdoors in contact with nature, including areas for gardening
  - Inviting outdoor areas including access to BBQs and yarnning circles
  - Communal spaces that fostering a sense of belonging and social interaction
  - Private spaces that foster a sense of home and personal reflection

- Create an environment for residents that is appropriately stimulating and sensory through:
  - Resident meal choices, resident participation in cooking, promoting cooking smells and appetite, meal presentation, meal variety, special occasion menus, displays menus and creating inviting dining spaces
  - Pets as therapy, or MPS pets such as cats, dogs, chickens, birds or fish
  - Including areas for arts, crafts and games
  - Incorporate local art and Aboriginal artwork in resident areas
  - Incorporate music therapy and music into the MPS
  - Supporting intergenerational connections through participation in programs such as Grandfriend or connections with local primary schools
- MPS should be accessible, supporting independence, diversity, complex care needs, have dementia friendly spaces, be accessible for those with limited mobility and support person and family-centred palliative care
- Incorporate sustainability elements and consider how spaces can be adapted for future needs.



### Inclusive Design

MPS should be accessible, supporting independence, diversity, complex care needs, have dementia friendly spaces, be accessible for those with limited mobility and support person and family-centred palliative care.

Guidance documents to support planning for design and lifestyle are located in [Appendix B](#).

## BEST PRACTICE SNAPSHOTS:

### Kyogle MPS provides a comfortable and home-like environment

The lounge and living area at Kyogle MPS creates a comfortable and home-like environment for aged care residents.

The residents' lounge not only encourages relaxation and recreation, it also supports activities of daily living, contributing to improved independence, dignity and choice for those living at the facility.

The building works were jointly funded by the Australian Government Department of Health, Disability and Ageing, NSW Health, and the Kyogle community also generously supported the project.



Photo: The shared living room for aged care residents at Kyogle MPS

The efforts of local charities, organisations, volunteers and individuals helped fund the fit out of the lounge area to ensure it is comfortable and homely.

Kyogle MPS is a healthcare hub for the Northern NSW town. As well as providing health, aged care services, and emergency services together in the one facility, it also has co-located services on site such as NSW Ambulance and a GP clinic which promotes service integration and continuity of care for patients.

### Healthy ageing at Culcairn MPS

Pumping iron and pushing pedals is all part of the fun of everyday life for residents of Culcairn Multi-Purpose Service (MPS). Residents have embarked on a journey of self-improvement, joining the local community gym and making exercise a part of their routine. This was made possible by the willingness and enthusiasm of the team at Culcairn MPS to facilitate the gym visits, and a partnership with the local gym.

The active ageing program has expanded with the gym staff also going to the MPS for exercise sessions. An area within the MPS has also been repurposed into a home gym for residents who wish to exercise more often. This new model has resulted in at least half of the residents doing regular, weight-bearing exercise.

The 'Fun and Fitness' program is funded under the MPS existing activities budget and has resulted in increased engagement in physical activity. Each of the residents focuses on their own individual health goals including strength, mobility or weight loss.

While MPS staff are noticing increased mobility and confidence, it is the improved mood that is most apparent. Considerable improvements have been noted in the emotional wellbeing of the residents involved in the program. Friendships are being strengthened and residents are engaging in more social activity since starting at the gym.



Photo: Aged care residents at Culcairn MPS using gym equipment as part of the "Fun and Fitness at the gym" program

## 2.2 Partnerships and co-located services

Partnerships and co-located services are an effective and efficient way to share resources and staff, as well as sharing information and expertise. Regional residents benefit through enhanced access to services, continuity of care, and establishment of a “health hub” or “community hub”.

Mutually beneficial partnerships and integrated services in an MPS can include the following:

- Partnerships with, or co-location of health services including:
  - GP clinics within MPS
  - Pharmacies, pharmacists and medication reviews
  - Public, private or NGO allied health services providing inpatient and/or outpatient physiotherapy, occupational therapy, speech pathology, dietetics and podiatry services
  - ACCHOs and Aboriginal Medical Services (AMS) may support Aboriginal people to access the MPS as well as providing continuity of care, opportunities to share staff and resources and play a pivotal role in discharge or care planning
  - NSW Ambulance to provide clinical escalation services and/or where operationally feasible support provision of primary or urgent care services at the MPS
  - Private providers e.g. Homecare package providers and NDIS providers
  - Community Health Services
  - Statewide service partnerships to support identified needs including Virtual Kids, Newborn Emergency Transport Services (NETs), NSW Ambulance, Aeromedical Services



### Culturally Responsive Care

ACCHOs and Aboriginal Medical Services (AMS) may support Aboriginal people to access the MPS as well as providing continuity of care, opportunities to share staff and resources and play a pivotal role in discharge or care planning.

- Innovative partnerships with existing local transport services or providers, local Councils, service clubs or charities can improve residents access to transport for health care appointments, hospital transfer and social activities
- Co-location of government services e.g. [Dorrigo Government Access Centre](#)
- Partnerships with private providers including other Residential Aged Care facilities can benefit community and promote viability of the private providers
- Partnerships with local health district staff to provide regular vaccination opportunities for residents.

**Guidance documents to support planning for Partnerships and co-located services are located in [Appendix B](#).**



## BEST PRACTICE SNAPSHOT: Trangie MPS co-location of GP and primary care services

For the small, rural town of Trangie, an hour west of Dubbo in the Orana region of western NSW, having a General Practitioner (GP) and primary care service co-located within the local MPS has many benefits for the community.

Western NSW Local Health District operates Trangie's integrated primary care and hospital services under a single-employer model. The GP service operates five days a week and also supports the MPS by providing medical coverage for emergency presentations, inpatients and aged-care residents.

This innovative model has increased and maintained community access to stable, sustainable GP services, while also improving continuity of care for local residents by creating a smoother transition between primary care and hospital settings.

Trangie's GP service bulk-bills patients under the Medicare Benefits Scheme for non-admitted, non-referred professional services, and patient-reported experiences of care have achieved higher ratings than elsewhere in the local health district.

Photo: The entrance to the Trangie MPS where co-location of GP and primary care services provide many benefits to the community



## 2.3 Resident, patient, family, carer and caregiver experience and community engagement

Respectful engagement and interactions with patients, residents, carers, families and communities will create enhanced patient and resident experiences and empower those involved. Community engagement and consultation can result in the community recognising their MPS as an important asset.

This section outlines how partnership with communities, patients, carers, families and staff can support the consistent creation of positive, personalised experiences in MPS. Consideration should be given to:

- Local and statewide resident, patient, family, carer and caregiver feedback pathways to hear about the safety, quality and experience of care
- Establishment of processes to action feedback received to address opportunities for improvement to elevate the safety, quality and experience of care
- How systems are set up to transparently describe the action and response to feedback received
- Recognition that care should be delivered in genuine partnership with residents, patients, their families and carers, caregivers, communities and local services
- Utilising [All of Us: a guide to engaging consumers, carers, and communities across NSW Health](#) to guide respectful and meaningful engagement with communities through local health committees and other forums, with opportunities to participate in planning and co-design
- Development of a consumer and carer engagement framework that supports a patient-centred approach to care and addresses the NSQHS Standard 2 (partnering with consumers) requirement
- Supporting health literacy and awareness of local MPS service availability through education, enablement and empowerment
- Encouraging access to free health improvement services such as NSW Health's Get Healthy Service evidence based [Healthy Ageing program](#)

- Health promotion, prevention and early intervention opportunities both in MPS and community
- Opportunities to undertake consumer-lead initiatives that cater to local need
- Engaging and obtaining input from diverse groups within the community
- Opportunities for community involvement in MPS at both an advisory panel and operational level
- Interaction with community groups such as schools, church visitors, musicians, craft groups, hospital auxiliaries and speciality group such as LGBTIQ+ community meet ups
- Accessible transport solutions for residents to participate in community activities and social outings e.g. to the football, local club or coffee shop
- Recognition that the MPS is more than a health/aged care facility for residents, it is a home for residents
- Creating a welcoming environment at MPS entrance with guidance on how and where to access staff.

**Guidance documents to support planning for resident, patient, family, carer and caregiver, and community engagement are located in [Appendix B](#).**



Photo: MPS resident playing their piano, part of the personalised experience at Dorriggo MPS

## BEST PRACTICE SNAPSHOT: Portland Tabulam Community Engagement

Putting people first was the key to a seamless transition of Portland Tabulam Health Centre into NSW's newest MPS in June 2024. Located in Central West NSW, Portland Tabulam MPS is a hub for health care for many people in the region. It's also home 22 aged care residents.

*"We wanted to be totally transparent with our community from the very beginning," says Nichole Simmons, Nurse Manager, Portland Tabulam MPS. "Portland Tabulam had operated as a high performing Health Centre and residential aged care facility since 2007. It was important our community, residents, their families, staff and health care partners, all understood what was changing, why and how it might affect them."*

Indeed, consultation and engagement began long before Nepean Blue Mountains Local Health District (NBMLHD) submitted its MPS application to the Commonwealth Government and continued throughout the transition. Updates via regular newsletters, emails, open forums and resident meetings kept people informed and kept open the lines of two-way communication.

*"Connecting our residents with advocacy groups for independent advice and information during the transition was also important and reflects the spirit of our long-established resident-led model of care."*

NBMLHD produced a handbook and welcome pack for residents to assist them on transition day.

Getting feedback from residents, community, staff and other stakeholders on the way to becoming an MPS helped NBMLHD capture and keep what made the Portland Tabulam service truly community focused.



Photo: Aerial photo of the Portland Tabulam MPS

Today, Portland Tabulam MPS houses a 22-bed aged care facility, a General Practitioner, provides sub-acute care, and delivers prevention and community outreach programs. The successful transition to an MPS has laid the foundation for Portland Tabulam to not only build on its celebrated services but ensure it will remain at the centre of the local community into the future.

## BEST PRACTICE SNAPSHOT: Dorrigo MPS embraces relationship-based and person-directed care through the Eden Alternative model

The heart of Dorrigo MPS is its aged care unit named 'Highview' by residents, which embraces the Eden Alternative® model and focuses on transforming the language and culture of care. This model is relationship-based and person-directed and the team at Dorrigo MPS encourages companionship, variety and spontaneity as part of residents' everyday living.

Dorrigo MPS was the first national, public-sector facility to gain registration as an Eden Home. This has led to the creation of a community at Highview where daily life revolves around the care of people, plants and pets.

Dorrigo MPS is the centre for healthcare in the community with inpatient beds, community and allied health services, a residential aged care facility and 24-hour emergency department. It is also home to a Government Access Centre which provides a range of services including Roads and Maritime Services, Centrelink, NSW TrainLink as well as Births, Deaths and Marriages.

Dorrigo MPS Nurse Manager Lynn Forsyth said working in an MPS is very professionally rewarding because you work across several models of care, often on the same shift.

It's a sentiment shared by Nursing Unit Manager Karen Shirley. *"From the adrenaline of ED right through to palliative care and aged care - you actually become a generalist specialist in providing that care at an MPS."*



Photo: Dorrigo MPS Nurse Manager Lynn Forsyth with Chikka the dog.

## 2.4 Safety and Quality

Safety and quality best practice ensures that systems are in place to provide the highest standards of safety and quality of care in MPS for patients, residents, staff and the community.

This involves:

- An established culture of high-quality care, quality improvement and safety through compliance with:
  - National Safety and Quality Health Service Standards, including Standards User guide for Aboriginal and Torres Strait Islander Health
  - Aged Care Quality Standards with accreditation against the MPS Aged Care Module
  - NDIS Practice Standards, and
  - Serious Incident Response Scheme and NSW Health incident management requirements
- Understanding and communicating the timing of registration, accreditation (audit) and compliance activities to make a newly established MPS operational and to support ongoing MPS operations
- Adherence to Work Health and Safety (WHS) standards to ensure environments that are safe from hazards including psychosocial hazards, to maximise safety for workforce and consumers.
- Work processes, aids and equipment to prevent and reduce risk, errors and harm and improve health and the human experience
- Embedding supported decision making, a rights-based approach, person centred, risk proportionate and continuous improvement into the aged care services under the new Aged Care Act 2024

- Understanding and incorporating dementia prevention strategies with MPS residents including reducing loneliness and isolation, improving physical activity and cognitive stimulation activities
- Identifying and implementing strategies to effectively support people who are at risk of or are experiencing/ have experienced elder abuse
- Formalising partnerships to support improved clarity in respect to referral and care pathways with statewide, virtual care and escalation pathway services
- Positioning health literacy as a key factor in ensuring safety and quality in the design and delivery of services
- Consideration of the needs of patients and residents who have specific vulnerabilities, including those who are veterans, autistic, downs syndrome, are gender diverse, or culturally and linguistically diverse
- Care and services with a focus on early intervention and prevention
- Strategies, processes and staffing in place to address care and response for residents with behavioural support, drug and alcohol, and mental health needs.

**Guidance documents to support planning for safety and quality are located in [Appendix B](#).**

## 2.5 Aboriginal Culturally Responsive Care

Culturally responsive care ensures a collaborative way of delivering services where residents, patients, staff, families, carers and communities can access culturally safe, responsive, equitable and respectful health and aged care.

Culturally responsive care in MPS includes:

- Embedding Aboriginal workforce within and across the MPS workforce roles and occupation types, including but not limited to Aboriginal Health Practitioners
  - Ensuring a proactive approach to build relationships and trust with local Aboriginal communities
  - Appreciation of Aboriginal family and kinship connections with consideration given to how key family members are engaged as part of care planning and service provision (i.e. flexibility around visiting arrangements)
  - Understand and respect diverse cultural backgrounds of Aboriginal patients and residents by gently exploring their values, beliefs, and practices, and ensuring these are considered during care
  - Consideration of alternate methods of service provision and time frames
  - Awareness of the impact of trauma, intergenerational trauma and racism on health outcomes and ensuring a trauma informed approach to care
  - Awareness of the impact of Government policies on the displacement of Aboriginal people from Country and an understanding of the complexities associated with ensuring all Aboriginal patients can have strong Cultural connections with their communities if located off Country
- Aboriginal signs, Acknowledgement of Country, wayfinding, artwork and posters displayed throughout the building to create a welcoming space
  - Acknowledgement and celebration of significant dates including NAIDOC and National Reconciliation Week and significant community engagement activities such as the Elders Olympics
  - Opportunities to provide respite on Country for Aboriginal residents
  - Acknowledge the importance of regular community and cultural engagement and facilitating continued community connections outside of the MPS
  - Provision of culturally appropriate brochures and other health literacy resources to support Aboriginal patients and their families and communities
  - Designated culturally appropriate spaces (i.e. yarning circles, designated spaces for large families, space for sorry business practices)
  - Staff have engaged in relevant cultural safety training including but not limited to “Respecting the Difference and “Asking the Question”
  - Consideration of Men’s and Women’s business in service planning
  - Collaboration with Aboriginal communities to co-design health services
  - Co-location or outreach of Aboriginal Health Services or services that provide specific cultural supports for Aboriginal patients, including collaborative models with ACCHOs.

**Guidance documents to support planning for Aboriginal Culturally Responsive Care are located in [Appendix B](#).**

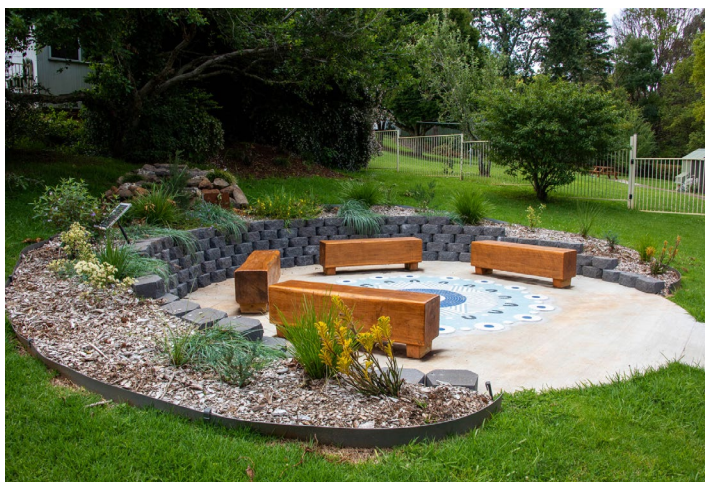


Photo: Dorrigo MPS yarning circle provides a culturally appropriate space for residents, patients, staff, families, carers and the community.

## BEST PRACTICE SNAPSHOTS:

### Yarning circle at Balranald MPS

Culturally responsive care is an important foundation of the care provided at a Multi-Purpose Service. It means being respectful of everyone's backgrounds, beliefs, values, customs, knowledge, lifestyle and social behaviours.



Photo: Balranald MPS's yarning circle (bottom right) providing a place for people to learn, share and pass on cultural knowledge through narrative.

### Creating a culturally responsive environment at Culcairn MPS

Culcairn MPS use Aboriginal language signage to provide a culturally welcoming environment for residents, visitors and staff.

**Residential  
Aged Care**  
*Winhagagigilanha*  
*care for each other*

**Acute**  
*Dhalanbul Ngadhurinya*  
*immediately care for*

Photo: Aboriginal language signage used at Culcairn MPS



# Enablers

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Enablers are factors that affect all considerations in planning and delivery of health and aged care in an MPS.

## 3.1 Workforce

Ensuring the most appropriate workforce for an MPS is recruited, retained, trained and supported will deliver safe, high-quality, person-centred health and aged care. This will help achieve the best outcomes and experiences for patients and residents, carers, family and staff in MPS.

This involves consideration of:

- Development of a multidisciplinary workforce supported with education, training and upskilling
- Facilitation of transdisciplinary practice, with advanced scope of practice for staff where appropriate and increase recognition of highly multi-skilled health staff
- Inclusion of Aboriginal Health Practitioners within the multi-disciplinary team, and how their combined cultural and clinical expertise can contribute to all aspects of the patient and resident journey

- Consideration of external services that can support service expansion such as visiting medical officers
- Partnerships with educational institutions to support career pathways that support local community members to enter the MPS workforce
- Other workforce innovative considerations such as:
  - Implementation of Nurse Practitioner (NP) models of care, particularly in facilities without 24/7 doctor coverage or that utilise virtual medical coverage
  - Development of pathways into MPS Rural Generalist nursing roles
  - Partnering with local GP clinics to support medical coverage in MPS, including casual, contract, agency or locum arrangements
  - Local health districts employing Rural Generalist Medical Officers/GPs to work across multiple MPS
  - Promote and support rural GP schemes, including RGSEP to support MPS medical workforce coverage and promote rural generalist positions
  - Sharing of workforce across local health districts, MPS sites, ACCHOs, AMS or private residential aged care facilities
  - Appropriate allied and community health staff, including allied health assistants, to address chronic disease management, reablement, rehabilitation in the community and inpatient needs
  - Partnering with NSW Ambulance and/or local health district based integrated multidisciplinary paramedicine clinician models of care, particularly in facilities without 24/7 doctor coverage or that use virtual medical coverage
  - Flexibility in the type of positions offered, for example part-time and full-time roles.



Photo: Kyogle MPS staff, Nicole Ellevsen and Rachael Keys



## Nurturing staff to reach their full potential

- Identifying partners, opportunities and supporting staff to access professional development, education and training, both face-to-face and virtual
- Establishing good peer networks for managers and clinical staff, including supervision and locum cover to ensure staff are supported
- Support access to clinical and professional supervision
- Supporting staff and, where relevant, volunteers to upskill in:
  - Emergency Care Assessment and Treatment program
  - Virtual healthcare and technology for healthcare delivery
  - Aged care standards, end of life care and meaningful lifestyle activities
  - Trauma-informed practice and crisis response
- Engage and support volunteers and consumer advisors to enable patients and residents connection to the community.

- Staffing to support quality and safety
  - Appropriate skill and professional mix based on patient and community needs
  - Appropriate skill mix required for care of residents with complex needs, mental health conditions and dementia
  - Ensuring clinical support service roles are established
  - Strengthen the Aboriginal workforce across clinical and non-clinical roles to support culturally and clinically safe care
  - Non-Aboriginal staff are enabled to engage in relevant cultural education which supports them to practice in a culturally safe manner
  - Consider the role of visiting services including allied health to support inpatient, residents and walk-in urgent care services
  - Peer networks, transdisciplinary practices and supervision that support staff to be able to take leave and undertake resident activities
  - Appropriate staff safety including provision of duress alarms and response processes
  - Adequate administration and corporate staff and Health and Security Assistants

**Guidance documents to support planning for Workforce are located in [Appendix B](#).**



## Staff attraction and retention strategies:

- ✓ Promoting workforce incentives for people that move to rural and remote areas to work in MPS
- ✓ Promote Rural Generalist roles for medical, nursing, paramedicine and allied health clinicians to support attraction and retention of staff capable of working in Emergency Department, acute and aged care settings
- ✓ Actively undertake local promotion of vacant positions when recruiting
- ✓ Establishment of flexible staffing models
- ✓ Utilisation of social media campaigns to promote working in MPS
- ✓ Provide an orientation to the MPS, the local community and where available, utilise [The Welcome Experience](#)
- ✓ Creation and maintenance of a positive and supportive culture that encourages feedback and continuous improvement, with peer networks to support staff
- ✓ Investigation of career development pathways, especially for existing local staff
- ✓ Identify opportunities to utilise the differing skills of the staff available to maintain job satisfaction
- ✓ Encouraging work experience for local school students or school-based traineeships
- ✓ Childcare and housing as key elements of attracting and retaining workers
- ✓ Partnerships with local Councils to enhance housing and childcare availability
- ✓ Access to food options for staff working afternoon and night shifts.

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## BEST PRACTICE SNAPSHOT: Bingara MPS Rural Generalist Nurse Practitioner

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Working at Bingara MPS, Sue Mack is thrilled to be able to combine her two passions, frontline clinical care and rural nursing –and she’s able to do it in the town she has called home for more than 20 years.

*“I’m surrounded by the most amazing and talented colleagues, and I just love working with them every single day.”*

As the state’s first Rural Generalist Nurse Practitioner, Sue is proud to be part of a skilled and supported regional workforce, providing care to patients and residents across all areas of the MPS.



Photo: Rural Generalist Nurse Practitioner Sue Mack

*“I love working in the emergency department, inpatient unit, residential aged care unit, and palliative care in both the MPS and community settings. It’s all about truly being a rural generalist, where you can work effectively across all of these areas and contribute to the multi-disciplinary team in a very special way.”*

Nurse practitioners have the expertise to treat people with highly complex and chronic health conditions – working alongside medical, nursing and allied health colleagues to improve patient outcomes.

*“Every day is different and every day is challenging –in a very positive way. It’s enormously rewarding work.”*

Seeing the difference her skills and knowledge are making on the ground continues to drive Sue.

*“While studying for my master’s I coordinated the introduction an aqua-fit program focusing on falls prevention that had wonderful results. It has become ‘business as usual’ for the MPS and continues to be a source of great pride for all of us to see such improved strength and balance of participants.”*

## 3.2 Digital infrastructure, technology and systems

Technology advancements provide opportunities for effective and sustainable models of care. Telehealth and virtual care play a vital role in supporting timely and equitable access, as well as continuity of care.

Understanding how digital infrastructure and systems and technology in MPS can drive best practice requires consideration of:

- Maximising use of virtual and technologically-enabled care including AI enhancements
- Investing in capacity, skills and knowledge of health workforce to build a digitally capable workforce
- The location of internet connectivity blackspots and potential solutions
- Implementing strategies to mitigate adverse weather events impact on digital infrastructure
- Using systems and technology to streamline data and information sharing and integration
- Supporting consumer involvement in virtual care service design and delivery
- The impacts of virtual care on staffing in an MPS, e.g. impacts on ED nursing ratios during bedside virtual consults
- Virtual care initiatives to support MPS service delivery including Healthcare Anywhere (Single Front Door), Virtual Rural Generalist Service (VRGS), HiTH Reform and Aged Care Outreach Services (ACOS)
- Virtual initiatives to support connection to families and communities
- Appropriate training of staff to use virtual care technology and systems required for reporting
- Space requirements for virtual and technology solutions, including maintenance and upgrading of digital and non-digital infrastructure.
- Data linkage to support measurement of outcomes and enable data driven decision making.

**Guidance documents to support planning for digital infrastructure, technology and systems are located in [Appendix B](#).**



## BEST PRACTICE SNAPSHOT: Virtual Rural Generalist Service in Bombala, Braidwood and Delegate MPS

Communities in Bombala, Braidwood and Delegate now have access to 24-hour virtual medical support, specialty-level advice, critical care expertise, transport, logistics and coordination support, thanks to the Virtual Rural Generalist Service (VRGS).

The VRGS model supports local medical and nursing staff to deliver safe and high-quality care to rural communities, keeping residents closer to home and on Country when it's safe to do so. VRGS doctors are experienced, Australian-trained clinicians who work both virtually and in-person to provide specialist medical coverage for hospitals and MPS when a local visiting medical officer is not available.

The VRGS service was developed and delivered in collaboration with Western NSW Local Health District, which implemented VRGS in 2020.

Patients and their carers can see, hear and interact directly with the VRGS doctor on screen, answering questions and discussing their condition – all with the support of on-site skilled nursing staff at the MPS.

Once a care plan is finalised, the patient will either be referred for specialist care at another facility, admitted as an inpatient for further care, or discharged with advice by the VRGS doctor and nursing team – just the same as when there is a doctor on-site.



Photo: MPS staff member using virtual technology to support specialist services

## 3.3 Financial Sustainability

Sustainable and appropriate funding is needed to ensure high quality health and aged care services can be delivered now and into the future.

This requires consideration of:

### Funding, revenue and incentives

- Maximising available revenue streams including, but not limited to, Australian Government, NSW Government, private health insurance, client contributions and National Health Reform Agreement revenue, with an aim that MPS revenue meets cost of delivering health and aged care
- Understanding current and future funding challenges in regional areas (including premium labour costs and asset maintenance)
- Advocacy with Commonwealth Department of Health, Disability and Ageing to develop a sustainable MPSP (Multi-Purpose Service Program) funding model
- Identify one-off funding opportunities including MPS allocation rounds and [Aged Care Capital Assistance Program](#) grants, noting the limitations one off funding opportunities places on service planning
- Whole-of-life funding for MPS assets, equipment and replacement and maintenance costs from State, Private Health Insurer and Commonwealth funding packages
- Maximising financial incentives under Section 19(2) exemption to assist in attracting and retaining an adequate GP/primary health care workforce
- Identify opportunities to streamline services across health and broader sector
- Collaborate with the Commonwealth on innovative policy solutions
- Balancing the funding mix between sources for the unique needs of each MPS.

### Expenses

- Expenditure related to the provision of high-quality healthcare and aged care services
- Expenditure related to the provision of high-quality food for patients
- Expenditure related to ensuring Information Technology infrastructure is maintained and upgraded
- Clinical costing data and other activity-based management insights to identify opportunities to promote financial sustainability, including new and innovative models of care
- Understand the cost of complying with the Aged Care Quality Standards including safety and quality, infection control and additional staff.

### Reporting

- Appropriate classification and reporting of healthcare and aged care services provided in an MPS setting (residential and home care), including virtual and innovative models of care
- Accurate reporting of activity (including de-identified client information) to Commonwealth Department of Health, Disability and Ageing and alignment with NSW activity data reporting systems
- Accurate reporting of expense and revenue to Commonwealth Department of Health, Disability and Ageing and alignment with NSW financial reporting systems and costing data collections
- Develop and implement market analysis and decision support tools to inform demand modelling and strategic investment decisions, such as increases in MPS places and/or additional MPS facilities.
- Develop financial risk mitigation strategies.

**Guidance documents to support planning for financial sustainability are located in [Appendix B](#).**

# MPS Strategy: Next steps

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## Implementation

The MPS Strategy outlines the overarching direction for NSW MPS. Actions to support the achievement of each outcome will be outlined in the MPS Strategy Implementation Plan (Implementation Plan). Where possible, actions will be tied to existing work undertaken for Future Health, the Regional Health Strategic Plan and Special Commission of Inquiry into Healthcare Funding recommendations.

The Implementation Plan will identify opportunities for statewide approaches and support to implement the MPS Strategy across 66 NSW MPS sites. This approach will reduce duplication and ensure strategic alignment of activity across the NSW Health system.

The Implementation Plan will be developed in collaboration with key stakeholders across the NSW Health system. Implementation will be overseen by existing governance groups for the MPS Strategy.

## Evaluation

The Evaluation of the MPS Strategy will focus on the outcomes and scalability of best practice initiatives and be linked to evaluation and targets in Future Health and the Regional Health Strategic Plan.

The approach aims to provide a practical evaluation method that will:

- measure the outcomes and promote the scalability of best practice examples
- measure the success of innovative partnerships, health service planning approaches, the success of rural workforce initiatives and optimal patient, carer, resident, employer and community experience in MPS
- align the benefits of the MPS Strategy across multiple NSW Health strategic plans

The governance structures established for the development of the Strategy will also oversee the evaluation.

# Appendix A: Strategy Development and Consultation

## Strategy development

The development of the MPS Strategy was led by the Regional Health Division (RHD) in consultation with key internal and external stakeholders. Governance groups were established to oversee the Strategy development: the MPS Strategy Working Group (Working Group) and the MPS Strategy and Reform Steering Committee. Membership of these groups is listed in **Table 1** and **Table 2**.

The Working Group supported the development of the MPS Strategy Framework and, with stakeholder input, established the draft framework, vision, purpose and key considerations of the MPS Strategy. Throughout 2024 feedback was sought from NSW Health subject matter experts, local health districts, NSW Health divisions and external stakeholders to further develop the key considerations of the draft MPS Strategy. In late 2024, the draft MPS Strategy was circulated to Ministry of Health branches and subject matter experts for review before community consultation.

The MPS Strategy and Reform Steering Committee oversaw the development of the Strategy at critical stages including the development of the draft MPS Strategy and community consultation activities.

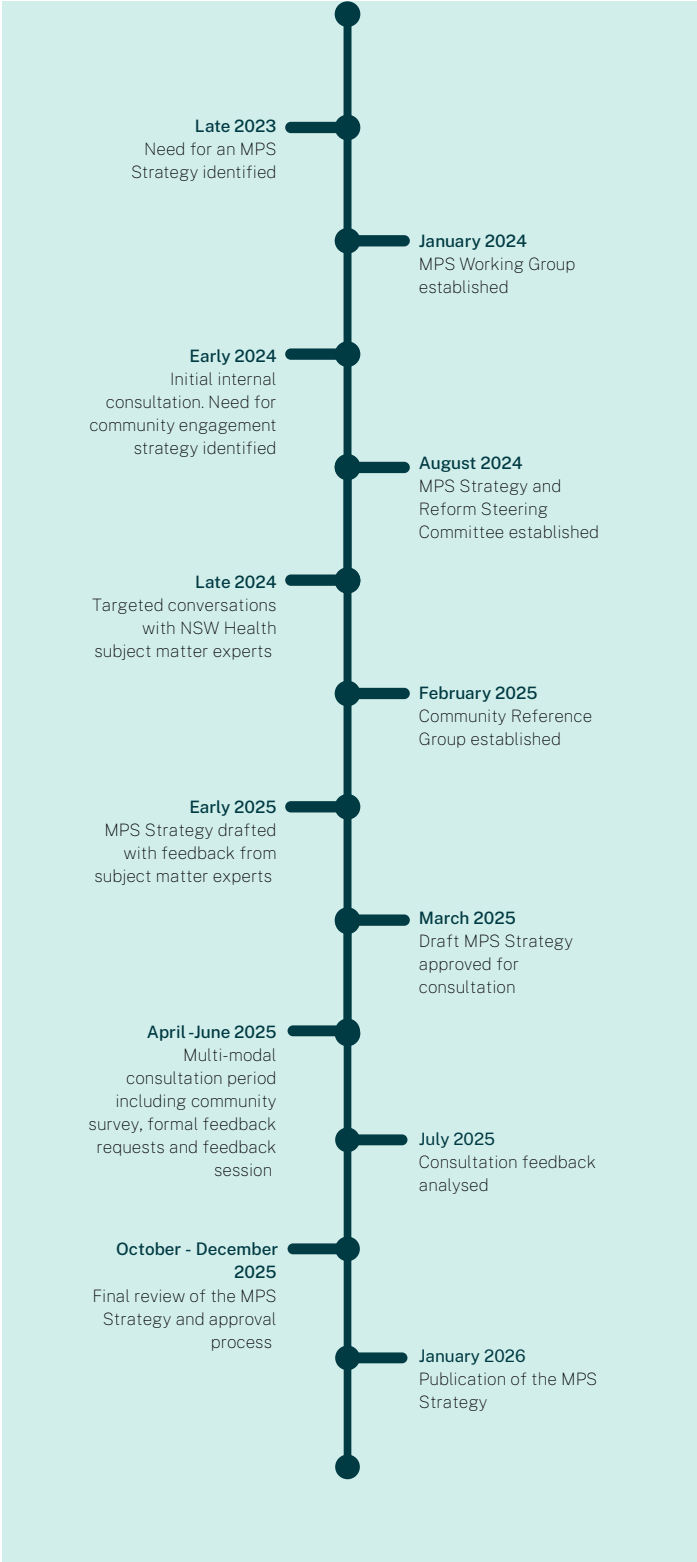


Figure 1: MPS Strategy development timeline

## Community engagement

A community consultation phase was undertaken between April and June 2025. The engagement strategy employed a multimodal approach and aligned to the 5 principles for engaging with regional rural and remote communities outlined in the [Regional Communities Consultation Guide](#).

The consultation phase included targeted sessions with external stakeholders and community organisations to gather feedback on the draft MPS Strategy. A list of all stakeholders consulted is provided in **Tables 4-5**.

A community survey, hosted on the NSW Health MPS webpage, was also developed and disseminated during this period. A communication pack including key messages and a link to the survey, was provided to regional local health districts. The pack supported the development of over 27 social media posts promoting the community survey across 8 regional local health districts.

A Community Reference Group (Reference Group) was established in February 2025 to provide community input into the development of the MPS Strategy and to support the community consultation activities. The Reference Group disseminated the draft MPS Strategy to their networks and promoted feedback and consultation. Membership of the Reference Group is included in **Table 3**.

Membership of the Community Reference Group was spread across NSW ensuring that engagement messaging was tailored to different regions within NSW. Community engagement activities undertaken by the Reference Group included:

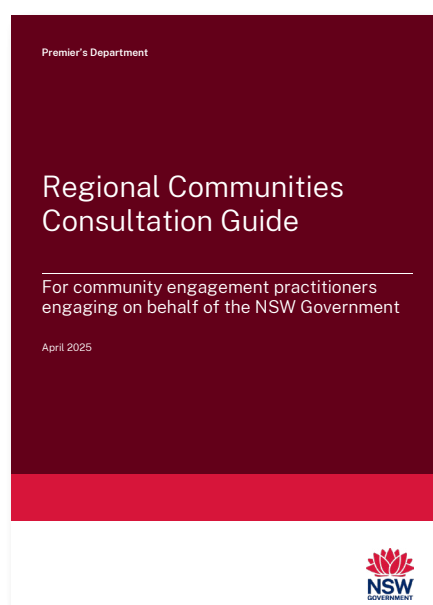
- Presenting on the MPS Strategy for local groups
- MPS Strategy posters on local noticeboards
- MPS Strategy content in electronic newsletters
- Sharing promotional materials with local service clubs and community groups
- Posting on survey link on Facebook and Instagram.

During the community consultation phase, the NSW Health Regional Health MPS webpage had 3,136 hits and the Community Survey had 139 responses. More than 560 comments were received from stakeholders across NSW Health (**Table 4**), external organisations (**Table 5**) and community members via free text sections provided in the Community Survey.

## Finalising the MPS Strategy

The community consultation phase resulted in significant external stakeholder feedback into the draft MPS Strategy. Feedback was analysed and collated from July to mid-August 2025.

A final Community Reference Group meeting was held in September to provide an overview of the responses received and to seek endorsement of the Final MPS Strategy. The MPS Strategy Working Group and the MPS Strategy and Reform Steering Committee endorsed the final version being progressed through formal approval processes. The Secretary, NSW Health approved the MPS Strategy for publication in January 2026.



**Table 1: Membership – MPS Strategy and Reform Steering Committee**

MPS Strategy and Reform Steering Committee		
Name	Position	Organisation
Susan Heyman (Chair)	Executive Director, Operations	Hunter New England LHD
David Quirk	General Manager, Rural and Regional Health Services	Hunter New England LHD
Kate Meredith	District Manager Allied Health/ Associate Director ICAHCS	Mid North Coast LHD
Kerry Lindeman	Tumut Cluster Manager	Murrumbidgee LHD
Brett Williams	General Manager, Blue Mountains/Springwood/Lithgow Hospitals and Portland Tabulam MPS	Nepean Blue Mountains LHD
Lynne Weir	Executive Director, Operations	Northern NSW LHD
Brian Bonham	General Manager, Inland Network	Southern NSW LHD
Jackie Ross	Director of Nursing, Bombala and Delegate MPS	Southern NSW LHD
Lindsay Penson	Manager, Planning and Redevelopment	Western NSW LHD
Josh Carey	Executive Director, Service Delivery	Western NSW LHD
Stefanie Williams	Director, Aged Care Unit	Health and Social Policy Branch
Kate Balen	Executive Officer, Operations	HealthShare NSW
Bronwyn Rumbel	A/Director, Financial Reporting	Financial Services
Francesca Grace	Manager, Stakeholder Engagement and Clinical Variation	Financial Services
Jacqueline Dominish	Director Health Professional Workforce	Workforce Planning and Talent Development
Michelle Maxwell	Director, Strategy, Governance and Delivery	Regional Health Division
Monique Hourn	Principal Policy Officer	Regional Health Division

**Table 2: Membership – MPS Strategy Working Group**

MPS Strategy Working Group		
Name	Position	Organisation
Maryanne Hawthorn (Chair)	Executive Director Strategic Reform, Planning and Partnerships Directorate	Western NSW LHD
Michele McKee	Nurse (Aged Care)	Far West LHD
Jane Cain	Nurse (Aged Care)	Far West LHD
Olivia Sice	Acting District Manager for Aged Care Services	Far West LHD
Anna-Maria Styles-Tape	Capital Works Management Team	Hunter New England LHD
Viki Brummell	Network Manager	Hunter New England LHD
Jacqueline Van Der Neut	Manager Service Planning	Murrumbidgee LHD
Tegan Reid	General Manager, Rural Operations	Murrumbidgee LHD
Nicole Simmons	NBM PORT General Wards	NBMLHD
Allese Tansley	Executive Officer/Director of Nursing, MPS Network	Northern NSW LHD
Patricia Hemler	Director of Nursing Braidwood MPS	Southern NSW LHD
Sharon McKay	Director Rural Health Services	Western NSW LHD
Renee Mendes	Health Services Manager	Western NSW LHD
Shellie Burgess	Rural Health Network Manager	Agency for Clinical Innovation
Francesca Grace	Manager, Stakeholder Engagement and Clinical Variation	Financial and Corporate Services
James Broughton	Principal Policy Officer, Aged Care	Health and Social Policy Branch
Alan Morrison	Associate Director Professional Engagement and Partnerships	NSW Ambulance
Matthew Huxtable	Senior Planning and Policy Officer	Service Capital and Planning Unit
Danijela Radovanovic	Principal Advisor	Workforce Planning and Talent Development
Justine Harris	Chief Medical Workforce Advisor	Workforce Planning and Talent Development Branch
Michelle Maxwell	Director, Strategy, Governance and Delivery	Regional Health Division
Monique Hourn	Principal Policy Officer	Regional Health Division

**Table 3: Membership – Community Reference Group**

Community Reference Group		
Name	Position	Organisation
Cheney Dewar	Co-Chair	Chair, Cootamundra Local Health Advisory Committee
Robert Banham	Co-Chair	Chair, Emmaville, Local Health Advisory Committee
Anne Hayman	Consumer Advocate	Portland Tabulam MPS
Bronwyn Clinch	Community Representative	Barraba, Local Health Advisory Committee
Darrell Tiemens	Mayor	Narrabri Shire
Desmond Rumble	Chair	Broken Hill Health Council
Dr Saba Nabi	Consumer advocate	ACI Consumer Network
Gabrielle Holmes	Local Solicitor and Consumer	Fiveways Legal Pty Ltd (Nyngan)
Gohar Yazadabadi	Chief Executive Officer	Council on the Ageing NSW
Helen Joyce	Consumer	East Kempsey
John Metcalf OAM	Mayor	Lachlan Shire
Judy Beilby	Consumer	East Kempsey
Lindsay Passfield	Community Member	Community Partnership Advisory Council
Luana Atger	Manager	Advocacy Practice and Compliance, Senior Rights Service
Lynn Pritchard	Chair	Two Rivers Health Council
Peter Dutton	Community Representative	Manilla, Local Health Advisory Committee
Robyn Oaks	Consumer	Rylstone
Terry Brown	Consumer	Macksville
Michelle Maxwell	Director Strategy, Governance and Delivery	Regional Health Division
Monique Hourn	Principal Policy Officer	Regional Health Division
Kerryn Lawrence	Senior Policy Officer	Regional Health Division

**Table 4: NSW Health Stakeholder Engagement List**

NSW Health Stakeholders
NSW Health Stakeholders
Activity Based Management Unit
Aged Care Unit
Agency for Clinical Innovation - Rural Health Network and Aged Care Network
Aboriginal Health Directors (Regional LHDs)
Bureau of Health Information
Capital Planning and Asset Management
Centre for Aboriginal Health
Centre for Population Health
Chief Allied Health Officer
Climate Net Zero Branch
Clinical Excellence Commission
Consumer, Carer and Community Advisory Council
Financial and Corporate Services
Government Relations Branch
Health Education and Training Institute
Health Infrastructure
Health and Social Policy Branch
Infrastructure and asset management and health infrastructure
Local Health Advisory Committees (Regional LHDs)
Local Health Districts (Regional)
Mental Health Branch
Multi-Purpose Service contacts (Regional LHDs)
NSW Ambulance
NSW HealthShare
NSW Pathology
Nursing and Midwifery Office

Office of the Chief Allied Health Officer

Patient Experience Branch

Patient Safety Unit

Regional Health Committee

Regional Health Workforce Working Group

Regional Public Health Unit Directors Subcommittee of Health Protection Leadership Team

Residential Aged Care Advisory Committee

System Performance and Reform Branch

System Performance and Support Branch

Workforce, Planning and Talent Development Branch

**Table 5: External Stakeholder Engagement List**

External Stakeholders
Aboriginal Community Controlled Health Organisations
Aboriginal Health and Medical Research Council
Ageing Australia
Aged Care Quality and Safety Commission
Australian Department of Health, Disability and Ageing
Australian Medical Association (NSW)
Australian Paramedics Association (NSW)
Australian Salaried Medical Officers Federation (NSW)
Central NSW Joint Organisation
Coolamon Shire Council
Council of the Ageing
Country Mayors' Association
Country Women's Association
Dementia Australia
Dementia Training Australia
Dubbo Neighbourhood Centre Inc
Healthy North Coast
Hay Shire Council
Interim First Nations Aged Care Commissioner
Inverell Shire Council
Joint Organisations of Councils
Ministerial Advisory Council on Ageing (NSW)
Narrabri Shire Council
NSW Department of Communities and Justice
NSW Nurses and Midwives Association
O'Connell Advisory
Orange City Council

Primary Health Networks

Rural Doctors Association NSW

Rural Doctors Network

Unions – Health Services Union, NSW Nurses and Midwives Association, Australian Paramedics Association (NSW), Australian Salaried Medical Officers Federation (NSW), Rural Doctors Association NSW, Australian Medical Association (NSW)

United Hospital Auxiliaries of NSW

Weddin Shire Council

# Appendix B: Guidance and Document Library

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## 1.1 Community Need, Demand and Availability:

[Australasian Health Infrastructure Alliance | AusHFG](#)

[Final report on the development of the draft National Aged Care Design Principles and Guidelines](#)

[Guide to Service Plans: Informing Local Health District/Specialty Health Network Capital Planning](#)

[Guide to the Role Delineation of Clinical Services](#)

[International Health Facility Guidelines](#)

[Strategic Planning Responsibilities – Role of Local Health Districts and Specialty Networks in Planning](#)

## 1.3 Capital and Infrastructure guidance documents:

[Australasian Health Facility Guidelines](#)

[Dementia-friendly environments](#)

[Design Guide for Health](#)

[Environmental Sustainability and Climate Resilience Healthcare Module](#)

[Health Infrastructure Sustainability Strategy](#)

[Living well in multipurpose services \(MPS\) resource guide](#)

[NSW Health 20-Year Infrastructure Strategy](#)

[NSW Health Asset Management Policy](#)

[NSW Health Draft Net Zero Roadmap](#)

[NSW Health Facility Planning Process](#)

[National Aged Care Design Principles and Guidelines](#)

[National Health and Climate Strategy](#)

## 1.4 Clinical and professional governance guidance documents:

[Aged Care Quality and Safety Commission Regulatory Strategy 2024-25](#)

[Clinical Governance - Clinical Excellence Commission](#)

[Clinical Governance in NSW](#)

[Code of Conduct for Aged Care](#)

[Corporate Governance and Accountability Compendium for NSW Health](#)

[Guide to the Role Delineation of Clinical Services](#)

[Governing for Reform in Aged Care: Placing older Australians at the centre of care flip guide](#)

[NDIS Act](#)

[NDIS Quality and Safeguards Commission](#)

[NSW Aboriginal Health Governance and Accountability and Shared Decision-Making Framework](#)

[Introductory guide to collecting self-reported information through surveys](#)

[National Model Clinical Governance Framework | Australian Commission on Safety and Quality in Health Care](#)

[Principles of Allied Health Governance](#)

[Provider Responsibilities Relating to Governance: Guidance for Approved Providers](#)

[Serious Incident Response Scheme-Guidelines for Residential Aged Care Providers](#)

[Serious Incident Response Scheme Home Services Provider Guidelines](#)

[The Strengthened Aged Care Quality Standards –Department of Health and Aged Care](#)  
[Toolkit Clinical governance framework guide](#)  
[Work Health and Safety: Better Practice Procedures](#)

## 2.1 Design and lifestyle guidance documents:

[Aged care module and User Guide for Multi-Purpose Services](#)  
[Ageing Well in NSW Seniors Strategy 2021-2031](#)  
[Animal Visits and Interventions in Public and Private Health Services in NSW](#)  
[Gender Equality Action Plan](#)  
[LGBTQIA+ Health Strategy 2022-2027](#)  
[Living well in multi-purpose services](#)  
[NSW Health Integrated Trauma-informed Care Framework: My Story, my health, my future](#)  
[NSW Health: Health and the Arts Framework 2024-2023](#)  
[NSW Youth Health Framework 2017-24](#)  
[National Aged Care Design Principles and Guidelines](#)  
[Protecting People and Property: Chapter 15 Designing out risk in the clinical environment](#)  
[The PEARS Model -care of older people | Calvary Health Care](#)  
[Vision Australia: A guide to living with vision loss\\_Accessible.pdf](#)

## 2.2 Partnerships guidance documents:

[ACI Co-design toolkit](#)  
[Communities And Health | The King’s Fund](#)  
[Communities Partnerships Framework](#)  
[How systems mapping helps drive successful partnerships | Trellis](#)  
[NSW Aboriginal Health Plan 2024-2034](#)  
[SNAICC Creating Change through Partnerships](#)  
[Regional Communities Consultation Guide](#)

## 2.3 Experience guidance documents:

[All of Us: A guide to engaging consumers, carers, and communities across NSW Health](#)  
[Australian Charter of Healthcare Rights | Australian Commission on Safety and Quality in Health Care](#)  
[Elevating the Human Experience –Our Guide to Action](#)  
[NSW Health Introductory guide to collecting self-reported information through surveys](#)  
[NSW Health Statewide Health Literacy Hub](#)  
[NSW Health Get Healthy Service –Healthy Ageing](#)  
[Partnering with Consumers Standard | Australian Commission on Safety and Quality in Health Care](#)  
[Shared Understanding Project consultation insight reports](#)

## 2.4 Safety and Quality guidance documents:

[A Clinicians BPSD Guide 2023](#)  
[Agency for Clinical Innovation–Better health for People Living with Dementia – Education and Training for Health Professionals](#)  
[Aged Care Quality Standards](#)  
[Agency for Clinical Innovation: Dementia and delirium care hospital volunteers](#)  
[Clinical Excellence Commission: Older Persons’ Patient Safety Program](#)  
[Dementia Training Australia](#)  
[Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission](#)  
[Integrating care for people with diabetes](#)  
[MPS Program Manual](#)  
[Multi-Purpose Services \(MPS\) Program | Australian Government Department of Health and Aged Care](#)

[Multi-Purpose Services Aged Care Module | Australian Commission on Safety and Quality in Health Care](#)  
[NDIS Practice Standards | NDIS Quality and Safeguards Commission](#)  
[NSQHS Aged care module and User Guide for Multi-Purpose Services](#)  
[National Palliative Care Standards for all Health Professionals and Aged Care Services](#)  
[National Safety and Quality Health Service Standards \(second edition\) | Australian Commission on Safety and Quality in Health Care](#)  
[New Aged Care Act | Australian Government Department of Health and Aged Care](#)  
[Protecting People and Property Manual, NSW Health](#)  
[Quality obligations for providers | Australian Government Department of Health and Aged Care](#)  
[Quarterly Financial Report | Australian Government Department of Health and Aged Care](#)  
[Serious Incident Response Scheme Home Services Provider Guidelines](#)  
[SafeWork NSW Codes of Professional Practice](#)  
[Serious Incident Response Scheme – Guidelines for residential aged care providers | Aged Care Quality and Safety Commission](#)  
[The Strengthened Aged Care Quality Standards – Department of Health and Aged Care](#)

## **2.5 Guidance documents for Aboriginal Culturally Responsive Care:**

[Aboriginal Health and Medical Research Council – Resource Centre](#)  
[Exploring Aboriginal aged care residents’ cultural and spiritual needs in South Australia | BMC Health Services Research | Full Text](#)  
[NSW Aboriginal Health Plan 2024-2034](#)  
[NSW Health Cultural Activities Policy](#)  
[NSW Health Communication Positively: A Guide to Appropriate Aboriginal Terminology](#)  
[National NAIDOC Week | NAIDOC](#)  
[National Reconciliation Week - Reconciliation Australia](#)  
[National Agreement on Closing the Gap](#)  
[Transforming Aged Care for Aboriginal and Torres Strait Islander People: Report](#)

## **3.1 Workforce guidance documents:**

[Aboriginal Allied Health Network \(AAHN\) | HETI](#)  
[Aboriginal Medical Workforce Pathway | HETI](#)  
[Aboriginal Workforce Composition](#)  
[Allied Health Assistant Framework](#)  
[NSW Government Stepping Up](#)  
[NSW Health Aboriginal Allied Health Cadetships | HETI](#)  
[NSW Health Rural Health Workforce Incentive Scheme](#)  
[NSW Rural Generalist Single Employer Pathway](#)  
[NSW Health Workforce Plan 2022-2032](#)  
[NSW Rural Allied Health Postgraduate Scholarships | HETI](#)  
[National Agreement on Closing the Gap | NSW Government](#)  
[Rural Nurse Practitioners - A framework for service and training in NSW Health](#)

## **3.2 Systems and technology guidance documents:**

[Embedding Virtual Care in Safety and Quality Frameworks](#)  
[NSW Virtual Care Strategy 2021-2026](#)  
[NSW Health healthdirect](#)

### 3.3 Financial sustainability guidance documents:

[About the new Aged Care Act | Australian Government Department of Health and Aged Care Aged Care Act 2024](#)

[Aged Care Capital Assistance Program | Australian Government Department of Health and Aged Care](#)

[COAG Section 19\(2\) Exemptions Initiative – Improving Access to Primary Care in Rural and Remote Areas | Australian Government Department of Health and Aged Care](#)

[Evidence base for additional investment in rural health in Australia | NRHA - National Rural Health Alliance](#)

[Federal Register of Legislation - Aged Care \(Subsidy, Fees and Payments\) Determination 2014](#)

[MPSP Policy Manual](#)

[National Health Reform Agreement \(NHRA\) 2020-25 Addendum](#)

[Patient Level Costing in Australia - Uses Challenges and Future Opportunities](#)

[The Australian National Aged Care Classification \(AN-ACC\) funding guide | Australian Government Department of Health and Aged Care](#)

# Appendix C:

## Glossary

Acronyms	
Acronym	Full Form
MPS	Multi-Purpose Services
LHD	Local Health District
GP	General Practitioner
NAIDOC	National Aboriginal and Islander Day of Celebration
ACCHO	Aboriginal Community Controlled Health Organisation
HITH	Hospital in the Home
NGO	Non-Government Organisation
AMS	Aboriginal Medical Services
NDIS	National Disability Insurance Scheme
CHSP	Commonwealth Home Support Program
TCP	Transition Care Program
TRC	Short-Term Restorative Care
HCP	Home Care Packages
POCT	Point of Care Testing
eMR	Electronic Medical Records
CIP	Capital Investment Plans
RMR	Repairs, Maintenance and Refurbishments
VRGS	Virtual Rural Generalist Service
AN-ACC	Australian National Aged Care Classification
NHRA	National Health Reform Agreement
RGSEP	Rural Generalist Senior Executive Program
AIN	Assistant in Nursing
WHS	Work Health and Safety
SIRS	Serious Incident Response Scheme
NSQHS	National Safety and Quality Health Service Standards
CEC	Clinical Excellence Commission
ACI	Agency for Clinical Innovation
HETI	Health Education and Training Institute
AAHN	Aboriginal Allied Health Network

The following table contains definitions of key terms used throughout this report

Glossary	
Term	Definition
Acute Care	Short-term treatment for severe injuries or episodes of illness, typically in a hospital setting.
Allied Health	Health professionals who are not doctors, dentists, or nurses, such as physiotherapists, dietitians, and occupational therapists.
Ambulatory Care	Medical services provided on an outpatient basis, without admission to a hospital.
Emergency Care	Immediate treatment for acute illness or injury requiring urgent attention.
Emergency Department (ED)	A hospital unit providing emergency medical services.
Primary Care	First point of contact in the healthcare system, typically involving general practitioners and basic health services.
Community Health	Services that support health and wellbeing in the community, often including preventative care and outreach.
Repairs, Maintenance and Renewals (RMR)	Activities related to maintaining and upgrading infrastructure and facilities.
Patient Retrieval Services	Transport services for patients needing transfer to higher-level care facilities.
Virtual Care	Healthcare delivered remotely using digital technologies such as telehealth.
Walk-in Services	Health services that do not require an appointment and are available on demand.
Inpatient / Outpatient	Inpatient refers to a patient admitted to a hospital; outpatient refers to a patient receiving care without being admitted.
Urgent Care	Immediate care for non-life-threatening conditions that require prompt attention.
Remote X-ray Services	Imaging services provided in remote areas, often by trained non-radiographer staff.
Locum	A temporary substitute for a healthcare professional, often used to fill short-term vacancies.
Modified Monash Model (MMM)	The Modified Monash Model (MMM) is how the Australian Government define whether a location is metropolitan, rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash (MM) categories MM 1 to MM 7. MM 1 is a major city and MM 7 is very remote.
Multidisciplinary Team	A group of healthcare professionals from different specialties working together to provide comprehensive care.
Transdisciplinary Practice	A collaborative approach where professionals share roles and responsibilities across disciplines.
Health Literacy	The ability of individuals to understand and use health information to make informed decisions.
Trauma-Informed Care	An approach to healthcare that recognises and responds to the impact of trauma on patients.

Culturally Responsive Care	Healthcare that respects and integrates the cultural values, beliefs, and practices of diverse populations.
Yarning Circle	A culturally significant space for Aboriginal people to share stories, build relationships, and engage in dialogue.
Cook-Fresh / Cook-Chill	Methods of food preparation in healthcare settings; cook-fresh involves preparing meals on-site, while cook-chill involves reheating pre-prepared meals.
Health Hub / Community Hub	A central location where multiple health and community services are co-located to improve access and integration.
Aged Care Quality Standards	National standards that ensure aged care services are safe, effective, and person-centred.
NDIS Practice Standards	Guidelines that ensure quality and safety in services provided to people with disabilities under the National Disability Insurance Scheme.
Serious Incident Response Scheme (SIRS)	A regulatory framework for reporting and managing serious incidents in aged care.
Supported Decision Making	A rights-based approach that enables individuals to make informed choices about their care.
Eden Alternative®	A model of care that promotes person-directed care and meaningful engagement in aged care settings.
Health Infrastructure	The physical and organisational structures needed for the delivery of healthcare services.
Asset Management Plan	A strategic plan for maintaining and upgrading healthcare facilities and equipment.
Virtual Rural Generalist Service (VRGS)	A telehealth model providing virtual medical support to rural communities.
Section 19(2) Exemption	A policy allowing Medicare billing in certain rural and remote health services to improve access to primary care.

