



**Health**  
 South Eastern Sydney  
 Local Health District


# Health system redesign for Isolated populations

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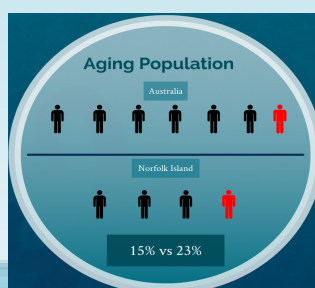
**Rural Health and  
Research Congress**  
 Connecting Communities  
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## Overview - Norfolk Island

- Geographical location - 1,600km north east of Sydney
- History – Munity of Bounty
- Population - 1750 residents, 600-800 tourists
- Demographics – aging population
- Government reforms – 2016
- Health system structure – MPS model, Commonwealth ownership, State support



Muller, R&S. (2015), *Norfolk Island Hospital Enterprise - Health Services Survey Report*, R&S Muller Enterprise Pty Ltd.  
 KPMG. (2015), *Norfolk Island Health Service Plan*, Department of Infrastructure and Regional Development

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## Norfolk Island Health and Residential Aged Care Service (NIHRACS)

- A holistic integrated Multi-Purpose Service (MPS) delivering safe, quality and person centred healthcare to our community.



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## Hub and Spoke model

### Multipurpose service

- GP Practice
- Antenatal Clinic
- Child Health Clinic
- Emergency Department
- Inpatient unit
- Residential Aged Care
- Dental clinic
- Pathology
- Medical Imaging
- Outpatient unit - Allied health

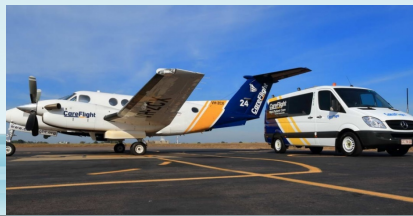
### Visiting metro service

- |                         |                           |
|-------------------------|---------------------------|
| • Psychiatrist          | • Endocrinologist         |
| • Geriatrician          | • Urologist               |
| • Nephrologist          | • Orthodontist            |
| • Respiratory Physician | • Audiologist             |
| • Orthopaedic Surgeon   | • Breast Screening Clinic |
| • Ophthalmologist       | • Paediatrician           |
| • Cardiologist          | • Sonographer             |
| • Speech Pathologist    | • Occupational Therapist  |
| • Podiatrist            |                           |

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## Why is this reform important to research?

- The significance of this research is timely and important to measure and understand appropriate models of care for an isolated population.
- This is unique research due to the current government reforms, population status and isolation challenges that the population faces.
- Currently new innovations and technology are becoming available and rapidly changing the way healthcare is provided.
- There is potential to understand appropriate enablers to deliver care in a unique, creative, person-centred environment.



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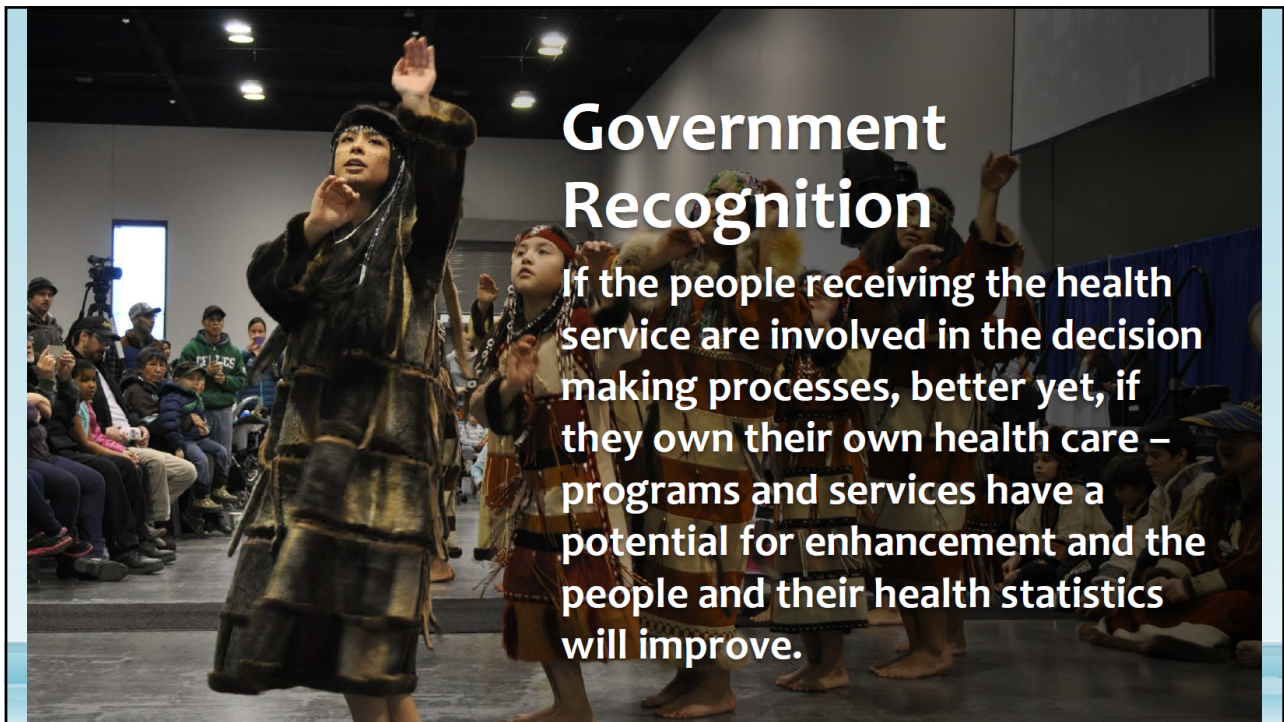
## SOUTHCENTRAL FOUNDATION NUKA SYSTEM OF CARE

- 18<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup>, 21<sup>st</sup> Century Alaska History timeline
- South Central Foundation services 65,000 people, 60 tribes, celebrate culture, connection
- Budget started \$3M now \$400M
- Evidence-based: <healthcare costs, 97% customer owned satisfaction, 95% employee satisfaction
- The people own the healthcare
- Customer-owners vs patients
- They asked the Community – What do you like? What would you like to change?
- People shared top 5 needs
- HR redesign – workforce development
- ICT strong
- Complimentary Medicine eg. Acupuncture



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## Why the Word OWNERSHIP?

- Customers chose self-determination.
- Supports the mission, vision and goals:
  - OWNERSHIP
  - RELATIONSHIPS
  - WELLNESS

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## Engaging the Community to Own and Design the Health System

- Healthcare organisations built around & tailored to the communities they serve are incredibly successful at addressing the needs of their customers-owners(patients).
- SCF listens to & incorporates the feedback of 65,000 customer-owners.
- Understand & know 'My Story' 'My Beliefs' – reflect on how you can relate to the story; how does the story reflect on your healthcare?
- What are some of the first steps you might take to engage the community?
- Utilise – Primary Care Needs Assessments, Customer Satisfaction Surveys, Employee interactions, Survey Monkey, Shared Responsibility, Elder Events, Radio, Media, Posters
- Quality Awards
- Elders program
- Measure Outcomes

### Listen to Community

- Governing board
- Advisory committees
- Elders Council
- Annual Gatherings
- 24- hour hotline
- Village Service Management Team
- Alaska Federation of Natives
- Alaska Native Health Board

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## Learnings from Norfolk Island and Alaska

- Community ownership (Customer driven, community controlled)
- Local leadership
- Utilising Nuka terminology in the development of a new design of a facility
- Invest in positive relationships across all Government organisations
- Creating the conditions; What social, geographical and cultural factors influence health status and delivery of care for the population of Norfolk Island?
  - *Social – community driven, volunteer led groups*
  - *Geographical – isolation, access challenges, staff attraction and retention*
  - *Cultural – language, community focus, tailored health care, connection with land*

Health is a longitudinal journey, across decade, social, community, family context



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## Thank you & questions!

Contact SESLHD Norfolk Island support team

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NIHRACS website

- <https://norfolkislandhealth.gov.nf>

