
Mornington Island Virtual Health Program

Initiative Type

Model of Care

Status

Deliver

Added

04 March 2022

Last updated

29 September 2023

URL

<http://staging.clinicalexcclence.qld.gov.au/improvement-exchange/mornington-island-virtual-health-program>

Summary

The Mornington Island Virtual Health Care Trial represents a very new model of care for the North West Hospital and Health Service (HHS) region, by providing community-based health care to Aboriginal and Torres Strait Islander people living with Type 2 Diabetes through the provision of remote patient monitoring systems. However the introduction of virtual health technology in the home

environment always presented significant challenges in a remote community such as Mornington Island, hence the critical importance of the partnership with our regional and local Aboriginal Community Controlled Health Services, Gidgee Healing and the Mornington Island Health Council.

Key dates

Jan 2021

Dec 2021

Implementation sites

Mornington Island, Gulf of Carpentaria

Key Contacts

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Aim

The Mornington Island Virtual Health Care Trial aimed to achieve the following outcomes for

- improved pandemic preparedness and increased protection from the risks currently presented by COVID-19
- earlier identification and management of at-risk conditions and more regular patient monitoring for those with Type 2 Diabetes
- improved access and engagement with the clinical health teams from remote community-based settings
- improved cultural safety of health services being delivered with greater access to home-based care (in addition to remaining on-country)
- improved continuity of care across the primary, secondary and tertiary health service system including communication, information sharing and consolidation of referral pathways between North West HHS, Gidgee Healing and other health partners
- improved health literacy as it relates to self-management of Type 2 Diabetes
- improved patient experience/satisfaction
- reduction in Potentially Preventable Hospitalisations (PPH) related to Type 2 Diabetes and other related complications
- improved cost efficiencies; improved Cost Benefit ratio; improved value for money.

Benefits

The data collected and analysed supports the achievement of the following short, medium and long-term outcomes:

- better access to primary health services
- improved access to community-based, in-home care
- improved social and emotional wellbeing of Aboriginal clients with Type 2 Diabetes
- real-time visibility of patient health status
- reduction in costs for the North West HHS
- reduction in exposure to COVID-19 for vulnerable Aboriginal clients living with chronic disease
- provision of virtual health care services that are culturally-informed and competent
- stronger partnerships and increased integration between mainstream and ACCHS service providers
- arrested/slowed disease progression leading to reduction in Potentially Preventable Hospitalisations (PPHs) and reduced medical evacuations
- improved empowerment among patient group resulted in improved self-management of their condition
- improved patient experience.

Background

Aboriginal and Torres Strait Islander people residing in the North West HHS region experience a higher level of illness, disease and exposure to health risk factors than most in Queensland, and are at a higher risk from morbidity and mortality during the current pandemic and for more rapid spread of disease, particularly within the discrete communities across the Lower Gulf of Carpentaria region. Pandemic preparedness across this region has therefore highlighted for North West HHS the importance of adopting more innovative and more effective strategies to addressing the prevalence and impact of complex chronic conditions, including Type 2 Diabetes, whilst simultaneously protecting our most vulnerable families from the risks currently presented by COVID-19.

Solutions Implemented

Develop culturally-appropriate risk reduction and pandemic strategies to protect the most vulnerable families residing across the North West HHS region.

Evaluation and Results

An external evaluation was undertaken by Larter Consulting. See attached the Program Logic that underpinned the Evaluation Framework. The Evaluation included four domains: Patient Experience; Clinical Outcomes; Costs and Health System Efficiencies; and Project Implementation in a Remote Aboriginal Community. The extensive scope of the Evaluation included:

- community and Stakeholder Consultation Framework
- qualitative surveying of First Nations participants undertaken by Indigenous researcher, including yarning, story-telling, sharing circles
- patient Reported Outcome Measures (PROMs) tools
- clinical measures and outcomes
- cost Benefit Analysis.