



Beyond Emergency Care: Innovations in Culturally Responsive After-Hours Care for Remote Aboriginal Population

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Maningrida is Kunibidji Country



We acknowledge the Traditional Custodians of the lands and pay our respects to Elders past, present and emerging.

Manayingkarírra

the place where the dreaming changed shape

Kunibidji country



3,330

RESIDENTS

13

LANGUAGES

32

OUTSTATIONS



Mala'la Health Service Aboriginal Corporation

- Established in 1998 as an Aboriginal Corporation

PRIMARY HEALTH SERVICE

- Transitioned to Aboriginal Community Control in February 2021
- 2021 – 49,600 episodes of care
2025 - 84,000 episodes of care

Our team



- 24 RANs
- 4 FTE GPs including telehealth
- 33 Aboriginal Community Workers
- Quality & Community Services team
- 8 Administrative staff
- 1 Pharmacist
- Allied Health Services



Health Clinic Portfolios

- Chronic Conditions
- Acute and Emergency
- Women's Health
- Men's Health
- Midwifery
- Visiting Services
- Mental Health
- Rheumatic Heart Disease
- Outstation Health
- Child Health
- Healthy Under 5s
- Pharmaceutical
- Tuberculosis (REACT)
- Orange Sky
- Cancer Coordinator
- Training & Development



Vision

To improve the health and wellbeing of our people in the Maningrida community and the surrounding outstations

Adapting services to meet specific community needs, focusing on culturally safe care

Access to After-hours Care Unmet Needs

Community

Budget

Staffing



Cultural Safety

- Power Dynamics
 - In the remote settings, the traditional after-hours model of care demonstrates unequal power dynamics
 - *“The Impact of one’s dominant culture on another is complex - and often goes unquestioned - but lies at the heart of cultural safety”*. (IAHA Policy Statement 2019)



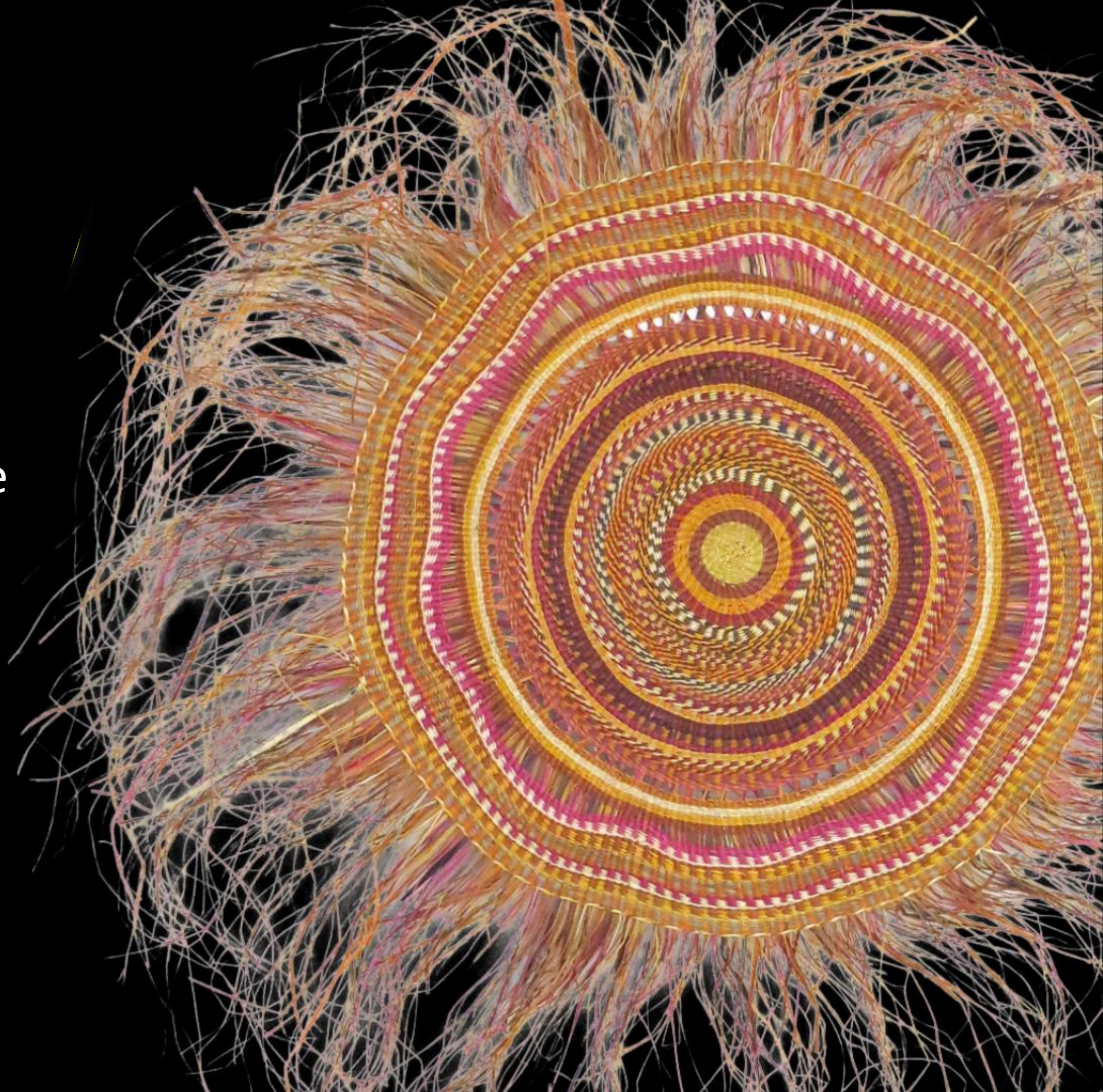
NT's largest Aboriginal community, Maningrida, takes control of local health service

Our Journey

- Recognition that the on call /after hours service did not meet the community needs

-
- 2023 chosen as PCPP pilot site

- Needs Identified:
 - Access for non-emergency presentations
 - Phone advice
 - Access to medications after hours
 - Early assessment and management to prevent clinical deterioration



Our Journey

Community Consultation

- Language & messaging about Emergency presentations is at odds with PHC model
- Language barriers - difficulty in explaining illness
- Complaints around access
- Emergency response & communication
 - *Nurses growl at us and don't understand we need help"*
- Service should meet the needs of a community that is very mobile in the evening and night.



Our Journey

Staff Consultation



- Recruitment & Retention
 - Not supportive of work-life balance
- Job satisfaction
 - Burnout
 - Client anger
- Unsupported in triage and attendance
- Feeling professionally unsafe

Our Journey

Design and planning

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Service Model	1 x RAN & Driver based in clinic 2nd RAN on-call 7 nights	2 x RAN based in clinic Driver on-call 7 nights	1 x RAN & Driver based in clinic 2nd RAN on-call 6 nights <i>Sat night covered by program staff.</i>	1 x RAN & Driver based in clinic 2nd RAN on-call 6 nights <i>Sat night covered by program staff.</i>	1 x RAN & Driver based in clinic 2nd RAN on-call 5 nights <i>Fri & Sat night covered by Program staff</i>
Recruitment	• 4 x RANs FTE • 2 x Drivers FTE	• 2x RANs FTE • 2 x Drivers FTE	• 2x RANs FTE • 2 x Drivers FTE	• 4 x RANs FTE • 2 x Drivers FTE	• 2 x RANs FTE • 2 x Drivers FTE
Employment Structure	FIFO Model 7 days on; 7 days off Driver hours based on clinic hours	FIFO Model 2 weeks on; 2 weeks off Existing model for on-call driver.	RESIDENTIAL Model 6 nights per week Driver hours based on clinic hours	FIFO Model 2 weeks on; 2 weeks off 6 nights per week Driver hours based on clinic hours <i>Sat night covered by Program Staff RANs</i>	FIFO or RESIDENTIAL Model 5 nights per week Driver hours based on clinic hours
Costings	Employ 4 RANs Employ 2 Drivers 4 Flights per week Shared accommodation	Employ 4 RANs Employ 2 Drivers 4 Flights per fortnight Shared accommodation	Employ 2 RANs Employ 2 Drivers FOILS allowance Accommodation	Employ 4 RANs Employ 2 Drivers 4 flights per fortnight Accommodation	Employ 2 RANs Employ 2 Drivers FOILS allowance or 4 flights per fortnight Accommodation
Internal Obligations	Program staff cover Sat & Sun day 8am-9pm Driver on-call	Program staff cover Sat & Sun day 8am-9pm Driver on call	Program Staff cover Sat 8am-Sun 9pm Sat night based in clinic Driver on-call	Program Staff cover Sat 8am-Sun 9pm Sat night based in clinic Driver on-call	Program Staff cover Fri 5pm to Sun 9pm Fri & Sat night based on clinic Driver on-call

- Presentation data
- Engagement with key stakeholders
- Community Consultation
- Clarifying roles and responsibilities
- Workforce model
 - FIFO v's residential
 - Recruitment

Model of Care



- **After hours shift 2100 - 0800 hrs**
 - Supplementing existing services to provide a 24 hour service
- **Objectives**
 - Non urgent care available after hours
 - Reduced need for short term transfer to RDH for care
 - Improved staff retention & recruitment
 - Fixed cost (wages)
- **After hours Staff**
 - 4 RANs (FIFO) 2 week rotation
 - 2 Drivers locally sourced
 - No admin support
 - GP = RDH after hours DMO

medicare

Urgent Care Clinic

24 hour access - Service Delivery Model



PHC Business Hours:

- 9:00am – 4:00pm Weekdays

Staff hours

Day (M-F)

- 8:00am – 5:00pm Weekdays - PH RANs

Evening (M-F)

- 12:30pm to 9.30 pm weekdays - 2 x RANs + Driver

Night shift – 7 days

- 9:00pm to 8:00 am - 1 x FIFO RAN + Driver ; + 2nd FIFO RAN on call.

Weekends / PH

- 7:45 am to 9:00 pm weekends – 1st and 2nd on call PH RAN.+ Driver and 1 x Driver in-clinic



KPI's

- Key KPIs
 - Increased capacity to deliver urgent care in a culturally safe model
 - Reduce retrievals for non-life threatening conditions
 - Increase capacity to deliver primary health care services
 - Improve patient (community) satisfaction

Outcomes

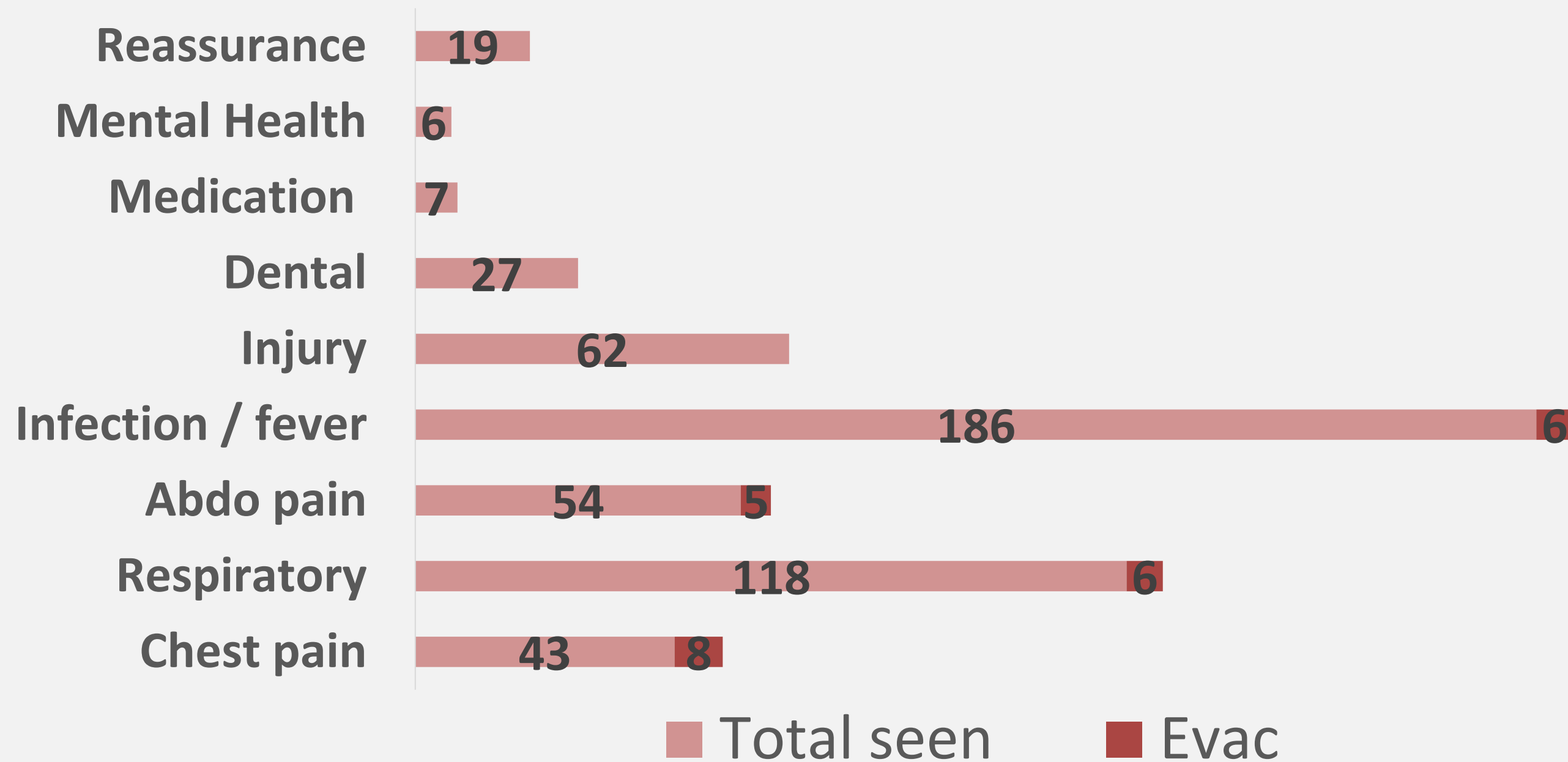


- **Successful delivery model**
 - Uninterrupted service for over 2 years
 - Safer clinical environment for clients and staff
 - Earlier assessment and management of acute illness preventing deterioration.
 - Reduction in medical evacuations for short term acute treatment and management
 - 71 evacs avoided (Feb 24- Feb 26)

Outcomes Data

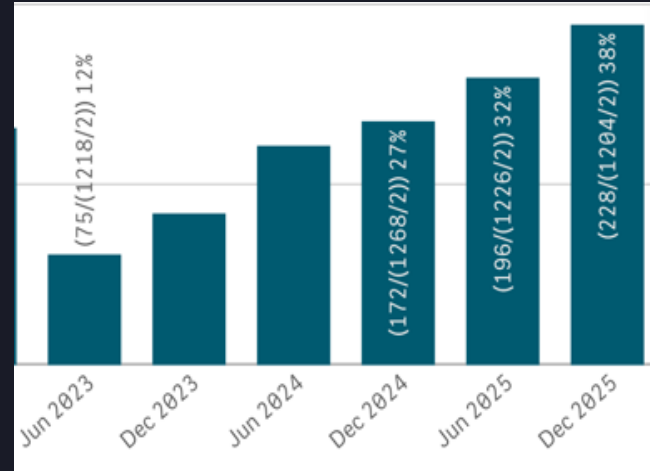
After-hours Reason for Presentation

3 month Snapshot (Jan - Mar 2025)

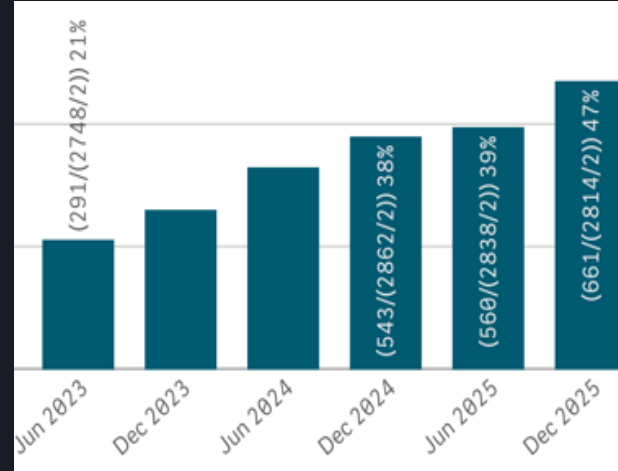


Outcomes: Improved Primary Health KPI's

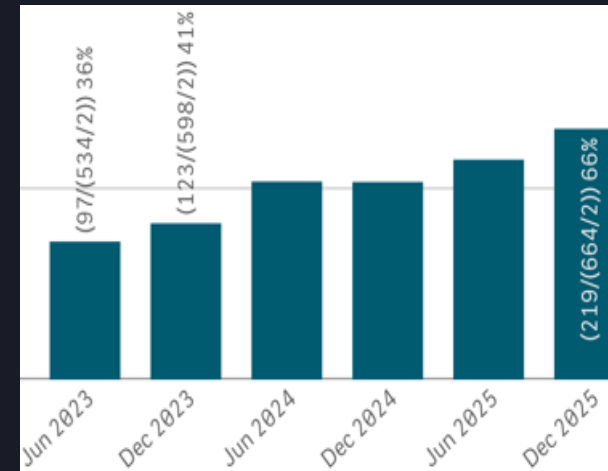
Health Assessments



15-24yrs

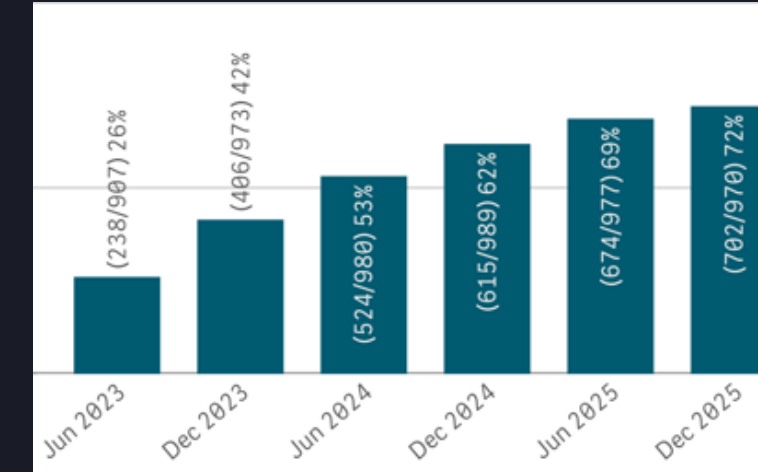


25-54yrs

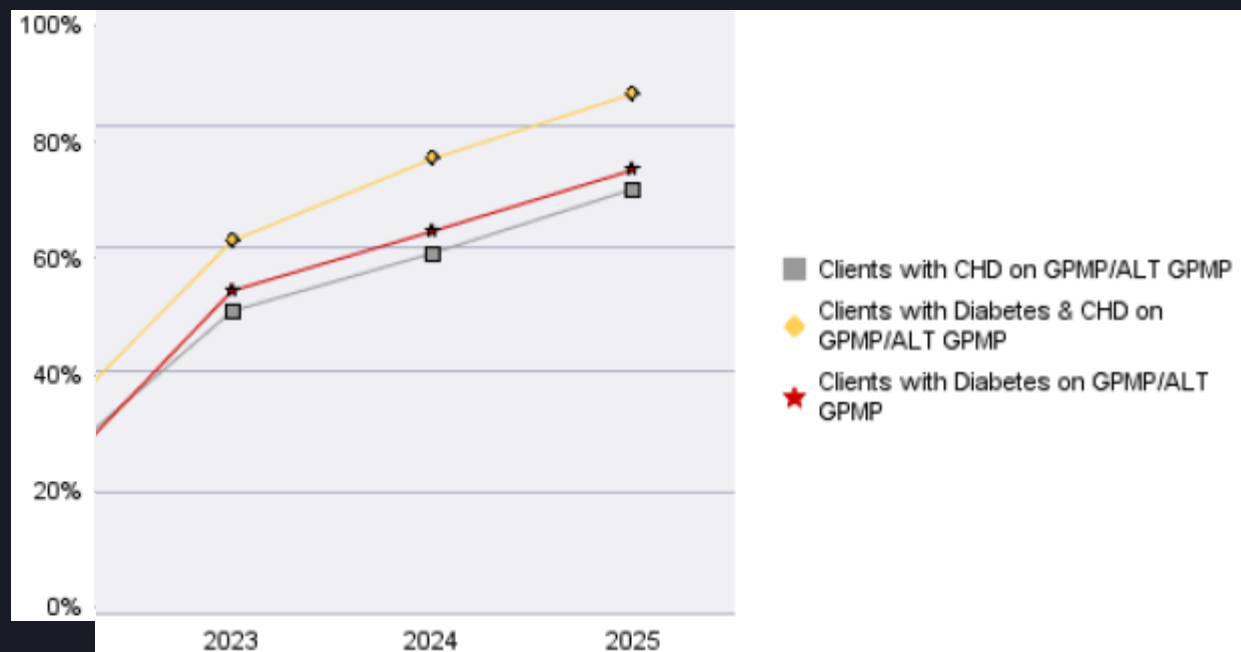


55+ yrs

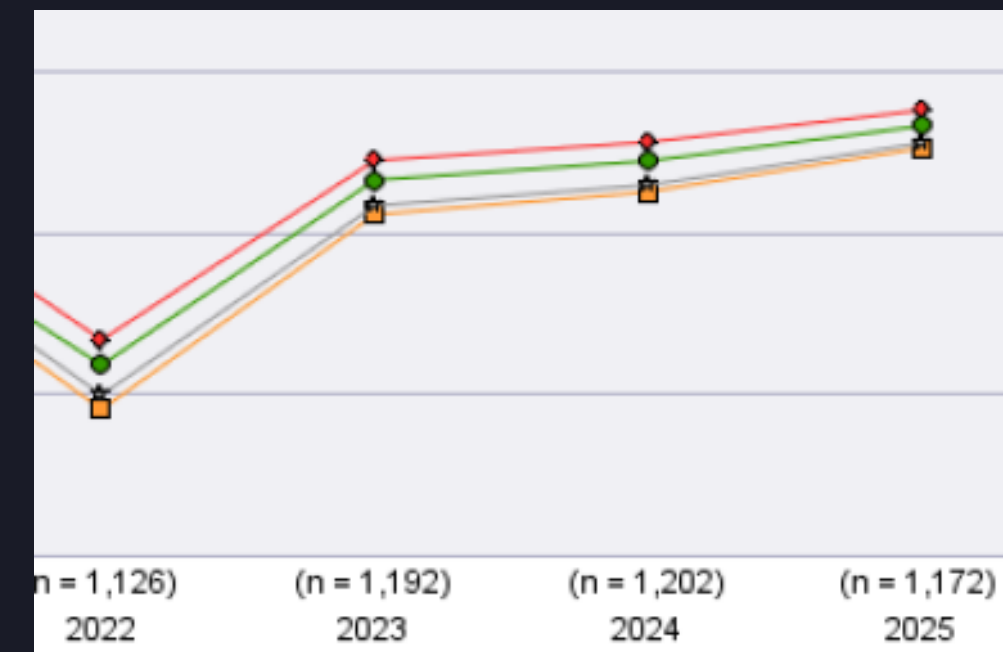
CVD assessment



Chronic disease management plans



STI testing



Outcomes



Urgent Care Clinic

Mala'la Health Service provides an after hours Urgent Care Clinic so patients in Maningrida can get medical assistance at any time, day or night.

- **Cultural Safety**

- The clinic now offers a service that responds to the way the community lives and works
- Improved community relationships
- The community is enabled and feels they can access after hours health care that suits their needs
- 1 complaint related to access since implementation

Outcomes

Community Feedback



“we now have access to our medicines after the clinic closes”

“Safe place to go”

“Its good knowing there is always a nurse at the clinic if someone is sick”

Outcomes

- Improved staff recruitment and retention
- Maintaining a focus on primary health care during business hours.
- Improved work life balance
- 80% of current staff are permanent or regular returning casual /locum
- Reduced orientation fatigue

Staff Feedback

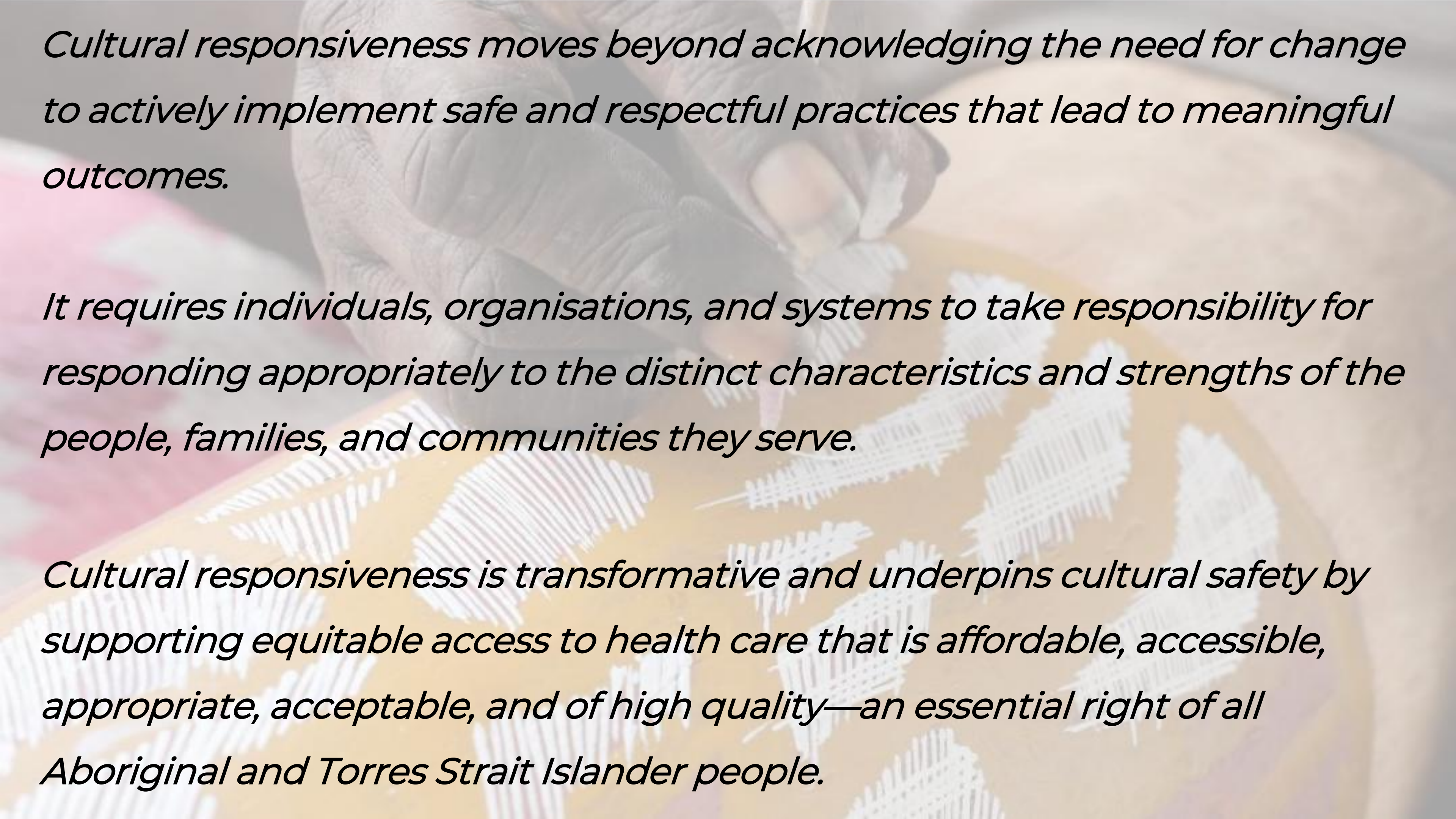




The future

- ✓ Lobbying for secured ongoing funding
- ✓ Providing a model for additional sites
- ✓ Commonwealth evaluation of model





Cultural responsiveness moves beyond acknowledging the need for change to actively implement safe and respectful practices that lead to meaningful outcomes.

It requires individuals, organisations, and systems to take responsibility for responding appropriately to the distinct characteristics and strengths of the people, families, and communities they serve.

Cultural responsiveness is transformative and underpins cultural safety by supporting equitable access to health care that is affordable, accessible, appropriate, acceptable, and of high quality—an essential right of all Aboriginal and Torres Strait Islander people.



Thank you
of
Questions