VILLAGE CONNECT
DESIGN. INVOLVE. GROW.
Our purpose

To act as the central connection point to facilitate true and authentic connection for our community, providing the opportunity to design innovation, involve our diverse area in every process, with the aim of nurturing and growing healthy connected communities.

Village Connect
The South West Hospital and Health Service (SWHHS) has four focus areas upon which we have built our strategic plan; our communities, our teams, our resources and our services.

To achieve these core priorities, the SWHHS will;
• Build and deliver highly reliable local networks of primary, community and secondary care
• Position people and local communities at the centre of health planning, design, delivery and improvement
• Engage with local Indigenous communities to implement strategies to close the gap on health outcomes
• Empower our people through a strong culture of continuous learning and improvement
• Implement and innovative responsive workforce models that optimise scope of practice
• Invest in technology that supports innovation and personalised care
• Co-design locally relevant and culturally safe solutions to join up service delivery through strong partnerships
• Adopt robust systems for planning, strategy and measuring performance (South West Hospital and Health Service Strategic Plan 2018-2022).

The very nature of what we do and who we are is complex. Providing services within the vast, rural and remote environment adds additional challenges and strains, but also provides unique opportunities, solutions and strengths. The SWHHS remains committed to providing the best service, best experience and best outcomes to our community.

Village Connect marks the start of a new and exciting journey for the SWHHS as we take the next step into collaborative, innovative care.
The SWHHS is committed to providing safe, reliable and effective services to our communities. Traditional health care systems have focused on cause and effecting; typically investigated error and taking a ‘find and fix’ approach (Braithwaite, Wears, Hollnagel, 2015). This approach to safety, known as safety I, is certainly important in identifying areas for improvement. However, despite persistence in this area, this traditional approach has seen limited measurable improvements for patient safety (Zipper, 2014).

The complexity of the healthcare environment means that errors are rarely linear; multiple factors contribute to any one error. In-fact when this linear thinking is applied, it is wrongly assumed that a linear solution will provide prevention for the future (Dekker & Pitzer, 2015). Furthermore, safety should not be viewed in isolation; it is easy to look at only our own weaknesses or errors rather than collaborate on issues and solutions. Fragmentation does little to resolve issues for the entire system.

Safety-II is an analysis of both what works well, and what does not. This is fundamental to a resilient health care system. Being able to identify what element(s) of performance are required to compensate to ensure safety, leads to improved learning (Johnson & Lane, 2013). We need to know about our success as much as we need to know about our failure. Reliable, safe healthcare systems can adjust their functioning prior to, during and/or following changes. This adjustment allows the service to sustain the required operations under both expected and unexpected circumstances (Hollnagel, Braithwaite & Wears, 2015).

The differences between safety I and safety II are both philosophical and practical; when we understand and utilise diversity and margin in our communities, our people and our practice, we enable engagement in quality, safe healthcare (Patterson, Deutsch, 2015). Adaptive and responsive healthcare services foster a marriage between the two concepts.

The SWHHS strives for excellence in the health care we provide and this starts with adjusting our focus to proactive healthcare. This focus highlights what is done well and how truly collaborating with our people (staff and community members) can improve experience and outcomes. Person-centred care supports the building of knowledge, skills and confidence in clients and is associated with better health outcomes and self-efficacy (The Health foundation, 2014). While these elements of person centred care are important, we choose to collaborate with our people because it is crucial to the delivery of dignity, compassion and respect. Person-centred care is the right thing to do and as a health service, we strive to live this.
With the above in mind, the South West HHS has embarked on the journey of innovation and excellence through a specified ‘hub’ designed to build the capacity or the SWHHS, push boundaries and to revolutionise the way care is delivered.

The Village Connect considers all elements within the South West area; not only those within the health service. This concept sees the region as one system using collective strengths to improve not only health outcomes, but also the sense of community connectedness.

The purpose of Village Connect is to nurture a collaborative culture of innovative ideas. This will leverage cross boundary groups/teams and span through our functions, communities, professions and generations. With these key concepts identified, an innovative framework has been developed to fluidly transition these elements to our Village Connect; and so our journey with Permaculture began.

Our purpose is clear; To act as the central connection point to facilitate true and authentic connection for our community, providing the opportunity to design innovation, involve our diverse area in every process, with the aim of nurturing and growing healthy connected communities.

VILLAG E CONNECT

It is easy to see how the principles of Permaculture apply to the Village Connect. ‘Permaculture’ is a term coined by Bill Mollison and is designed around the idea of Permanent Culture; the conscious design and maintenance of the eco-system with focus on stability, resilience and diversity (Mollison, 2012). From the author; ‘Permaculture design is a system of assembling conceptual, material and strategic components in a pattern which functions to benefit life in all its forms... working with rather than against nature with thoughtful observation... of looking at systems in all their functions’ (Mollison, 2012). This concepts transition beautifully to the roots of Village Connect.

The application of the permaculture principles is not only a focus on sustainability, but also a focus on regeneration (Rhodes, 2015). The alignment of permaculture principles within the business context has seen marked success. Studies have found firm evidence that permaculture philosophy is highly compatible with strategic management processes and includes the social aspect for developing integrated, sustainable strategies (Akhart, 2015). In fact, permaculture is designed to connect ‘people with people’ with studies suggesting that the raw principles of permaculture contribute to more sustainable and resilient communities, through community development processes such as relationship building genuine participation and inclusiveness (King, 2008). The South West HHS aims to emulate this.

At the time of writing, it is believed that the South West Hospital and Health Service is the first Australian health service to use the principles of permaculture to drive our person-centred care strategy and indeed our strategic vision. The SWHHS has applied the permaculture framework to the Village Connect to develop three (3) key ethics, and 12 guiding principles.
The three ethics of permaculture are Earth Care, People Care and Fair Share. The permaculture principles are thoughtful, purposeful and co-operative.

Transitioning this to the healthcare setting, the three ethics for the Village Connect are:

1. Care of people
2. Care of the village
3. Returning the surplus

1. Care of People
People are at the centre of everything that we do. The Village aims to grow self-efficacy and activation by focusing on strengths within the eco-system. Care of people recognises people as individuals and not only as healthcare consumers or the healthcare workforce. Our people are our most valuable resource. Given the right circumstances and opportunities, everything ‘gardens’. Person centred care supports knowledge, skill and confidence in our clients. Person centred care is tailored care and is crucial to the delivery of dignity compassion and respect (The Health Foundation, 2014). Care of the people aligns with our strategic vision, our values and our person-centred care strategy.

2. Care of the Village
Care of the village encompasses many elements. This ethic filters across care of the living environment and respects the intrinsic value of all life forms within it. The concepts also consider the sub groups and entities within the village that directly or indirectly contribute to the eco-systems. This ethic places the concept of the whole system at the forefront of the mind. Healthcare is but one small segment of a larger system and looking broadly provides opportunity for yield. To provide truly integrated care, genuine partnerships within the community must be formed. Building the sense of village ‘activates’ clients and allows for the collective health and wellbeing of the community.

3. Returning the surplus
‘The yield of a systems is theoretically unlimited’ (Mollison, 2012). This ethic applies the concept of taking only what is needed, recognising the limits and how much we can take. This is equitable and sustainable services. This ethic considers the ‘produce’ or fruits of our labour and returns it to the eco-sphere, whether this be the community, the people, or within the microsystem of the health facility. Some examples of the produce may include;
- Increased engagement
- Connectivity
- Improved health and wellbeing
- Good birth, good life, good death
- Improvements in access
- Cross fertilisation of skills
- Involvement
- Innovation Information Technology solutions

Return of surplus considers the viability, sustainability and best use of our collective resources and service.
People are at the centre of everything that we do. The Village aims to grow self-efficacy and activation by focusing on strengths within the eco-system.
The 12 Principles of Village Connect

**Principle One**
> Observe and Interact

In David Holmgren’s words, ‘good design depends on free and harmonious relationships, with careful observation and thoughtful interaction providing design inspiration, repertoire and patterns.’ This is a conscious and continuously evolving system. By nature, our systems are complex and the design of the systems will involve multiple elements linking with one another. The systems must be dynamic and adjust overtime. Principle one is the understanding of our systems and element and how they all interact, how people interact with each other and how decisions are made.

Taking stock of the eco-system we are a part of provides clarity and understanding of our village and how it all fits together. This will include our land, our environment, our communities, outside providers, services, health services, our people and our healthcare teams. Through this process we identify and celebrate the diversity within our village and we start to understand that the ‘the problem is the solution.’ Furthermore, principle one allows for the alignment of our strategic agenda as a health service with the priorities of our communities and our people.

**Principle Two**
> Catch and Store energy

This principle can be applied across many aspects of the village, from eco sustainability to personal energy, vigor and commitment. Harnessing and channeling this energy is important to achieving any outcome and to the longevity of the Village. Applying the principles of natural systems, Birch states that ‘nothing in nature grows forever; there is a constant cycle of decay and rebirth.’ Catching and harnessing energy is imperative to the life cycle of project design and to growing innovation in healthcare.

In conjunction with this, catching and storing energy gives rise to the opportunity to recognise and reward people.

An example of principle two in practice is its use within the SWHHS’s Innovation agenda. The collective catching and storing of ideas and thoughts promotes a sense of continuous improvement and places quality and safety at the forefront of our minds. The SWHHS will drive principle two through innovation collaboratives, regular innovative think tanks and a central database of ideas for others to leverage off or use to collectively form ideas.

**Principle Three**
> Obtain a Yield

Next, the energy above is consciously transferred to provide a yield, a product or a service. Above, we discussed our produce and our fruits. This is the ‘pay-off’ to this energy. What affects and benefits will our energy produce? Obtaining a yield provides value and is a tangible result to any project or intervention. Produce may come in many different forms, including nourishment, purpose and reward. Produce can also take unexpected and new forms as concepts develop and spread through the village.

When relating this to healthcare, this may take the form of new models of care, service delivery methods, programs or supports available to community members or staff. Principle three understands that we must move with purpose and toward a goal for the community.
Principle Four
> Self regulate and accept feedback

Self-regulation is an important skill that can be applied to the higher village system and right through to the communities and people. Self-regulation may come down to boundaries, avoiding waste and frequent communication. Feedback is essential to the vitality of the village and indeed to everything that we do. Feedback can come in many forms including client and family feedback, workforce feedback, data, feedback on the effects of our actions or in the outcomes of our actions. Collectively, this principle may take the form of dynamic change and rapid adjustment to new or emerging information. Being able to regulate and adapt ensures that the Village Connect remains resilient and welcoming of change.

Principle four in action will encompass leader rounding, patient shadowing and patient experience trackers; initiatives from within our Compassionate Care Bundle, though of course is scaled throughout multiple sectors of the village. This shift is designed to open collaboration between teams and people.

Principle Five
> Use and value renewable resources and services

Innovation is not simply new ideas; it can be recycling and adaptation of older processes or initiatives. Renewing and applying careful consideration of current resources and their impact supports sustainability within the village. In turn, this provides sustainability in workforce and practice. Valuing the resources and yield we have placed a focus on quality, not quantity. This slows the process, and applies deliberate and thoughtful methodologies.

This in turn ensures that all that we do has a central connection to our mission and vision and that we are working together to achieve it. Much the same as our core ethics; sustainability and viability is essential for the rural health service.

Principle Six
> Reduce waste

In healthcare sectors, there will naturally be waste. While we can apply some principles to reduce waste, it is also prudent to consider ‘waste’ in different terms. Waste can take the form of wasted time and energy (noting our efforts to store this in principle two). Design principles coming from the Village Connect will directly consider waste or potential for waste reduction. An example of waste reduction currently available in the SWHHS is telehealth appointments and services.

Furthermore, the conscious collection of ideas we discussed in principle two allows our people to collaborate with one another, facilitating new ways of delivering care, thus reducing the wasting of ideas.

Principle Seven
> Design from patterns to details

Patterns occur within the environment either naturally or by design, and can be used to advantage. Farmers and agriculturalists may harness and leverage off sun, wind and rain, and this too can occur within the village to provide sustainability, for example food security through communal gardens.

Within the healthcare zone, patterns and design can also be used to advantage. Infrastructural design can be thoughtful and connected to other areas of the community and other initiatives. Mapping of the health environment and linking back to our designs in principle one, provides the opportunity for design to be future proof and holistic. One design may service multiple purposes. Patterns can also be found in human behaviour. We can leverage off this and provide best practice for work and communities.
The 12 Principles of Village Connect

**Principle Eight**
> **Integrate rather than segregate**

In much the same direction as principle seven, this principle attempts to design with synergy. Working together with systems, environments, communities and people provides a strength based system, able to adapt and respond to change. The Village connect takes a deliberate shift toward genuine inclusion in everything that we do. This principle deepens our mantra of Design, Involve, Grow; integration is fundamental to success.

Village Connect will achieve this through collective goal setting, making unlikely partnerships and using the synergy between these partnerships to our advantage.

**Principle Nine**
> **use small and slow solutions**

As touched on above, the process is consciously slow and detailed, allowing time to design, involve and grow. Permaculture principles discuss making the ‘least change for the greatest possible effect.’ Scaling back, taking stock and thoughtful consideration will ensure that small changes are embedded and deeply effective. Slowing the urgency down also allows for genuine feedback and factors time for change.

We anticipate a nature ‘scaling’ of the village connect; while ideas may happen organically and evolve as we strengthen our bonds, we will also provide tools and tactics for staff and our communities to get connected, share ideas and harbour community engagement.

**Principle Ten**
> **Use and value diversity**

The SWHHS is home to a vast array or people, cultures, environments and demographics. This contributes to the supportive collective that make up our village. Diversity represents resilience. Valuing diversity is being open-minded and understanding that where one initiative does not provide a solution, another may.

The diversity of our region places us in a position of great honour. The village Connect strives to form genuine partnerships and place our people at the centre and front of their healthcare.

**Principle Eleven**
> **Use edges and value the marginal**

Flowing on from celebrating our diversity, valuing the margin is an approach to theories, concepts and people meeting in the middle. In permaculture, the margin, where the forest meets the meadow, is often most fertile. The same can be said for Village Connect. We anticipate that our edges and margins will be the most robust to grow in. Edges can be the merging of different ideas of theories, the merging of partners and people, or the joining of communities and facilities. Again, this builds strength though collective partnership and is the free exchange of ideas in a safe space.

Within the SWHHS, this will occur through the ‘bottom-up/top-down’ approach and the union of safety I and safety II concepts. Partnerships are possible in unforeseen or previously unexplored areas and the village aims to uncover this.

**Principle Twelve**
> **Creatively use and respond to change**

Village Connect is a creative, forward thinking hub and by applying the above principles, will be a dynamic and rapidly changing force. As challenges arise, they can be used to our advantage. This rapidly adapting model is a form of deep seeded resilience and is driven through the collective principles working together. This, in turn, supports embracing failure, embracing change and having a solution focus.

Village Connect is a new and innovative solution for the South West Hospital and Health Service. Our teams are dedicated to making a difference to the lives of our people and our communities and are committed to exploring new ways of providing care. Village connect may be in its infancy, however the alignment to our values, vision and goals is clear. We welcome one and all to our village, and celebrate our ability to work together on this unbeaten track. Through Village Connect the SWHHS will work with our people and our communities to build stability, resilience and highly reliable, safe care.

**Village Connect**


Won’t you join us?
South West Hospital and Health Service Strategic Plan

South West Hospital and Health Service Operational Plan

- Consumer Engagement Strategy
- People Strategy
- Clinician Engagement Strategy
- Healthy Communities Partnerships
- Safety & Quality Strategy
- Interagency Forums

VILLAGE CONNECT
References


Johnson, A. Lane. P (2013). Resilient Health Care: A Proposed Townsville Hospital and Health Service Patient Safety Model


South West Hospital and Health Service Strategic Plan 2018-2022
