

# Lighthouse Hospital Project

**Client:** Australian Government – Department of Health

**Project sponsors:** Australian Healthcare and Hospitals Association and the Heart Foundation

**Services:** Implementation of a quality improvement (QI) approach to develop and promote culturally safe hospital care for Aboriginal and Torres Strait Islander peoples with acute coronary syndrome.

## Context

The Department of Health recognises that hospitals have a critical role to play in improving access to evidence-based care and addressing disparities in care for Aboriginal and Torres Strait Islander peoples suffering acute coronary syndrome (ACS). It commissioned the AHHA and Heart Foundation to undertake the multi-stage Lighthouse Hospital Project; developing piloting and implementing a quality improvement toolkit in hospitals across the nation. The project seeks to reduce the disparity in care and outcomes for Aboriginal and Torres Strait Islander people by supporting the development of organisational skill and capacity in the areas of governance, clinical quality, workforce and cultural competence.

Coronary heart disease is the leading cause of death among Aboriginal and Torres Strait Islander peoples, who are 60% more likely to die than non-Indigenous Australians. Aboriginal and Torres Strait Islander Australians are also dying at a younger age, with 81% of deaths in those under 75 years, in contrast to only 24% non-Indigenous deaths in this age group. Aboriginal and Torres Strait Islander peoples are more likely to be admitted to hospital for ACS episodes and are more likely to die in a hospital or leave against medical advice. However, while in the hospital, they are less likely than non-Indigenous Australians to undergo coronary tests and procedures.

## Approach

Phase 1 (2012-2013) of the project involved reviewing the literature and learning from 10 healthcare services that were recognised by their peers as providing exemplary care. Four domains were identified as key to establishing best practice care for Aboriginal and Torres Strait Islander peoples with ACS. These were cultural competence, use of clinical pathways, a skilled workforce and superior governance.

Phase 2 (2014-2016) developed a quality improvement toolkit to improve outcomes for Aboriginal and Torres Strait Islander people with ACS. The toolkit was piloted in 8 hospitals across the country and yielded positive outcomes including:

- better partnerships with local Aboriginal and Torres Strait Islander communities,
- visible Aboriginal and Torres Strait Islander workforce,
- culturally safer integrated services,
- better staff awareness and knowledge of the issues and barriers faced by Aboriginal and Torres Strait Islander patients,
- identified enablers for best practice care.

Phase 3 (2017- 2019) involves 18 hospitals across Australia. Customised quality improvement workshops, aligned with the toolkit, are being undertaken at each hospital to teach QI theory and techniques and develop site-specific project plans that include follow up and support. A better

understanding of QI methods will help hospital teams to drive sustainable systemic changes that improve health outcomes for Aboriginal and Torres Strait Islander people.

## **Results**

The Lighthouse Hospital Project provides hospital teams with practical quality improvement activities focussed on driving change, addressing disparities and improving outcomes for Aboriginal and Torres Strait Islander peoples who present to hospital with ACS. The Phase 2 piloting of the toolkit demonstrated value, propelling systemic change. Formal evaluation of Phase 3 will determine whether the positive outcomes from the implementation of the toolkit in Phase 2 augmented by the QI training in Phase 3 have contributed to delivering improvements in cardiac care for Aboriginal and Torres Strait Islander patients. This evaluation will be completed in 201.