

Section 2

Domains of the toolkit

Contents

3	THE DOMAINS	21
	Domain 1 – Governance	21
	Activities for Domain 1	24
	Domain 2 – Cultural competence.....	29
	Activities for Domain 2.....	32
	Domain 3 – Workforce.....	37
	Activities for Domain 3.....	40
	Domain 4 – Care pathways	45
	Activities for Domain 4	48

3 The domains

Domain 1 – Governance

- **Objective 1.1 – To ensure executive leadership and appropriate accountability across all staff for QI activities across the organisation**

- Key performance area 1.1.1 – Effective and accountable leadership by all staff

- **Objective 1.2 – To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and the community**

- Key performance area 1.2.1 – Integrate opportunities for community-led health initiatives

- ✓ Passion, support and leadership by key clinical and executive ‘champions’ has the potential to improve services and outcomes.
- ✓ Effective relationships, partnerships and consultations are critical to effective governance and accountability.

Aboriginal and Torres Strait Islander leadership is vital to success¹⁰ as are opportunities for community decision-making.²⁸

Hospitals that provide high-level leadership as well as secure, adequate resources and culturally competent staff are capable of building trusting relationships.²⁹ Hospitals that demonstrate flexibility and a willingness to be honest about resources or other limitations, and set achievable goals²⁹ are also more likely to succeed when engaging and building productive and mutually beneficial relationships with Aboriginal and Torres Strait Islander organisations and the community.

Informal governance arrangements among Aboriginal and Torres Strait Islander communities are as important as formal governance arrangements for organisations. The processes of formal and informal governance can affect health outcomes in a number of ways.³⁰ Community or informal governance can aid or inhibit health education and programs or intentions of people delivering health programs. Good informal and formal governance leads to relative community harmony and a sense of wellbeing which also leads to better health, receptiveness and engagement in health programs.³⁰

Effective relationships, partnerships and collaborations with local Aboriginal community members and Aboriginal staff is critical to the success of activities undertaken as part of this project.

Enablers to effective governance and accountability

Without the passion, support and leadership of key clinical and executive ‘champions’, positive change is unlikely.

Champions have the potential to improve services and outcomes within their own institution(s) and beyond. They have the ability to inspire other staff and ensure that managing the complexities of the patient journey for Aboriginal and Torres Strait Islander peoples is prioritised, monitored and improved.

Effective relationships, partnerships and consultations are critical to effective governance and accountability. These include relationships with Aboriginal communities, Aboriginal Medical Services (AMSs), universities and training organisations, other health services and other organisations as relevant to the individual context. Individual clinician–patient relationships are also important, and have the capacity to improve the perceived cultural safety of an institution.

Barriers to effective governance and accountability

Inadequate resources/funding

Lack of funding is a common barrier to CQI initiatives.

This is manifested as a lack of project funds, staff funding, administrative support and/or a lack of physical resources. In particular, a lack of long-term or recurrent funding means that even successful initiatives may not be sustainable.



Solution

Build effective and meaningful partnerships with a broad range of organisations to alleviate the burden. This will also provide the opportunity to fund or apply for funding together.

“Things do change with partners. External partners have such an influence, we pray for consistency so we can actually just get some legs on things.”

Lack of support from senior management

Lack of senior management support is a key barrier to change.

Clinical champions have the ability to influence management and other clinical staff within their own institutions. Fostering and supporting these clinical champions can, and often do, affect change well beyond their health service boundaries.



Solution

- Develop an agreed statement of what quality means for the hospital and staff.
- Address any underlying organisation leadership and management issues that may detract from implementing CQI.
- Invest in developing CQI leadership at all levels to create a culture of CQI throughout the system.



CQI in action

The issue

Aboriginal and Torres Strait Islander patients are not presenting to follow-up appointments post discharge at a higher rate than non-Indigenous patients



The solution

Key performance area 1.2.1 – Integrate opportunities for community-led health initiatives

Staff: Frontline staff

Activity: Provide referrals during discharge meeting and follow up phone calls for appropriate patients to local Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs).

Putting the toolkit into practice

The project team gained the commitment of the hospital governance group and conducted clinical and community consultation. The team developed a patient-specific discharge pack and process that included the following key components:

- patient discharge letter with specific details related to their in-hospital stay
- discharge care plan
- follow-up phone call following discharge
- phone call reminder of first outpatient appointment post discharge.

Staff were mindful to book the patient transfers, if required, as some patients had to travel extensive distances to attend their follow-up appointments and, if necessary, multiple follow-up appointments and diagnostic tests were booked for the same day to ease the travel burden for patients.

The team monitored success of this activity via consumer feedback regarding their knowledge, understanding and empowerment of their care; incorporation of the documentation into hospital records; and changes to statistical data related to outpatient attendances.

The process was then explored further to ascertain what key information patients require upon their discharge and the level of staff expertise to educate the patients on their discharge care. They developed a document with key inclusion criteria, primarily outlining the discharge process for the patients, and, once internally approved, the document was included in the patient's medical history. The team also developed a systematic process for phone call follow-up and booking, including documentation criteria outlining the step-by-step process followed and the formulation of a risk register. Staff working at a clinical nurse consultant level were then involved with facilitating the discharge process. This process was implemented for a trial of 3 months then reviewed.

Patient feedback indicated that they felt more in control of the care they received and treated as a whole person, not just a patient who had been in hospital, discharged and forgotten. The attendances for initial outpatient appointments increased as patients had a greater understanding of why they needed to attend. Following completion of the trial, these process activities will be embedded as part of standard discharge care for all cardiac and non-cardiac patients attending the health service.

Activities for Domain 1

Key performance area 1.1.1 – Effective and accountable leadership by all staff

Executive managers and board members	Resources
<ul style="list-style-type: none"> • Designate senior clinicians, clinical services coordinators, Directors of Nursing (or equivalent) as clinical champions to lead and embed change • Ensure Senior ALO reports to the executive manager level within the hospital • Establish processes by which the executive can lead cultural safety initiatives across the organisation • Update all position descriptions to include quality improvement across the domains as part of roles and responsibilities • Use data and provide regular feedback to staff on performance across the domains through team and staff meetings and staff newsletters • Establish an Aboriginal and Torres Strait Islander Advisory Committee that reports to the executive manager level and has representatives from the local Aboriginal and Torres Strait Islander community including local Elders and representatives from local Primary Health Networks (PHNs) and ACCHOs 	<p>Commission for Hospital Improvement – Quality, safety and service improvement</p> <p>This website outlines quality improvements undertaken to ensure the Victorian health sector provides world-class care. www.health.vic.gov.au</p> <p>Chronic Care for Aboriginal People Program</p> <p>All existing and new initiatives designed for Aboriginal people with a chronic disease in NSW are now under the strategic program direction of Chronic Care for Aboriginal People. www.aci.health.nsw.gov.au</p> <p>Australian Resource Centre for Healthcare Innovations</p> <p>This website provides support to increase the implementation of effective and quality innovations in clinical care in Australian healthcare settings and at the interface of hospitals and other healthcare providers. www.archi.net.au</p>



Managers and senior clinicians

- Develop process of information sharing and care coordination through both mainstream and ACCHOs to improve patient care and outcomes
- Ensure performance across the domains is monitored and reported up to the hospital executive levels on a regular basis
- Provide regular feedback to staff on performance across domains through team and staff meetings, and staff newsletters

Resources

Walgan Tilly Project: Chronic Care for Aboriginal People

This clinical services redesign project was developed to address the disparities in healthcare and improve access to and use of chronic care services for Aboriginal people in NSW.

www.healthinonet.ecu.edu.au

Improving Cultural Sensitivity to Indigenous People in Australian Hospitals: A Continuous Quality Improvement Approach

This project developed an evidence-based quality improvement toolkit for Australian hospitals that includes a range of resources, tools and guidelines to support the design and implementation of CQI strategies for improving cultural sensitivity within hospitals.

www.lowitja.org.au

Frontline staff

- Identify opportunities for community-led health initiatives and provide these to managers with rationale and evidence as to why this has been identified
- Become involved and support cultural activities within the hospital

Resources

Improving Care for Aboriginal and Torres Strait Islander Communities

This document identifies key result areas and case studies to improve the healthcare for Aboriginal and Torres Strait Islander peoples.

www.healthissuescentre.org.au



Key performance area 1.2.1 – Integrate opportunities for community-lead health initiatives

Executive managers and board members	Resources
<ul style="list-style-type: none"> Integrate Aboriginal and Torres Strait Islander initiatives into system as 'core business' through inclusion in strategic documents and plans 	<p>Cultural Competency in Health: A Guide for Policy, Partnerships and Participation This guide aims to increase cultural competency for the benefit of people from culturally and linguistically diverse backgrounds. Some elements can be transferred to improve the hospital experience for Aboriginal and Torres Strait Islander peoples. www.nhmrc.gov.au</p> <p>Improving Cultural Sensitivity to Indigenous People in Australian Hospitals a Continuous Quality Improvement Approach Chong A, Renhard R, Wilson G, Willis J, Clarke A. Focus on Health Professional Education: A Multi-disciplinary Journal 2011; 13:84–97.</p> <p>Investing in Healthy Futures for generational change, NACCHO 10 Point plan 2013–2030 The 10-point plan outlines goals and actions critical to support the ACCHOs and the role they play in primary health within the Australian health system and provision of services to Aboriginal communities.</p> <p>Close the Gap – Progress & Priorities report 2016 This report outlines progress towards achieving life expectancy equality for Aboriginal and Torres Strait Islander peoples by 2030. Strategy, new insights into health service usage by Aboriginal and Torres Strait Islander peoples, ideas for reinvigorating the Closing the Gap Strategy and other action for the next Australian Government. www.humanrights.gov.au</p>



Managers and senior clinicians	Resources
<ul style="list-style-type: none"> • Formalise links between acute and primary healthcare providers and allied health practitioners to implement care co-ordination and transfer of health information. This can include the use of a formal service agreement, collaborations and partnerships and investigate mechanisms to enable shared governance, funding and reporting • Establish communication pathways between the hospital, Aboriginal community, PHNs and ACCHOs to ensure messages are consistent • Document and provide staff with an outline of services that are offered by the local Aboriginal and Torres Strait Islander organisations 	<p>Improving Care for Aboriginal and Torres Strait Islander Patients</p> <p>This program assisted to continuously improve the cultural sensitivity and quality of their service provision to Aboriginal patients and communities in Victoria.</p> <p>www.docs.health.vic.gov.au</p> <p>Information for Action: Improving the Heart Health Story for Aboriginal People in WA</p> <p>Report describing strategies to enhancing systems and addressing clinical, social and logistical inadequacies within the hospital setting to improve cardiovascular health and healthcare for Aboriginal and Torres Strait Islander peoples.</p> <p>www.wacrh.uwa.edu.au</p>

Frontline staff	Resources
<ul style="list-style-type: none"> • Identify and access programs in the local Aboriginal community, PHNs and ACCHOs and embed referral forms and processes within discharge planning process • Engage and build productive and mutually beneficial relationships with Aboriginal and Torres Strait Islander organisations and the community 	<p>National Health and Medical Research Council (NHMRC) – Strengthening Cardiac Rehabilitation and Secondary Prevention for Aboriginal and Torres Strait Islander Peoples</p> <p>This document is designed to help healthcare professionals in their day-to-day work to improve the uptake and outcomes of cardiac rehabilitation among Aboriginal and Torres Strait Islander peoples.</p> <p>www.nhmrc.gov.au</p>





Domain 2 – Cultural competence

- **Objective 2.1 – To achieve cultural proficiency across the hospital**
 - Key performance area 2.1.1 – Build capacity for culturally appropriate, patient-centred care
 - Key performance area 2.1.2 – Provide patient resources that are relevant and appropriate for Aboriginal and Torres Strait Islander peoples
 - Key performance area 2.1.3 – Create an environment that is acceptable and meaningful to Aboriginal and Torres Strait Islander peoples
- ✓ **The cultural competence of a hospital is critical in providing better quality of care for Aboriginal and Torres Strait Islander peoples.**
- ✓ **Acknowledgement of the historical and current culture within an institution is an important enabler of culturally appropriate care and continuous improvement in this area.**
- ✓ **Cultural issues must be core business. Achieving cultural competence is everyone's business.**

Aboriginal and Torres Strait Islander peoples have a unique history with diverse culture, customs and circumstances. In order to close the gap and reduce disparities, it is necessary to consider the patient's culture when providing healthcare.

The Centre for Culture, Ethnicity and Health³¹ describes cultural competence as “a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations”.

Working across cultures can be fraught with misconceptions, and requires patience and commitment. When you have a greater understanding of the relevant culture and historical factors that have impacted the health of Aboriginal and Torres Strait Islander peoples today, you will be in a better position to deliver quality care to those patients. A report from the World Health Organization (WHO) states that values to achieve health for all require health systems that “put people at the centre of health care”.³² What people consider desirable ways of living as individuals and what they expect for their societies, i.e. what people value, constitute important parameters for governing the health sector.

Social justice and the right to quality healthcare are seen as basic human rights. Translation of these values to tangible policies and reforms is paramount to closing the gap; people and their culture must be at the centre of healthcare.

As there is a growing expectation for greater performance, governments and health services may be better equipped to tackle Australia's future health issues if they integrate cultural issues into the planning and delivery of healthcare services. Cultural issues must be core business at every level of the health system. Achieving cultural competence is everyone's business.

The cultural competence of a hospital is critical in providing better quality of care for Aboriginal and Torres Strait Islander peoples.

Acknowledgement of the historical and current culture within an institution is an important enabler of culturally appropriate care and continuous improvement in this area. It also has the potential to earn an institution a reputation for cultural safety, removing an important barrier to access for Aboriginal and Torres Strait Islander peoples.

“Our manager here now is going to have that flag framed and put in the front of the hospital to recognise that we were the first hospital in NSW ever to raise it. It’s pretty tattered, I can tell you – we raised it every day.”

Barriers to achieving cultural competence

Heterogeneity of Aboriginal and Torres Strait Islander populations

The heterogeneity of Aboriginal and Torres Strait Islander populations adds complexities to the improvement of patient pathways. While the care of Aboriginal and Torres Strait Islander peoples from remote communities may present more logistical challenges, improving access to services and clinical outcomes of urban Aboriginal and Torres Strait Islander peoples and those without ‘community’ must be remembered.

The different languages and skin groups across Australia can add additional complexities. For example, while an educational DVD may be translated into another language, the visual imagery may not be appropriate or relevant to another group of Aboriginal or Torres Strait Islander peoples.



Solution

- Actively seek an understanding of your patient and their needs, individual beliefs and situation. Involving family members can help you gain a comprehensive understanding.
- Allow time and flexibility to develop relationships with your patients and document appropriate care pathways.

Wide variance in cultural training

Many institutions provide some level of Aboriginal and Torres Strait Islander cultural awareness training, however it is sometimes felt to be tokenistic, completion is not enforced and there is wide variation in the training across Australia.



Solution

- Use a sector-approved cultural awareness and safety provider.
- Offer cultural awareness and safety training to all staff on an annual basis.
- Include cultural awareness and safety training in orientation for new staff.

“I was trained in Sydney in a very multicultural area and I looked after some Indigenous patients, but not a lot. Also – that was in Redfern. Redfern isn’t the same as Cherbourg, QLD.”



CQI in action

The issue

The local Aboriginal and Torres Strait Islander community did not feel welcome or safe at the hospital.



The solution

Key performance area 2.1.3 – Create an environment that is acceptable and meaningful to Aboriginal and Torres Strait Islander peoples.

Staff: Executive managers and board members

Activity: Display Aboriginal and Torres Strait Islander artwork around the hospital.

Putting the toolkit into practice

The hospital already had an internal governance structure that was supportive of making changes, so this activity began with consultation with the local community Elders about how the hospital could be more welcoming and safe for the local Aboriginal and Torres Strait Islander population. The consultation resulted in the idea to develop an image that local Aboriginal and Torres Strait Islander peoples would identify with and make them feel comfortable.

The hospital commissioned a local artist to paint the agreed upon symbol that was then positioned within the hospital at strategic points including in the emergency department, reception and out the front of the Koori Liaison Officer's office. The symbol was positioned at key entry points where patients could see the image, and hopefully feel safe and comfortable that their cultural needs would be recognised within the hospital. This would also assist patients to feel comfortable to self-identify as Aboriginal and/or Torres Strait Islander. This would in turn impact on the pathway of care the patient received to ensure it was culturally appropriate.

The hospital planned to measure the success of this activity using statistical hospital data, i.e. the percentage of patients self-identifying and community feedback.

This activity was implemented with positive results. They experienced a rise in the self-identification of Aboriginal and Torres Strait Islander patients and a decrease in the percentage of 'did not wait' attendances. Initial and continued consumer support for this imagery has been positive. This imagery is now recognised as an official hospital site symbol and is used within the health service for all resources relating to Aboriginal and Torres Strait Islander patients.

The resources will undergo annual review to ensure they are meeting the needs of the local Aboriginal and Torres Strait Islander community.



Activities for Domain 2

Key performance area 2.1.1 – Build capacity for culturally appropriate, patient-centred care

Executive managers and board members	Resources
<ul style="list-style-type: none"> • Offer cultural awareness and safety training to all staff on an annual basis • Include cultural awareness and safety training in orientation for new staff • Make cultural awareness training mandatory for all executive managers • Engage an appropriate provider for cultural awareness and safety training • Use local hospital data on cultural and language needs, populations and clients served to identify needs and gaps in service delivery • Ensure that there is an Aboriginal Health Impact Statement or equivalent • Ensure Aboriginal staff are involved in policies that reflect the organisation’s move to cultural competence • Lead the organisation from cultural awareness to cultural safety through the provision of culturally appropriate care • Develop, implement and endorse policies that support the provision of culturally appropriate care 	<p>Creating the NACCHO Cultural Safety Training Standards and Assessment Process: A background paper www.naccho.org.au</p> <p>Cultural competency in the delivery of health services for Indigenous people This paper examines available evidence on cultural competence in healthcare settings to identify key approaches and strategies that can contribute to improving the development and implementation of Indigenous health services and programs. www.aihw.gov.au</p>



Managers and senior clinicians	Resources
<ul style="list-style-type: none"> • Develop a policy and procedure to ensure Aboriginal and Torres Strait Islander health staff are involved throughout the patient journey • Develop relationships with local Aboriginal and Torres Strait Islander services that enable community participation in hospital initiatives (e.g. partner with local Aboriginal and Torres Strait Islander community including locals Elders, representatives from local PHNs and ACCHOs) • Ensure screening, assessment and care planning reflect cultural needs and beliefs 	<p>NSW Health Aboriginal Health Impact Statement and Guidelines</p> <p>These guidelines ensure the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of all NSW Health initiatives.</p> <p>www.health.nsw.gov.au</p> <p>National Aboriginal Community Controlled Health Organisation (NACCHO)</p> <p>Represents 150 ACCHOs across Australia. Local community control in health is essential to the definition of Aboriginal holistic health.</p> <p>www.naccho.org.au</p> <p>Engagement with Indigenous communities in key sectors</p> <p>This document examines the research evidence on what works – and what doesn't – in engaging Aboriginal and Torres Strait Islander communities with services and policies in Australia.</p> <p>www.aihw.gov.au</p> <p>Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study</p> <p>This study demonstrates Aboriginal and Torres Strait Islander cardiac patients face significant barriers to healthcare use, resulting in sub-optimal quality of care, placing them at risk for subsequent cardiovascular events and negative health outcomes. It suggests that strategies must be implemented to improve communication on all levels and reduce systemic barriers.</p> <p>BMC Health Services Research Artuso et al. BMC Health Services Research 2013, 13:83</p> <p>www.biomedcentral.com</p>



Frontline staff	Resources
<ul style="list-style-type: none">• Ensure each patient’s healthcare record identifies a culturally appropriate health advocate• Ensure the patient participates in the discharge planning• Involve family members in the discharge planning• Allow appropriate time and space for discussion with the patient and family members, in particular, to gain informed consent• Ensure the patient feels welcome and safe	<p>The Human Services Network (HSNet)</p> <p>This site provides a central location to share information with people working in the same field, region or across NSW.</p> <p>www.hsnet.nsw.gov.au</p>



Key performance area 2.1.2 – Provide patient resources that are relevant and appropriate for Aboriginal and Torres Strait Islander peoples

Executive managers and board members	Resources
<ul style="list-style-type: none"> • Allow additional funding to assist the development of culturally appropriate resources and translation services 	
Managers and senior clinicians	Resources
<ul style="list-style-type: none"> • Ensure educational resources are designed in conjunction with community, including appropriate artwork, language and images, and in a medium relevant to their needs • Develop a policy and procedure for the development of culturally appropriate resources for Aboriginal and Torres Strait Islander peoples • Develop a policy and procedure to ensure cultural/language translator services are made available when and where required • Ensure cultural/language translator services are made available when required 	<p>Working with Aboriginal people and communities – A practical guide</p> <p>This guide aims to improve service delivery to Aboriginal people by providing staff with key facts and information relevant to working with Aboriginal communities in NSW.</p> <p>www.community.nsw.gov.au</p>
Frontline staff	Resources
<ul style="list-style-type: none"> • Ensure cultural/language translator services are used when needed for Aboriginal and Torres Strait Islander peoples • Ensure appropriate educational resources about ACS are available when and where Aboriginal and Torres Strait Islander peoples need them 	<p>Heart Foundation patient resources</p> <p>A range of culturally appropriate resources designed for patients; includes a resource on ACS.</p> <p>www.heartfoundation.org.au</p>



Key performance area 2.1.3 – Create an environment that is acceptable and meaningful to Aboriginal and Torres Strait Islander peoples

Executive managers and board members	Resources
<ul style="list-style-type: none"> • Display the Aboriginal and/or Torres Strait Islander flags in the entrance to the hospital • Display an acknowledgment of country plaque • Enlarge and frame a sorry statement and display in the main entrance • Display Aboriginal and or Torres Strait Islander artwork around the hospital • Dedicate a safe and friendly space for Aboriginal and Torres Strait Islander staff, patients and family • Create a cultural garden on hospital grounds in partnership with the local Aboriginal and Torres Strait Islander community • Conduct executive meetings in the Aboriginal Unit or at the local AMS • Allocate an annual budget allocation for cultural activities aligned with the organisation’s strategic plan • Conduct a review and update of all policies and procedures to ensure culture safety is embedded within them 	<p>AHMAC Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004–2009</p> <p>This Framework was developed as a guiding principle in policy construction and service delivery, and can be used by hospitals as they implement initiatives to address their own needs, in particular mechanisms to strengthen relationships between the healthcare system and Aboriginal and Torres Strait Islander peoples.</p> <p>www.iaha.com.au</p>
Managers and senior clinicians	Resources
<ul style="list-style-type: none"> • Organise and promote cultural activities and make sure these align with the organisation’s strategic plan • Use data on cultural and language needs, populations and clients served to implement programs based on need and gaps in service delivery 	<p>National Aborigines and Islanders Day Observance Committee (NAIDOC)</p> <p>NAIDOC Week is held in the first full week of July. It is a time to celebrate Aboriginal and Torres Strait Islander cultures and an opportunity to recognise the contributions that Aboriginal and Torres Strait Islander peoples make to our country and our society.</p> <p>www.naidoc.org.au</p>
Frontline staff	Resources
<ul style="list-style-type: none"> • Conduct patient meetings at a designated cultural space on hospital grounds • Use the designated cultural space for conversations with the multidisciplinary team including the ALO, nurse, pharmacist or doctor • Invite and encourage patients to attend local cultural events hosted at the hospital 	<p>Working with Indigenous children, families, and communities – Lessons from practice</p> <p>This fact sheet outlines some helpful methods to support Aboriginal and Torres Strait Islander families and communities.</p> <p>www.aifs.gov.au</p>



Domain 3 – Workforce

- **Objective 3.1 – To develop a culturally and clinically competent workforce**
 - Key performance area 3.1.1 – Provision of best practice training for staff to increase knowledge and understanding of Aboriginal and Torres Strait Islander culture
 - **Objective 3.2 – To effectively use the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams**
 - Key performance area 3.2.1 – Obvious presence and integration of Aboriginal and Torres Strait Islander staff across the care system
- ✓ The entire health workforce is responsible for the delivery of quality healthcare to Aboriginal and Torres Strait Islander peoples that is culturally appropriate and clinically sound.
 - ✓ To improve the patient journey, the role of ALOs, AHWs, APPOs and equivalents needs to be expanded and optimised.

The National Aboriginal and Torres Strait Islander Health Workforce Strategy 2011–2015³³ calls for equitable health outcomes through a competent health workforce that has appropriate clinical, management, community development and cultural skills. The workforce must meet the diverse needs of all Aboriginal and Torres Strait Islander peoples to whom care is delivered. Further, it must be responsive to these needs and have adequate resources.

The entire health workforce is responsible for delivering quality healthcare that is culturally appropriate and clinically sound to Aboriginal and Torres Strait Islander peoples. For many years, the Aboriginal Health Workers (AHWs), including ALOs, have been the cornerstone of Aboriginal and Torres Strait Islander health. They are the cultural brokers who provide a vital link to the community across the care continuum and are in an ideal position to make a real difference to health outcomes for Aboriginal and Torres Strait Islander peoples.

Often, these roles are undervalued as critical members of the multidisciplinary team. Their roles and responsibilities are, as is their scope of practice, poorly understood, resulting in their positions being underused. In order for AHWs to do their job properly, they must be well supported, and offered mentoring and career pathways.

The NACCHO healthy futures document³⁴ highlights the need to provide an adequate workforce to meet the needs of Aboriginal and Torres Strait Islander peoples. It recommends increasing recruitment and retention to meet health needs and notes that staff working with Aboriginal and Torres Strait Islander peoples need to have effective cultural training.

Enablers to achieving a competent health workforce

Hospitals have been employing ALOs, AHWs or Aboriginal Patient Pathway Officers (APPOs) for many years. They provide an important service to the hospital and support their local community to navigate the health system. However, to improve the patient journey, the role of ALOs, AHWs, APPOs and equivalents needs to be expanded and optimised.

“I think the Aboriginal Patient Pathway Officer program is a great catalyst for change.”

An effective ALO, AHW or APPO program with good support and effective relationships with clinical staff is vital to improving patient care. These roles are invaluable in enhancing the cultural safety of an institution or program, and also address workforce issues as these individuals can mentor other staff. In many smaller workforces, even where ALOs or AHWs exist, there is often no backup when these individuals are not rostered on, or are on leave.

Barriers to achieving a competent workforce

Variable use of ALOs, AHWs and other support staff

A lack of role definition and suboptimal use of ALOs, AHWs and APPOs is common in hospitals. In some cases, these roles have been limited to transport and translation. In others, their role has involved ‘reciprocal mentoring’ of clinical staff.



Solution

- Two-way training and reciprocal mentorship in the relationship between ALOs, AHWs and/or APPOs and other clinical staff provides an important opportunity to up-skill ALOs, AHWs and APPOs in clinical areas, and train and advise other staff in aspects of cultural safety.
- Embedding ALOs, AHWs and/or APPOs as part of the multidisciplinary care team and cycle of care will ensure cultural advice is available when and where it is required.

Staffing instability

Staff instability is particularly an issue in rural/remote settings, but also for those working on initiatives that only have short-term funding. This instability may be related to a spectrum of issues, including role development, support and empowerment.



Solution

- To overcome staffing instability, it is important to define and document the role of the ALO, AHW or APPO within the hospital relevant to your action plan. This will provide clear guidance to the staff member and other staff who work with them.

“Cultural competence is a necessary tool for healing in cardiac care.”



CQI in action

The issue

Lack of a culturally competent workforce to support the needs of Aboriginal and Torres Strait Islander patients.



The solution

Key performance area 3.1.1 – Provision of best-practice training for staff to increase knowledge and understanding of Aboriginal and Torres Strait Islander culture

Staff: Executive Manager and board members

Activity: Implement a comprehensive orientation and ongoing training programs to provide the non-Indigenous workforce with the skills and information needed to fulfil their cultural safety and quality roles and responsibilities.

Staff: Frontline staff

Activity: Attend cultural competence, awareness and safety training on an annual basis.

Putting the toolkit into practice

Planning for this activity included the development and commitment of the hospital governance group and consultation with the hospital's cultural lead. A generic cultural training module was developed and it was then contextualised to meet the requirements of clinical and clerical staff. The team plans to measure the success of the implementation of the training module through consumer feedback on their experience and evaluation of the clinical and clerical staff confidence in their knowledge and understanding of Aboriginal and Torres Strait Islander culture.

The team initially implemented the training in departments associated with the direct care of cardiac patients. Feedback from staff indicated that there was an improved knowledge and understanding of Aboriginal and Torres Strait Islander culture. Based on these positive outcomes, they implemented the training across the hospital site. A patient feedback survey will be undertaken to find out if the patients feel that staff are more receptive to their cultural needs. If successful, the team plans to embed this training as a part of the new staff induction/orientation process within the hospital.

Over time, the team will monitor this module and training to ensure it meets the changing needs of the staff and the local Aboriginal and Torres Strait Islander community.



Activities for Domain 3

Key performance area 3.1.1 – Provision of best-practice training for staff to increase knowledge and understanding of Aboriginal and Torres Strait Islander culture

<p>Executive managers and board members</p> <ul style="list-style-type: none"> • Include two-way training and reciprocal mentorship between Aboriginal and Torres Strait Islander staff as part of cultural safety training for non-Indigenous staff and trainees • Implement comprehensive orientation and ongoing training programs to provide the non-Indigenous workforce with the skills and information needed to fulfil their cultural safety and quality roles and responsibilities • Agree to a statement and communicate to staff the importance and value of cultural training to improve patient care 	<p>Resources</p> <p>Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients</p> <p>This position paper provides guidance and parameters for hospitals to advocate for initiatives and accountability mechanisms to shape a culturally safe, high-quality health system that is reflective of need, and respects and incorporates Aboriginal and Torres Strait Islander cultural values.</p> <p>www.aida.org.au</p>
<p>Managers and senior clinicians</p> <ul style="list-style-type: none"> • Develop and implement culturally safe peer support, mentoring and mediator programs • Develop and monitor culturally safe peer support, mentoring and mediator program targets • Provide reports to executive management, the board and frontline staff on how the hospital is tracking against the targets 	<p>Resources</p> <p>Improving the Transition into Health Careers for Aboriginal and Torres Strait Islander School Students</p> <p>A policy paper by the Australian Indigenous Doctors' Association (AIDA) for the Department of Education Employment and Workplace Relations.</p> <p>www.aida.org.au</p>
<p>Frontline staff</p> <ul style="list-style-type: none"> • Attend cultural competence, awareness and safety training on an annual basis • Attend meetings and training on best practice guidelines of care for Aboriginal and Torres Strait Islander peoples 	<p>Resources</p> <p>Cultural Safety Position Statement The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)</p> <p>This document outlines the importance of cultural safety and respect.</p> <p>www.catsin.org.au</p>



Key performance area 3.2.1 – Obvious presence and integration of Aboriginal and Torres Strait Islander staff across the care system

Executive managers and board members	Resources
<ul style="list-style-type: none"> • Collect relevant data on Aboriginal and Torres Strait Islander staff (e.g. numbers, roles) • Develop an Aboriginal and Torres Strait Islander peoples’ employment strategy and workforce strategies in partnership with Aboriginal and Torres Strait Islander communities to improve continuity of care and coordination with health services • Define a formal process/protocol/pathway for career development and succession planning for AHW, ALO and/or APPO roles; look at extension role 	<p>Centre for Cultural Diversity and Ageing Practical guides to engage and retain a culturally and linguistically diverse workforce. www.culturaldiversity.com.au</p> <p>The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) This framework aims to achieve equitable health outcomes for Aboriginal and Torres Strait Islander peoples through a competent health workforce that has appropriate clinical, management, community development and cultural skills. www.health.gov.au</p> <p>Growing Our Future Final Report of the Aboriginal and Torres Strait Islander Health Worker Project December 2011 This report aims to inform the development of policies and strategies that will strengthen and sustain the AHW workforce to deliver care in response to the known burden and distribution of disease in the Aboriginal and Torres Strait Islander population. Search the bibliography at www.healthinonet.ecu.edu.au</p>



Managers and senior clinicians	Resources
<ul style="list-style-type: none">• Develop and implement processes to embed AHW, ALO and APPO roles within multidisciplinary teams• Employ or ensure access to an Aboriginal Cardiac Care Coordinator• Develop and implement career pathways for Aboriginal and Torres Strait Islander staff	<p>Pathways into the Health Workforce – A Blueprint for Action</p> <p>This document outlines how different sectors can work together to increase the size and capacity of the Aboriginal and Torres Strait Islander health workforce.</p> <p>www.aida.org.au</p> <p>Implementing a working together model for Aboriginal patients with acute coronary syndrome: an Aboriginal Hospital Liaison Officer and a specialist cardiac nurse working together to improve hospital care</p> <p>Case study about a project that developed and implemented a working together model of care, specifically directed at improving attendance at cardiac rehabilitation services for Aboriginal patients in a large metropolitan hospital in Melbourne.</p> <p>Daws K, Punch A, Winters M, et al. Australian Health Review 2014: 38: 552–556.</p> <p>A cost-effective approach to Closing the Gap in health, education and employment: Investing in Aboriginal and Torres Strait Islander nursing education, training and employment</p> <p>This paper explains that macro-level reforms are needed to link Aboriginal and Torres Strait Islander health, education and employment policies and practices.</p> <p>www.catsinam.org.au</p>



Frontline staff	Resources
<ul style="list-style-type: none">• Include Aboriginal and Torres Strait Islander staff in the care of every Aboriginal and Torres Strait Islander patient from beginning to end of the patient journey• Include Aboriginal and Torres Strait Islander staff in the discharge meeting of every Aboriginal and Torres Strait Islander patient	<p>Managing Two Worlds Together: City Hospital Care for Country Aboriginal People – Community Summary</p> <p>This community summary is based on a full project report and four detailed Studies (refer to page 4 of the summary) about what works well and what needs to be improved in healthcare for rural and remote Aboriginal patients in Adelaide city hospitals.</p> <p>www.flinders.edu.au</p> <p>Exploring the impact of an Aboriginal Health Worker on hospitalised Aboriginal experiences: lessons from cardiology</p> <p>This paper presents data identifying the impacts an AHW had in a hospital setting, from improving the cultural security of care for Aboriginal patients and facilitating more effective communication mechanisms, to increasing patient contact time and follow-up, and enhancing cultural safety skills of other staff.</p> <p>Taylor KP, Thompson SC, Smith JS, Dimer L, Ali M, Wood MM. Australian Health Review November 2009; 33(4):549–57.</p>





Domain 4 – Care pathways

- **Objective 4.1 – to improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples**
 - Key performance area 4.1.1 – Improve identification of Aboriginal and Torres Strait Islander peoples
 - Key performance area 4.1.2 – Ensure Aboriginal and Torres Strait Islander peoples receive evidence-based ACS care
 - Key performance area 4.1.3 – Improve discharge process and post-discharge care for Aboriginal and Torres Strait Islander peoples
- ✓ The use of guidelines that are relevant and specific to both cardiac care for Aboriginal and Torres Strait Islander patients and ACS are critical for providing best-practice care.
- ✓ Information sharing through the use of technology (e.g. digital ECG transmission) and/or formal protocols (e.g. ensuring discharge summaries reach the relevant health professionals) to improve patient care has the potential to improve management and outcomes.
- ✓ Culturally appropriate identification of Aboriginal and Torres Strait Islander peoples is important to trigger and optimise appropriate care pathways.

There has been a concerted effort in Australia to create standards that are relevant and specific to both cardiac care for Aboriginal and Torres Strait Islander patients and ACS. The Better Cardiac Care for Aboriginal and Torres Strait Islander People project is an initiative of the Australian Health Ministers' Advisory Council. It was identified during the strategic discussion on the

Closing the Gap in Indigenous Health Outcomes in May 2013. It aims to reduce mortality and morbidity from cardiac conditions among Aboriginal and Torres Strait Islander peoples by increasing access to services, better managing risk factors and treatment and by improving the coordination of care.

The ACSQHC developed the Clinical Care Standard for Acute Coronary Syndrome, which supports healthcare professionals to make decisions about appropriate care and allows health services to examine and improve the performance of the care it provides.

Improving the systems and processes of the hospital and its partner organisations will improve the quality of care Aboriginal and Torres Strait Islander peoples receive. The increased focus on integrating CQI into the operations of primary healthcare providers to Aboriginal and Torres Strait Islander peoples has resulted in substantial benefits.²⁷

Enablers to achieving best-practice care pathways

Use best-practice guidelines for collecting Indigenous status

Reliable data sets are essential for measuring the effectiveness of health services in meeting the needs of Aboriginal and Torres Strait Islander peoples, and for further policy development, planning and improvement in service delivery.³⁵ The National Best Practice Guidelines for collecting Indigenous status in health data sets outlines the correct and appropriate approach for collecting and recording accurate information on the Indigenous status of patients. Implementation of the guidelines allows a systematic approach to collection of Aboriginal and Torres Strait Islander status across the hospital, upholds the rights of patients³⁵ and allows Aboriginal and Torres Strait Islander patients to access information and services specifically designed to meet their needs.

Information sharing using technology

Information sharing through the use of technology (e.g. digital ECG transmission) and/or formal protocols (e.g. ensuring discharge summaries reach the relevant health professionals) to improve patient care has the potential to improve management and outcomes.

The strong support of patients on the way to, and following discharge from, hospital has also been found to improve outcomes. This includes arranging transport for the patient and their escort, and accommodation (including hostel and 'step-down' facilities), and advising patients about services and entitlements.

Barriers to achieving best-practice care pathways

Difficulties associated with identification of Aboriginal and Torres Strait Islander peoples

Identification of Aboriginal and Torres Strait Islander peoples, particularly those presenting directly to the emergency department, can be difficult/problematic, and there is a lack of current national hospital data for Aboriginal and Torres Strait Islander peoples. While there has been a recent increase in Aboriginal and Torres Strait Islander identification in a number of clinical settings, it is important that this information is used to trigger and optimise appropriate care pathways.



Solution

- Emphasise the use of identification data to staff as a way to improve care for patients.
- Use this data in a practical way as a great motivator for frontline staff, clinicians and managers to participate in CQI.
- Review the Australian Institute of Health and Welfare's (AIHW's) National Best Practice Guidelines³⁰ for collecting Indigenous status in health data sets and provide staff training on how to implement the guidelines.

Difficulties associated with data availability

Several projects found that data and reporting requirements (either to set baseline, monitor improvement/evaluate and/or report to funding bodies) are onerous. Overall, there is a lack of national health data for Aboriginal and Torres Strait Islander peoples. The identification of Aboriginal and Torres Strait Islander peoples in most of the various health and related data collections is still far from complete; quality information is only available for a minority of jurisdictions and is frequently dated.⁸



Solution

- Don't wait for perfect data before commencing the CQI process. The use of data in CQI processes can act as a catalyst for improved data quality.
- Invest in training staff on the importance of data and how to use it.

“Identification as an Aboriginal or Torres Strait Islander person has to move from just being a ticked box on the front page. It has to make a difference on the ground.”



CQI in action

The issue

Extended waiting times for elective cardiac surgery for Aboriginal and Torres Strait Islander patients.



The solution

Key performance area 4.1.2 – Ensure Aboriginal and Torres Strait Islander patients receive evidence-based ACS care

Staff: Managers and senior clinicians

Activity: Undertake a regular review of all adverse outcomes – booked theatre case cancelled. Implement processes to monitor and report to executive managers and/or board unplanned readmission within 28 days, non-attendance at follow-up appointments and/or theatre cases cancelled.

Putting the toolkit into practice

The project team consulted with all key identified stakeholders from relevant services across the networks including the local Aboriginal and Torres Strait Islander Health Unit and Cardiac Care Coordinators to gain an understanding of the issues related to the extended wait time. They broadened the specific governance structure for this activity to include representation from these key services. During their review, they identified service delivery gaps for all elective cardiac surgery as screening requirements were incomplete, resulting in extended waiting times.

Case study analysis revealed that Aboriginal and Torres Strait Islander patients' waiting times for pre-operative screening were extended due to many factors including distance, accessibility and understanding of pre-operative regime.

The team initiated a pilot program that integrated systems and processes across the local regional network to ensure all screening requirements were completed within the 3 months prior to surgery and thereby reduced the waiting times for all elective surgery. They addressed key specific priority areas related to the service delivery gaps and included incorporating changes to processes, development of templates, and documentation and opening of communication channels.

Data analysis has been positive, as services have been able to meet best practice care standards related to pre-operative care. The pilot program will continue for a further 6 months and they will review statistical data monthly. The overall goal is to embed the changed process as a part of the hospital standard of care to meet the care needs of the Aboriginal and Torres Strait Islander community.

“Our initiatives are taking time, because we are affecting change across the network not just in our hospital. Tying many elements of the network together is a massive undertaking but effects are powerful and the change it creates has a stronger change to be embedded.”

Activities for Domain 4

Key performance area 4.1.1 – Improve identification of Aboriginal and Torres Strait Islander peoples

<p>Executive managers and board members</p> <ul style="list-style-type: none"> • Link identification of Aboriginal and Torres Strait Islander peoples to key performance indicators (KPIs) • Provide staff updates on identification numbers and trends in data 	<p>Resources</p> <p>AIHW Towards Better Indigenous Health Data</p> <p>This report identifies barriers to and facilitators for the implementation of the AIHW National best-practice guidelines for collecting Indigenous status.</p> <p>www.aihw.gov.au</p>
<p>Managers and senior clinicians</p> <ul style="list-style-type: none"> • Ensure identification of Aboriginal and Torres Strait Islander status is included in all clinical risk assessments for cardiovascular disease and other chronic conditions, and is collected as part of any clinical audit • Develop a policy to ensure implementation of the National Best Practice Guidelines for collecting Indigenous status • Use identification of Aboriginal and Torres Strait Islander peoples to link to KPIs and to support clinical decision-making and the delivery of high-quality, appropriate care 	<p>Resources</p> <p>Community NSW Working with Aboriginal people and Communities – A practical guide</p> <p>This guide aims to improve service delivery to Aboriginal people by providing staff with key facts and information relevant to working with Aboriginal communities in NSW.</p> <p>www.community.nsw.gov.au</p>
<p>Frontline staff</p> <ul style="list-style-type: none"> • Use best-practice guidelines to improve skills on how to identify all Aboriginal or Torres Strait Islander peoples in a culturally appropriate way • Use a best-practice approach to ask all people accessing the hospital whether they are an Aboriginal or Torres Strait Islander person, and use this information to support clinical decision-making and the delivery of high-quality, appropriate care • Discuss with Aboriginal and Torres Strait Islander peoples the need for self-identification and the way this information is used to develop services and to provide appropriate healthcare • Provide access to culturally safe and appropriate education materials and resources to support self-identification within the hospital • Assist Aboriginal and Torres Strait Islander peoples to register for a 'My Health Record' 	<p>Resources</p> <p>AIHW National Best Practice Guidelines for collecting Indigenous status</p> <p>Provides standard questions to improve the standard and consistency of recording of Indigenous status.</p> <p>www.aihw.gov.au</p> <p>My Health Record</p> <p>Provides access to a secure online summary of key health information. The Indigenous status identification is stored within the My Health Record.</p> <p>www.myhealthrecord.gov.au</p>



Key performance area 4.1.2 – Ensure Aboriginal and Torres Strait Islander peoples receive evidence-based ACS care

Executive managers and board members	Resources
<ul style="list-style-type: none"> • Identify and circulate best-practice guidelines to managers • Assess how staff are implementing best-practice guidelines to identify areas for improvement • Provide training for staff on best-practice guidelines • Undertake a medical record review annually to study whether identification triggers appropriate care pathways/service • Monitor the hospital’s capacity to meet the needs of Aboriginal and Torres Strait Islander patients by continually monitoring the number of Aboriginal and Torres Strait Islander patients • Re-orient existing services to be flexible to the needs of Aboriginal and Torres Strait Islander peoples including outreach health services, drop-in clinics and dedicated transport and accommodation services 	<p>Multicentre drug use evaluation in hospitals’ discharge management of acute coronary syndromes project</p> <p>This report outlines a national multi-centre intervention that sought to address the practice gaps in the hospital setting in the management of ACS.</p> <p>www.nps.org.au</p> <p>Framework for overcoming disparities in management of acute coronary syndromes in the Australian Aboriginal and Torres Strait Islander population</p> <p>This consensus statement outlines generic pathways to provide policymakers, health planners and healthcare providers with a framework to optimise care and assertively address the current disparities in outcomes for Aboriginal and Torres Strait Islander peoples.</p> <p>Ilton MK, Walsh WF, Brown ADH, Tideman PA, Zeitz CH, Wilson J. MJA 2014; 200(11):639–43. doi: 10.5694/mja12.11175</p>



Managers and senior clinicians	Resources
<ul style="list-style-type: none"> • Ensure ACS best-practice guidelines are being implemented through discussions at team meetings and team training • Undertake regular chart audits to identify care variance from evidence-based pathways (e.g. monthly, and provide regular feedback to frontline staff, executive managers and board members) • Undertake a regular medical record review of all adverse outcomes: <ul style="list-style-type: none"> – transfer to intensive care unit – cardiac arrest – in-hospital death – length of stay greater than 21 days – unplanned readmission within 28 days – transfer to another acute care facility – booked theatre cases cancelled – discharge against medical advice • Implement processes to monitor and report to executive managers and/or board unplanned readmission within 28 days, non-attendance at follow-up appointments and/or theatre cases cancelled • Re-orient existing services to be flexible to the needs of Aboriginal and Torres Strait Islander peoples including use of active case finding and follow-up, outreach health services, drop-in clinics • All cardiac and stroke service providers and surgical units performing procedures on Aboriginal and Torres Strait Islander patients collect, collate and submit data reporting patient characteristics, clinical features, interventional procedures (including thrombolysis), intra- and post-operative outcomes, 30 day re-admission, mortality rates and adverse outcomes to a centralised register 	<p>Essential Service Standards for Equitable National Cardiovascular Care for Aboriginal and Torres Strait Islander people (ESSENCE)</p> <p>These standards represent the best available evidence and expert consensus on the essential services and care for Aboriginal and Torres Strait Islander peoples with cardiovascular disease. They articulate the elements of care required to decrease the disparity of access to care and health outcomes for Aboriginal and Torres Strait Islander patients with ACS.</p> <p>www.sahmri.com</p> <p>Implementing cardiovascular standards to improve cardiovascular care and outcomes</p> <p>This project will develop a framework for the implementation of cardiovascular standards, using the ESSENCE Standards, to improve cardiovascular care and outcomes for Aboriginal and Torres Strait Islander peoples.</p> <p>www.cre2rihd.org.au</p> <p>Montesi G, Lechi A. Prevention of medication errors: Detection and audit. Br J Clin Pharmacol 2009; 67(7):651–5.</p>



Frontline staff	Resources
<ul style="list-style-type: none"> • Develop a process to notify the ALO when an Aboriginal or Torres Strait Islander patient is admitted to ensure the Aboriginal and Torres Strait Islander healthcare team are involved from admission to discharge • Deliver care guided by a documented chest pain assessment pathway for patients presenting with acute chest pain or other symptoms suggestive of an ACS • Provide a 12-lead electrocardiogram (ECG) for patients with acute chest pain or other symptoms suggestive of an acute coronary syndrome and ensure a clinician experienced in interpreting an ECG analyses the results within 10 minutes of the first emergency clinical contact • Offer timely percutaneous coronary intervention (PCI) or fibrinolysis to patients with an acute ST-segment-elevation myocardial infarction (STEMI), for whom emergency reperfusion is clinically appropriate, in accordance with the time frames recommended in the current National Heart Foundation of Australia/Cardiac Society of Australia and New Zealand Guidelines for the Management of Acute Coronary Syndromes. In general, primary PCI is recommended if the time from first medical contact to balloon inflation is anticipated to be less than 90 minutes, otherwise the patient should be offered fibrinolysis • Manage patients with a non-ST-segment-elevation acute coronary syndrome (NSTEMACS) based on a documented, evidence-based assessment of their risk of an adverse event • Discuss the role of coronary angiography, with a view to timely and appropriate coronary revascularisation, with a patient with a NSTEMACS who is assessed to be at intermediate or high risk of an adverse cardiac event • Involve a patient with an ACS in the development of an individualised care plan before they leave the hospital. This plan should identify the lifestyle modifications and medicines needed to manage their risk factors, address their psychosocial needs and include a referral to an appropriate cardiac rehabilitation or another secondary prevention program. This plan should be provided to the patient and their general practitioner (GP) or ongoing clinical provider within 48 hours of discharge • Review the Quality Statements in the ACS Clinical Care Standards and identify barriers and enablers to achieving the Standard in the local setting for Aboriginal or Torres Strait Islander patients 	<p>Australian Commission of Safety and Quality in Health Care – Acute Coronary Syndromes Clinical Care Standard</p> <p>This standard aims to improve the early, accurate diagnosis and management of an acute coronary syndrome to maximise a patient’s chances of recovery, and reduce their risk of a future cardiac event.</p> <p>www.safetyandquality.gov.au</p> <p>ESSENCE</p> <p>These standards represent the best available evidence and expert consensus on the essential services and care for Aboriginal and Torres Strait Islander peoples with cardiovascular disease. They articulate the elements of care required to decrease the disparity of access to care and health outcomes for Aboriginal and Torres Strait Islander patients with ACS.</p> <p>www.sahmri.com</p>



Key performance area 4.1.3 – Improve discharge process and post-discharge care for Aboriginal and Torres Strait Islander peoples

Executive managers and board members	Resources
<ul style="list-style-type: none">• Identify, delegate and support remedial action to address care gaps• Champion discharge planning activities (e.g. the endorsement of a new procedure and template for discharge summaries that contain more information)• Ensure the best data are collected and reported for benchmarking and back to staff to demonstrate change• Offer structured cardiac and stroke rehabilitation programs, led and coordinated by a relevant rehabilitation team, and operating in collaboration with primary care providers and relevant local community controlled organisations and non-government organisations (NGOs)	<p>Indigenous Access Program</p> <p>This program aims to help improve access to Medicare services for Aboriginal and Torres Strait Islander peoples. This program includes access to cheaper medicines on the Pharmaceutical Benefits Scheme.</p> <p>www.humanservices.gov.au</p>



Managers and senior clinicians

- Develop and implement a policy that outlines and enforces effective discharge summaries including reaching primary healthcare providers within 48 hours
- Develop and implement protocols for effective sharing of discharge summaries to PHNs, GPs and ACCHOs
- Monitor medication uptake through analysis of Closing the Gap data and provide regular reports to staff and executive management on trends
- Ensure all patients with cardiac conditions receive culturally appropriate cardiac education and commence cardiac rehabilitation while in hospital
- Promote education in relation to the warning signs of heart disease and acute coronary syndromes for Aboriginal and Torres Strait Islander peoples
- Provide referral for post-discharge cardiac rehabilitation programs, led and coordinated by a relevant rehabilitation team, and operating in collaboration with primary care providers and relevant local community controlled organisations and NGOs
- Develop a plan (including a tailored action plan) in collaboration with the patient and their family/carers before discharge and communicate with the patient and family in a tailored, respectful and culturally appropriate manner
- Review and prescribe discharge medication in concordance with the evidence-based guidelines and provide patients with an appropriate supply of medications upon discharge.
- Ensure all patients admitted with cardiac conditions are automatically referred to the most appropriate primary healthcare service able to provide or coordinate multidisciplinary secondary prevention services
- Improve feedback and reminder systems to support clinicians including referral pathways and clinical guidelines for acute event assessment, diagnostic testing, hospital/ tertiary centre transfers, specialist referrals and follow-up care including palliative services
- Deliver ongoing community-based, multidisciplinary chronic disease follow-up and specialist physician review as required for all Aboriginal and Torres Strait Islander peoples with cardiac disease

Resources

Prescribing Issues for Aboriginal People

This article describes some of the barriers to accessing medications and ways to overcome them.

Find the article at www.nps.org.au/australian-prescriber/



Frontline staff	Resources
<ul style="list-style-type: none">• Ensure patients participate in the discharge planning• Involve family members in the discharge planning• Integrate all patients without a designated GP or primary care provider into a community program for home- or centre-based therapy and education following hospital discharge and assist them in accessing appropriate primary care services• Use dose administration aids (e.g. Webster packs)• Provide referrals during discharge meeting and follow-up phone calls for appropriate patients to local ACCHOs or preferred healthcare provider. Where possible book follow-up appointment for the patient• Provide the patient with a discharge summary and information on when and where their follow-up appointments are• Ensure referral to cardiac rehabilitation with a service that has demonstrated success with Aboriginal and Torres Strait Islander peoples• Ensure to talk with patients and their families about Close the Gap co-payments for prescriptions, medication adherence and cardiac rehabilitation• Use telehealth/video conferencing to provide clinical care in the community• Seek feedback from patients about their experience while they were in hospital and feed this information back to the team and managers• Provide education on the warning signs of heart disease and ACS for Aboriginal and Torres Strait Islander peoples	<p>Improving the Patient Journey: Achieving Outcomes for Remote Aboriginal Cardiac Patients</p> <p>This study looks at the benefits of improved arrangements for Aboriginal patients to and from hospitals.</p> <p>www.crcah.org.au</p> <p>Assisting Aboriginal Patients with Medication Management</p> <p>This article outlines possible solutions for medication management in Aboriginal and Torres Strait Islander populations.</p> <p>Find the article at www.nps.org.au/australian-prescriber/</p>

