Investigation of the Issues related to Service Improvement for the Cherbourg Cardiac Outreach Clinic

A New Model of Care

Vivian Bryce CNC

Dr William Wang Cardiologist

Princess Alexandra Hospital
Review areas

• Medication compliance
• Funding for the clinic
• Access to Cardiac testing
• Model of care
• Follow up care
TERITARY BIOMEDICAL MODEL OF CARE

PAH Outreach Service

Visit 1

Patient

PAH Cardiologist

PAH Cardiac Scientist

Echo as per cardiologist directive

Letters to GP for tests, medication & follow-up

PAH Specialist Nurse

District Nursing education as per PAH Nurse’s speciality
Disillusioned Cardiologist
ISSUE!

Tertiary Biomedical Model of Care is Culturally Insensitive & Inappropriate For Treating Indigenous People
STUDY

• **Aim**
  – To develop a model of care that aligns with the concepts of cultural safety and competence

• **Sample**
  – Medical, Nursing, Pharmacy and Aboriginal Health Workers

• **Qualitative**
  – Focus groups sessions

• **Quantitative**
  – Data collection
UNDERPINNING Themes

- Clinical and Cultural Exchange
- Multi-disciplinary Team Approach
- Aboriginal Health Worker Community Family
- Respect Diversity
- Cultural Safety
- Remove Stereotyping and Racism
- Cultural Competence

Culturally Safe Model of Care
Letters and case conference notes went to GP & AHW at Community Health outlining tests, medication, tele-health follow-up & programmes (Smoke Check, Card Rehab, etc)
## Case Conference Sheet

### CHERBOURG COMMUNITY HEALTH & CHERBOURG HOSPITAL CASE CONFERENCE

Darling Downs Health Service District

- **Meeting Date:** / 201
- **Time:** hours
- **Presenting Staff**
  - (Write name & designation)
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.

- **Attendees**
  - (Write name & designation)
  - 6.
  - 7.
  - 8.
  - 9.
  - 10.

### Discussion points


### Recommended plan of action


### Recommended review frequency

- □ 1/12  □ 2/12  □ 3/12  □ 6/12  □ 12/12  □ Other:

### Completed by:

- **Name:**
- **Designation:**
- **Signature:**
- **Date:**
QUALATIVE DATA - COMMUNICATION

• Cardiologists
  – *I had one lady that would not say anything until I engaged the support of the AHW & then the communication opened up.*

• Nursing
  – *Patients feel supported & are less threatened during the consultation when the AHWs are involved. They are more likely to talk freely & communication is improved with their presence during the clinic.*

• Indigenous workers
  – *English is recognised as a second language --- so the AHW act as an interpreter for the patient.*
QUALATIVE DATA – RECIPROCAL MENTORING

• Indigenous workers
  – *We teach them about our culture & …. how to interact with our mob.*

• Pharmacist
  – *AHW’s knowledge on CVD needs to be supported because they have the most amount of contact with the community & therefore are the ones re-enforcing the information. Their education needs to be met to ensure accurate information is relayed to the patient.*
QUALATIVE DATA – FOLLOW-UP

• Indigenous workers
  – Local staff can follow-up on the patient in the community. It means that the patient is more likely to do what the doctor says because we can support & repeat what the doctor says.

• Cardiologists
  – The local staff continue to work with the patient after we leave, complementing our work. They (AHWs) are our eyes on the ground & this helps guide the management of future clinics.
QUANATIVE DATA – PATIENT ATTENDANCE

Continued improvements in total attendance

Current 2013 attendance rate is now 89%
Other progress

- Model of care – Aboriginal Health Worker and case conferencing
- Medications – access at local pharmacy
- Medications – ability to monitor compliance
- Medications – combination pills
- Medication submission to DOHA funding S100
- MSOAP ICD funding secured till 2014
- Introduced Medicare billing
Progress

- Testing – stress testing onsite and Echocardiograms
- As much as possible is done within the community
- Invasive testing at PAH
- Coordination – enhance function of clinic nurse
- Communication – hospital liaison and post discharge follow up
- Telehealth
CONCLUSION

Do not be afraid to analysis practice –
Is it culturally safe?
Do you have good compliance rates?

Remember

Culturally appropriate care is everyone’s responsibility