Improving the patient journey for Aboriginal and Torres Strait Islander peoples with Acute Coronary Syndromes

National Heart Foundation of Australia & Australian Healthcare and Hospital Association

Funded by the Australian Government Department of Health
We would like to acknowledge the Traditional Custodians of this Land on which we meet today and to pay respect to the Elders both past and present.
WORKSHOP AIM

Provide participants with the knowledge, skills and confidence to implement the Lighthouse Project quality improvement toolkit.
LEARNING OBJECTIVES

• Understand the background and rationale for improving the journey through hospital for Aboriginal and Torres Strait Islander peoples with an acute coronary syndrome (Part A)

• Understand and discuss how the quality improvement activities within the toolkit complement existing systems, policies, procedures and activities including the ACSQHC standards for hospital accreditation

• Understand the Lighthouse framework for improvement, including being able to identify the four inter related domains

• Identify and discuss existing systems, policies, procedures and activities that can be improved through quality improvement activities outlined in the toolkit
LEARNING OBJECTIVES

• Understand the minimum standards of care, cultural safety, governance and workforce requirements for Aboriginal and Torres Strait Islander peoples with acute coronary syndrome who journey through the hospital system

• Identify and discuss activities that can be Integrated into existing systems, policies, procedures and activities at the hospital

• Understand and develop a Plan, Do, Check, Act (PDCA) Cycle for each identified activity

• Develop, implement, review and evaluate an action plan for the identified activities

• Understand the requirements of the Lighthouse Project to meet contractual and evaluation requirements.
## PARTNERING WITH AHHA & THE HEART FOUNDATION

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Description</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Executive sponsor</td>
<td>A senior member of staff is responsible for leading the Lighthouse program</td>
<td>September 2014 – 31 March 2016</td>
</tr>
<tr>
<td>Designated project officer responsible for implementing the project and participating in the evaluation</td>
<td>The Hospital is to designate a project officer responsible for implementation and evaluation of the project at the Hospital.</td>
<td>October 2014 – 31 March 2016</td>
</tr>
<tr>
<td>Establish and/or utilise an existing local advisory committee to guide the Lighthouse Project within the Hospital</td>
<td>The Hospital is to establish and/or utilise an existing local advisory committee (or equivalent) that includes local Aboriginal and/or Torres Strait Islander peoples to support development of an action plan for the Hospital</td>
<td>October 2014 – 31 March 2016</td>
</tr>
<tr>
<td><strong>Staff participation in a local training workshop</strong></td>
<td>Hospital staff are to participate in a local training workshop that will provide staff with the skills to successfully implement the toolkit, inform them on how the project will be managed and requirements of evaluation.</td>
<td>TODAY</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Description</th>
<th>Timeline</th>
</tr>
</thead>
</table>
| Implementation of the toolkit within the Hospital      | • Develop an action plan that outlines the activities that the hospital will undertake  
• Action plan endorsed by 31 December 2014  
| Participation in evaluation of the toolkit              | • Pre and post staff survey  
• One on one interviews  
• Focus groups  
• Workshop with staff from other Hospital sites | September 2014 – June 2016      |
| Project management                                      | • Monthly meetings with the Heart Foundation and other sites.                                                                                                                                               | August 2014 – June 2016         |
| Advocacy                                               | • Advocate and raise awareness of the Lighthouse Project Phase 2 in appropriate and relevant forums.                                                                                                        | August 2014 – June 2016         |
THE TOOLKIT

The aim of this toolkit is to achieve systemic change in the acute care sector, improving outcomes for Aboriginal and Torres Strait Islander peoples experiencing ACS.

It provides a framework for evaluating systems and processes, to ensure minimum standards of care, cultural safety and quality are being met and identifying practices and actions that can and/or should be improved.
THE TOOLKIT

The toolkit has been developed by the Heart Foundation in partnership with the Australian Healthcare and Hospitals Association (AHHA) with input from key leaders in Aboriginal and Torres Strait Islander health and peak bodies including;

- Australian Commission on Safety and Quality in Healthcare (ACSQHC)
- Australian Indigenous Doctors’ Association (AIDA)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
- Royal Australian College of General Practitioners (RACGP)
- The Cardiac Society of Australia and New Zealand (CSANZ)
HOW DOES THIS TOOLKIT WORK WITH EXISTING HOSPITAL PROCESSES AND GUIDELINES?

✅ Links to Australian Commission on Safety and Quality in Healthcare National Safety and Quality Health Service Standards (accreditation)

✅ Standard 1 – Governance for Safety and Quality in Health Service Organisations
✅ Standard 2 – Partnering with Consumers
✅ Standard 4 - Medication Safety
✅ Standard 5 - Patient Identification and Procedure Matching
✅ Standard 6 - Clinical Handover
✅ Standard 9 - Recognising and Responding to Clinical Deterioration in Acute Health Care

✅ Links to clinical care standards for Acute Coronary Syndrome

✅ Links to Essential Service Standards for Equitable National Cardiovascular Care Standards (ESSENCE)
HOW DOES THIS TOOLKIT WORK WITH EXISTING HOSPITAL PROCESSES AND GUIDELINES?

✔ Links to Better Cardiac Care for Aboriginal and Torres Strait Islander Peoples

✔ Links to Close the Gap National Partnership Agreement

✔ Links to Aboriginal and Torres Strait Islander Health Performance Framework

✔ Links to the National Aboriginal and Torres Strait Islander Health Plan
To improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples

To achieve cultural proficiency across the hospital

- To develop a culturally and clinically competent workforce
- To effectively utilise the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams

- To ensure executive leadership and appropriate accountability across all staff for quality improvement activities across the organisation
- To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community
ACTION PLANS

Goal

• To achieve systemic change in the acute care sector, improving outcomes for Aboriginal and Torres Strait Islander peoples experiencing ACS.

Objective

• Cultural Competence Domain
• To achieve cultural proficiency across the hospital

Strategy

• Build capacity for culturally-appropriate, patient-centered care.

Activity

• Managers and Senior Clinicians
• Develop a policy and procedure to ensure Aboriginal and Torres Strait Islander health staff are involved throughout the patient journey

ACTION PLAN

• This is where all of the above information is captured.
• This is where the steps that need to be taken to achieve the chosen Activity are documented (This is where the PDCA Cycle is documented)
CONTINUOUS QUALITY IMPROVEMENT

An ongoing and systematic approach for collecting and reviewing data and identifying opportunities to improve the operations of an organisation.

CQI emphasises a constant cycle of improvement and evaluation. Critical to these outcomes is the development of long-term partnerships with communities, clinicians, managers, researchers, services and policy makers.
PLAN, DO, CHECK, ACT (PDCA) CYCLE

**PLAN!**
(Plan improvements)

**DO!**
(Implement the improvements)

**CHECK!**
(Are the improvements doing what we wanted? Can we build on them)

**ACT!**
(Make changes to the improvements. Identify new improvements)

Improvements in services to patients

- Patient needs
- Legislative requirements
- Funding requirements
- Accreditation standards
- Service provider needs
- Community expectations

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BEFORE GETTING STARTED

ASSESS THE CURRENT SITUATION AT THE HOSPITAL

• What other QI projects have the hospital undertaken before? These projects might be known as clinical practice improvement projects, patient journey projects, LEAN thinking or redesigning care projects.
• What Aboriginal and Torres Strait Islander programs have been implemented in the hospital? Can these be used to assist with this project?
• What should be the first focus of a QI project focused on Aboriginal and Torres Strait Islander health issues?
• Who needs to participate in the project?
• Have you sought support and engagement for projects from the Aboriginal and Torres Strait Islander community before commencement?
• What resources are available to design, implement and evaluate the project?
• Does the hospital have access to the right information during the planning cycle?
• How will the hospital review the QI projects?
GETTING STARTED!

Key questions to ask;

1. What are we trying to accomplish?

2. Who should be involved?

3. What changes can we make?

4. How will we know a change is an improvement?
WHAT ARE WE TRYING TO ACCOMPLISH?

• Improvement starts with agreement on a clearly understood aim.
• An important part of developing the aim is to be clear about the quality of care that the hospital wants to provide.

• What is the quality of care that you want to provide for Aboriginal and Torres Strait Islander people with acute coronary syndromes?
WHO SHOULD BE INVOLVED?

Executive Managers and Board Members

Govern
best practice care

Managers and Senior Clinical Staff

Lead
best practice care

Frontline Staff

Provide
best practice care

Patients

Receive
best practice care

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WHAT CHANGES CAN WE MAKE?

Before getting started on a large and complicated project Ideally, start with a project that:

- is clearly defined
- is relatively short in timeframe
- is broken down into manageable steps
- can be implemented by current staff and
- develops the relationship between the hospital and the Aboriginal and Torres Strait Islander community.

• Think about the changes you would like to see
HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?

Evaluation of actions in this toolkit is through self-assessment only.

- Evaluation of QI actions undertaken is critical to determine if the implementation has been successful.
- Not every QI activity will provide positive results but it is important to look at the impact and outcomes achieved and learn from the experience.
- Self-assessment drives reflection on quality of care. It is important to regularly assess practice, recognise strengths and identify areas that can be improved.
KEY EVALUATION QUESTIONS TO ASK

• Do the changes made suggest other improvements?
• If changes did not work, what next?
• If there were unintended consequences, what needs to be done?
• Were new data generated? If yes, what do they show?
• Were new areas for change and QI identified and what can be done about this?

Self-assessment will determine if the hospital is achieving best-practice, evidence-based, culturally-appropriate care for Aboriginal and Torres Strait Islander peoples with ACS.
“From the board room to the bedside – quality is everyone’s business.”

Dr Cathy Balding 2014
DOMAIN 1 – CULTURAL COMPETENCY
To achieve cultural proficiency across the hospital

To improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples

- To develop a culturally and clinically competent workforce
- To effectively utilise the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams

- To ensure executive leadership and appropriate accountability across all staff for quality improvement activities across the organisation
- To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community

Care Pathways
patient journey, variance

Workforce
capacity, training

Governance
leadership, accountability

Cultural Competence
safety and security

Patient Family Community

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Cultural Security
Policies and protocols are in place

Cultural Safety
- Learning from cultural awareness are reflected in organisational thinking
- Aboriginal and Torres Strait Islander staff feel safe in identity and there is a value for diversity

Cultural Awareness
Internal or external short courses or workshop or formal qualification introduces staff to the Aboriginal and Torres Strait Islander culture
A CULTURALLY COMPETENCE ORGANISATION

• Values diversity
• Has the capacity for cultural self-assessment
• Is conscious of the dynamics that occur when cultures interact
• Institutionalises cultural knowledge
• Adapts service delivery so that it reflects an understanding of the diversity between and within cultures
• Has an organisational wide commitment.
BARRIERS TO ACHIEVING CULTURAL COMPETENCE

• Diversity of Aboriginal and Torres Strait Islander peoples including location and different cultural lore
• Variation in cultural awareness training
• Lack of cultural understanding of staff
• Not seen as a priority ‘an Aboriginal issue not our business’.

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SOLUTIONS TO ACHIEVE CULTURAL COMPETENCE

• Clinicians seek an understanding of the patient and their needs, individual beliefs and understanding of their situation.
• Clinicians and managers allow time and flexibility to develop relationships and document appropriate care pathways
• 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
• Invite an elder of the community to be part of the cultural awareness and safety training/and or the local AMS

Break down the barriers!
ENABLERS TO ACHIEVING CULTURAL COMPETENCE

• Build capacity of staff to provide culturally appropriate, patient and family centered care.
• Engage Aboriginal and Torres Strait Islander staff in all aspects of care including discharge planning.
• Be familiar with Aboriginal and Torres Strait Islander community organisations that influence care pre and post hospitalisation.
• Provide culturally appropriate resources to patients
• Celebrate significant cultural days with the local community
• Include local Aboriginal and Torres Strait Islander Community in planning and reviewing services and resources.
• Ensure cultural items - flags, artwork, artefacts, acknowledgment of country plaques – are visible
HOW TO ACHIEVE THE OBJECTIVE OF THIS DOMAIN?

Objective - To achieve cultural proficiency across the hospital

Strategy - Build capacity for culturally-appropriate, patient-centered care.

Strategy - Provide patient resources that are relevant and appropriate for Aboriginal and Torres Strait Islander peoples.

Strategy - Create an environment that is acceptable and meaningful to Aboriginal and Torres Strait Islander peoples.
LETS GO TO PAGE 24 IN THE TOOLKIT
IN SUMMARY..

• 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
DOMAIN 2 – CARE PATHWAYS
To improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples

To achieve cultural proficiency across the hospital

- To develop a culturally and clinically competent workforce
- To effectively utilise the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams

- To ensure executive leadership and appropriate accountability across all staff for quality improvement activities across the organisation
- To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community

Care Pathways
patient journey, variance

Cultural Competence
safety and security

Workforce
capacity, training

Governance
leadership, accountability

Patient Family Community

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WHAT ARE THE BEST PRACTICE CARE PATHWAYS?

• The Better Cardiac Care for Aboriginal and Torres Islander People Forum identified national priorities for action, and high-impact initiatives for implementation to improve cardiac care and outcomes for Aboriginal and Torres Strait Islander peoples.

• The Australian Commission on Safety and Quality in Health Care has developed a draft Clinical Care Standard for Acute Coronary Syndrome will support healthcare professionals to make decisions about appropriate care and allow health services to examine and improve the performance of the care provided by the organisation.
ENABLERS TO ACHIEVE BEST PRACTICE CARE PATHWAYS

• Utilise best-practice guidelines for collecting Indigenous status
• Information sharing using technology

“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.”

• Any other enablers to achieving best practice care pathways?
BARRIERS TO ACHIEVING BEST PRACTICE CARE PATHWAYS

• Difficulties associated with identification of Aboriginal and Torres Strait Islander peoples

SOLUTION:

• Emphasise the use of identification data to staff as a way to improve care for patients
• Practical use of this data is a great motivator for frontline staff, clinicians and managers to participate in CQI
• Review AIHW National Best Practice Guidelines for collecting Indigenous status in health data sets and provide staff training on how to implement the guidelines
• Promote to the local community the need to answer these questions are part of the data that needs to be collected to improve measures and outcomes
BARRIERS TO ACHIEVING BEST PRACTICE CARE PATHWAYS

• Difficulties associated with data availability

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 utilise the data
HOW TO ACHIEVE THE OBJECTIVE OF THIS DOMAIN?

Objective - To improve access to and uptake of evidence based ACS care for Aboriginal and Torres Strait Islander peoples

Strategy - Improve identification of Aboriginal and Torres Strait Islander peoples.

Strategy - Ensure Aboriginal and Torres Strait Islander peoples receive evidence-based ACS care.

Strategy - Improve post-discharge care for Aboriginal and Torres Strait Islander peoples.
LETS GO TO PAGE 33 IN THE TOOLKIT
IN SUMMARY..

- 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
DOMAIN 3 – GOVERNANCE
To achieve cultural proficiency across the hospital

- To develop a culturally and clinically competent workforce
- To effectively utilise the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams

- To ensure executive leadership and appropriate accountability across all staff for quality improvement activities across the organisation
- To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community

To improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples

- To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community

Care Pathways
patient journey, variance

Cultural Competence
safety and security

Workforce
capacity, training

Governance
leadership, accountability

Patient
Family
Community

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WHAT IS EFFECTIVE GOVERNANCE?

• Informal governance arrangements among Aboriginal and Torres Strait Islander communities are as important as formal governance arrangements for organisations.

• Hospitals that provide Aboriginal and Torres Strait Islander leadership and governance as well as opportunities for community decision-making are more likely to succeed.
ENABLERS TO ACHIEVE EFFECTIVE GOVERNANCE

• Leadership of key clinical and executive ‘champions’
• Effective relationships, partnerships and consultations

• Any other enablers to achieving effective governance?
BARRIERS TO ACHIEVING EFFECTIVE GOVERNANCE

• Lack of support from senior management

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
BARRIERS TO ACHIEVING EFFECTIVE GOVERNANCE

• Inadequate resources and funding

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.
HOW TO ACHIEVE THE OBJECTIVE OF THIS DOMAIN?

Objective 1 - To ensure executive leadership and appropriate accountability across all staff for QI activities across the organisation

Strategy - Integrate opportunities for community-lead health initiatives.

Objective 2 - To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and the community

Strategy - Effective and accountable leadership by all staff
LETS GO TO PAGE 45 IN THE TOOLKIT
IN SUMMARY..

• 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
DOMAIN 4 – WORKFORCE
To achieve cultural proficiency across the hospital

- To develop a culturally and clinically competent workforce
- To effectively utilise the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams

- To ensure executive leadership and appropriate accountability across all staff for quality improvement activities across the organisation
- To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community

To improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples
The National Aboriginal and Torres Strait Islander Health Workforce Strategy 2011 – 2015 calls for equitable health outcomes through a competent health workforce that has appropriate clinical, management, community development and cultural skills.
HOW DO YOU DEVELOP A CULTURALLY AND CLINICALLY COMPETENT WORKFORCE?

The National Aboriginal Community Controlled Health Organisation, in their healthy futures document, have highlighted the need to provide an adequate workforce, to meet the needs of Aboriginal and Torres Strait Islander peoples, by increasing recruitment and retention to meet health needs and that staff working with Aboriginal and Torres Strait Islander peoples to have cultural training.
ENABLERS TO ACHIEVE A COMPETENT WORKFORCE

• Expand and optimise the role of Aboriginal Liaison Officers (ALO), Aboriginal Health Workers (AHW), Aboriginal Patient Pathway Officers (APPO) and equivalents.
• ALO, AHW or APPO program is effectively supported by management and other staff
• Effective working relationships are developed between ALO, AHW or APPO program and clinical staff
• ALOs, AHWs and Indigenous staff are supported in further their skills and knowledge through opportunities for continuing professional development.

• Any other enablers to achieving a competent workforce?
BARRIERS TO ACHIEVING A COMPETENT WORKFORCE

• Variable utilisation of ALOs, AHWs and other support staff

SOLUTION:

• Two-way training and reciprocal mentorship in the relationship between ALOs, AHWs and/or APPOs and other clinical staff

• Embedding ALOs, AHWs and/or APPOs as part of the multidisciplinary care team and cycle of care
BARRIERS TO ACHIEVING A COMPETENT WORKFORCE

• Staff instability

SOLUTION:

• Define and document the role of the ALO and AHW within the hospital to provide clear guidance to the staff member and other staff who work with the AHW or ALO

• Any other barriers and/or solutions to achieving a competent workforce?
HOW TO ACHIEVE THE OBJECTIVE OF THIS DOMAIN?

Objective 1 - To develop a culturally and clinically competent workforce

Strategy - Obvious presence and integration of Aboriginal and Torres Strait Islander staff across the care system.

Objective 2 - To effectively utilise the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams

Strategy - Provision of best-practice training to staff to increase knowledge and understanding of Aboriginal and Torres Strait Islander culture
LETS GO TO PAGE 55 IN THE TOOLKIT
IN SUMMARY..

• 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
ACTION PLANS
ACTION PLANS

Goal

• To achieve systemic change in the acute care sector, improving outcomes for Aboriginal and Torres Strait Islander peoples experiencing ACS.

Objective

• Cultural Competence Domain
  • To achieve cultural proficiency across the hospital

Strategy

• Build capacity for culturally-appropriate, patient-centered care.

Activity

• Managers and Senior Clinicians
  • Develop a policy and procedure to ensure Aboriginal and Torres Strait Islander health staff are involved throughout the patient journey

ACTION PLAN

• This is where all of the above information is captured.
  • This is where the steps that need to be taken to achieve the chosen Activity are documented (This is where the PDCA Cycle is documented)
ACTIVITY 1

• What DOMAIN should the hospital focus on?

• What STRATEGY should the hospital focus on?

• What ACTIVITY should the hospital focus on?
To achieve cultural proficiency across the hospital

To improve access to and uptake of evidence-based ACS care for Aboriginal and Torres Strait Islander peoples

- To develop a culturally and clinically competent workforce
- To effectively utilise the skills and knowledge of Aboriginal and Torres Strait Islander staff across the hospital, especially within multidisciplinary care teams

- To ensure executive leadership and appropriate accountability across all staff for quality improvement activities across the organisation
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- To develop and ensure effective relationships, partnerships and consultation with Aboriginal and Torres Strait Islander organisations and community

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ACTIVITY 2

• For this activity we are going to go though and assess the current level of activity and the activity that will be required.
ACTIVITY 3

- Aim of the action plan
- Domain
- Objective
- Strategy
- Activity for action
- Start and end date
- Owner of the action plan (and signature)
- Executive sponsor (and signature)
- The action plan is linked to what other plans?
## ACTIVITY 3

<table>
<thead>
<tr>
<th>Activity</th>
<th>Steps to achieve the activity</th>
<th>Responsibility</th>
<th>Timelines</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a policy and procedure to ensure Aboriginal and Torres Strait Islander health staff are involved throughout the patient journey</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
REVIEW AND WRAP UP

• Together we are working to address the disparities in hospital care experienced by Aboriginal and Torres Strait Islander peoples who experience a heart attack.

• Quality improvement activities within the toolkit complement existing systems, policies, procedures and activities including the ACSQHC standards for hospital accreditation

• All four domains must be addressed in the framework for improvement for Aboriginal and Torres Strait Islander peoples with acute coronary syndrome who journey through the hospital system

• Action plan for 2015 needs to be submitted by 31 December 2014.
REVIEW AND WRAP UP

• Evaluation of QI actions in this toolkit is through self-assessment only
• Evaluation of QI actions undertaken is critical to determine if the implementation has been successful.
• Not every QI activity will provide positive results but it is important to look at the impact and outcomes achieved and learn from the experience.
• Self-assessment drives reflection on quality of care. It is important to regularly assess practice, recognise strengths and identify areas that can be improved.
THANK YOU and GOOD LUCK!