

#### ABORIGINAL PEOPLE ADMITTED TO OUR HOSPITAL WITH HEART DISEASE :

- Travel very long distances
- Put their trust in our care
- •Wealth of varied life experiences

B.

•Strong family connections

### WHAT IS THE EXPERIENCE FOR ABORIGINAL PEOPLE COMING TO OUR HOSPITAL?

### Manager Rounding:

- Introduce
- Discuss purpose
- Ensure good care
- Pain, buzzer etc.
- Staff recognition
- Action Taken

### Adapted Rounding Tool:

- Introduce & consent
- Purpose
- Did we ask the question?
- AHLO visit?
- Trust in care
- Treatment plan?
- Staff helpful?

# CLINICAL YARNING





## METHODOLOGY ONE PATIENT ROUNDING THEMES

## METHODOLOGY

- One clinician rounded
- Journal of rounding content
- Qualitative & Quantitative data
- Content analysis to assess qual data
- Quantitative data included
  - Self reported need for further education
  - AHLO offered/seen
  - Discussion about culture occurred
  - Patients knowledge of treatment plan v actual treatment plan
  - Rounding clinician's intervention

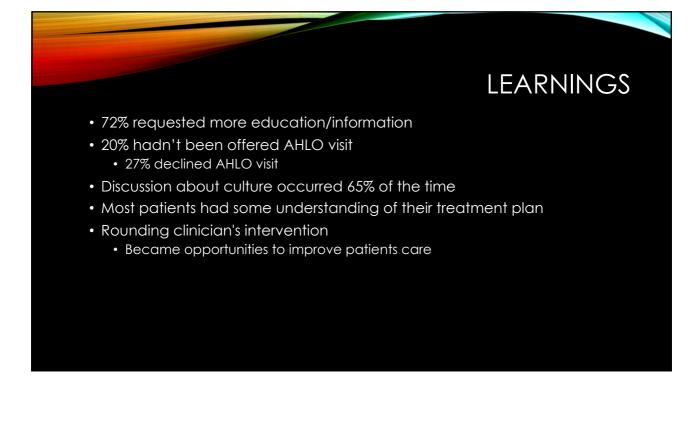
# QUANT ROUNDING RESULTS

- Self reported need for further education
  72% requested more education/information
- AHLO offered/seen
  - 48% had seen AHLO
  - 20% hadn't been offered AHLO visit
  - 27% declined AHLO visit
- Discussion about culture occurred
  - 65% discussed culture
- Patients knowledge of treatment plan v actual treatment plan
   68% Fully Aware & 27% Some understanding
- Rounding clinician's intervention
  - Action in 65%



## LIMITATIONS

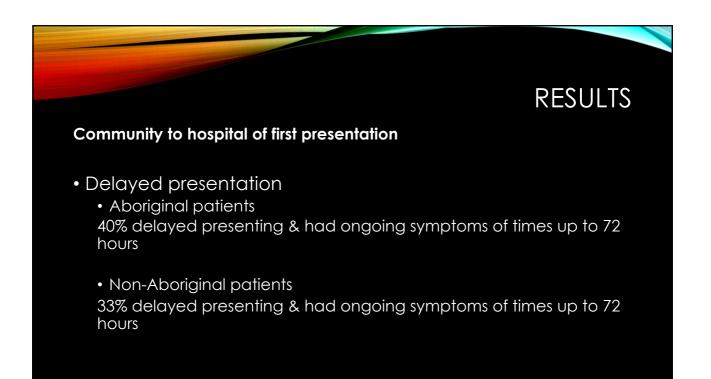
- Results are specific to site
- Patients remain in our care
- Single clinician conducting rounding
- Time consuming



## METHODOLOGY TWO AUDIT 15 ABORIGINAL ACS ADMISSIONS VS 15 NON-ABORIGINAL ACS ADMISSIONS

## METHODOLOGY

- Retrieved 15 Aboriginal & non-Aboriginal Cardiac Admission list, medical records, discharge summaries & online clinical systems.
- Audit conducted against ACS Nationals guidelines, Chest pain pathways & local policies.
- We added in pre & post discharge information as well to capture any additional data around Aboriginal patient journeys for example referral to Cardiac Rehab, GP & Chronic disease management.
- With the aim to capture Cardiac patient journey & the potential differences of care between the two patient groups





Location/ patient group	Triage	Category of Presentation	Triage notes	Diagnoses
Aboriginal Peel	4	Resp-SOB	"an increase in SOB feels he need to cougn something up but is unable to	NSTEMI
	4	Giddiness/ dizziness	"went to toilet, felt dizzy, put her head downfeeling nauseated PMHx pacemaker, HTN"	NSTEMI
Aboriginal Mehi	3	Chest pain	"presented with central chest pain. Pain central and radiating to right ear"	Non-cardiao chest pain
	3	Fever	"Unwell since yesterday with hot and cold flushes. Worse on inspiration"	NSTEMI
	3	Resp-SOB	"SOB, getting worsereporting sharp pain in the chest on coughing"	NSTEMI
Non-Aboriginal	3	Resp -SOB	"woke feeling SOBworse on exertionCP on inspiration"	NSTEMI
Peel	4	Resp-Cough	"coughingdenies pain"	NSTEMI
Non-Aboriginal Mehi	4	Diagnostic ECG	"referred to ED by GP had episode chest painnil pain currently"	NSTEMI



Out of the 14 Aboriginal cardiac patients,

- 46% were told to follow up with a Cardiologist
- 61% were told to follow up with a General Practitioner
- •2/14 of these patients had no GP

Out of the 15 non-Aboriginal cardiac patients

- 60% were told to follow up with a Cardiologist
- 60% were told to follow with a General Practitioner

## CARDIAC REHAB

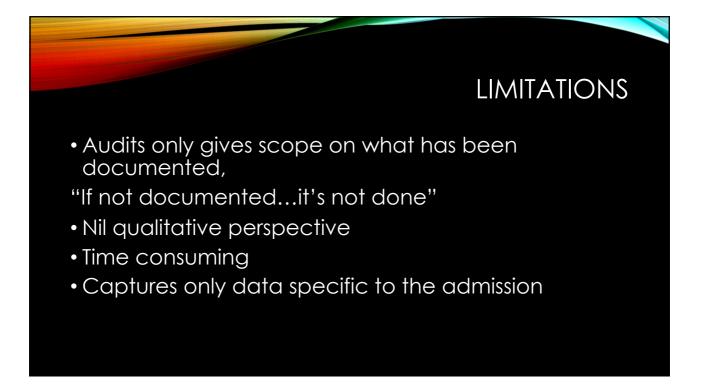
Cardiac rehab should be offered to all Cardiac Patients during hospital stay. Options should be provided to match personal preference, values and available sources: in the hospital, primary care, local community and home.

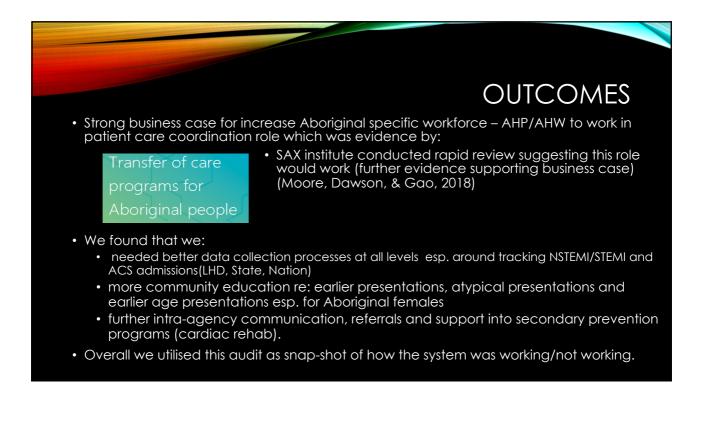
Aboriginal patients
77% were offered cardiac rehab on admission/discharge

Non-Aboriginal patients
93% were offered cardiac rehab on admission/discharge

### CHRONIC DISEASE, ABORIGINAL SERVICES AND COMMUNICATION

- Referral to Integrated Chronic Care for Aboriginal People
  - Of the 14 cardiac patients, 4 received referrals to Matt Crawford, through Cardiac Rehab
- 54% attend Aboriginal medical service,
  - 0% notification/referral to AMS during admission
- ALO input during admission
  - 33% were offered and consulted by an ALO during their stay.





## VALUE IN PATIENT EXPERIENCE

- Capturing how the system has/hasn't worked for Aboriginal Cardiac patients
- Each methodology enabled each project site to decide early on what direction their project needed to focus on
- The importance of patient experience and meaningful engagement

