THE LIGHTHOUSE HOSPITAL PROJECT:

Utilising two different methodologies,

Two different sites:

To understand the Aboriginal Cardiac patient experience

Sponsored by the Heart Foundation in collaboration with the Australian Healthcare and Hospitals Association (AHHA)

Acknowledgement of Country

I would like to acknowledge the traditional owners of this land, the Gadigal people of the Eora Nation. I would like to pay my respects to Elders past, present and emerging.

ABORIGINAL PEOPLE ADMITTED TO HOSPITAL WITH HEART DISEASE :

- Almost twice the in-hospital coronary heart disease death rate
- A 14% lower rate of angiography
- A 34% lower rate of coronary angioplasty or sent procedures.
- Twice as likely to have a heart attack

Australian Human Rights Commission. National Indigenous Health Equality Targets. Outcomes from the National Indigenous Health Equality Summit, 18–20 March 2008; Canberra. Available at www.humanrights. gov.au/sites/default/files/content/social_justice/health/targets/health_targets.pdf Accessed 27 March 2016.

ABORIGINAL PEOPLE ADMITTED TO OUR HOSPITAL WITH HEART DISEASE :

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

CSIRO PUBLISHING
Australian Journal of Primary Health, 2016, **22**, 377–382
http://dx.doi.org/10.1071/PY16051
Forum

'Yarn with me': applying clinical yarning to improve clinician–patient communication in Aboriginal health care

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POWER IN TALK

CSIRO PUBLISHING
Australian Journal of Primary Health
https://doi.org/10.1071/PY17082
Review

The power of talk and power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication

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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%

QUAL ROUNDING RESULTS

DAMA

Literacy & Communication

Pain management

LIMITATIONS

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

LEARNINGS

- 72% requested more education/information
- 20% hadn't been offered AHLO visit
  - 27% declined AHLO visit
- Discussion about culture occurred 65% of the time
- Most patients had some understanding of their treatment plan
- Rounding clinician's intervention
  - Became opportunities to improve patients care

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

RESULTS

Community to hospital of first presentation

- Delayed presentation
  - Aboriginal patients

    40% delayed presenting & had ongoing symptoms of times up to 72 hours

  - Non-Aboriginal patients

    33% delayed presenting & had ongoing symptoms of times up to 72 hours

RESULTS

Triaging chest pain presentations

Category 2 is a National standard for all patients presenting to their local ED with chest pain. With a triage of 2 patients are to be seen within 10 mins

(Australian College of Emergency Medicine, 2013; NSW Health, 2017).

- 66.6% Aboriginal patients were triage appropriately
- 80% Non-Aboriginal patients were triaged appropriately

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

RESULTS USING DISCHARGE SUMMARIES

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.

LIMITATIONS

- Audits only gives scope on what has been documented,

"If not documented…it's not done"

- Nil qualitative perspective
- Time consuming
- Captures only data specific to the admission

OUTCOMES

- Strong business case for increase Aboriginal specific workforce – AHP/AHW to work in patient care coordination role which was evidence by:

Transfer of care programs for Aboriginal people

- SAX institute conducted rapid review suggesting this role would work (further evidence supporting business case) (Moore, Dawson, & Gao, 2018)

- We found that we:
  - needed better data collection processes at all levels esp. around tracking NSTEMI/STEMI and ACS admissions(LHD, State, Nation)
  - more community education re: earlier presentations, atypical presentations and earlier age presentations esp. for Aboriginal females
  - further intra-agency communication, referrals and support into secondary prevention programs (cardiac rehab).
- Overall we utilised this audit as snap-shot of how the system was working/not working.

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

REFERENCES

- Australian Human Rights Commission. National Indigenous Health Equality Targets. Outcomes from the National Indigenous Health Equality Summit. 18–20 March 2008; Canberra. Available at www.humanrights. gov.au/sites/default/files/content/social_justice/health/targets/health_targets.pdf Accessed 27 March 2016
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