

**IMPROVING THE CULTURE OF HOSPITALS
PROJECT**

***Aboriginal and Torres Strait Islander Patient
Quality Improvement Toolkit for Hospital Staff***

Quality improvement processes, tools and guidelines to enhance the service response to Aboriginal and Torres Strait Islander people and their communities by Australian hospitals

June 2010

Acknowledgments

The project team would like to acknowledge all the work undertaken by Aboriginal and non-Aboriginal staff in hospitals who together provide care to Aboriginal and Torres Strait Islander communities across Australia. In particular we would like to acknowledge the work undertaken by Aboriginal staff, in many cases, the only Aboriginal staff member or part of a small team in large organisational environments. These staff work tirelessly with members of their community, many of whom have complex health needs.

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Continuous quality improvement process for improving the culture of hospitals for Aboriginal people

Rationale – Why do you need this toolkit?

As part of the Closing the Gap campaign and in line with jurisdictional policies, hospitals need to improve the way they develop their services for the Aboriginal and Torres Strait Islander communities. This toolkit has been developed using continuous quality improvement (CQI) methods to provide assistance to hospitals to improve their cultural sensitivity regarding Aboriginal and Torres Strait Islander patient care and to embed a process of organisational cultural reform. This toolkit will support an ongoing reform strategy to ensure sustainability of improvements regarding Aboriginal health in line with the key responsibilities of each state and territory jurisdiction.

This toolkit includes a generic quality improvement process that has been developed to ensure hospitals engage with Aboriginal people in the design and delivery of their services. This process is flexible and can be adjusted to suit local needs. This toolkit provides a way of working with the current CQI technology and facilitates the operationalising of policy at the coalface to improve Aboriginal and Torres Strait Islander patient outcomes. This toolkit will assist in bridging the gap between policy and practice. This work requires clinicians and staff from across hospitals to work with Aboriginal staff to ensure systemic change is undertaken. This work is too large for Aboriginal staff to do alone.

Implementing this toolkit has the potential to set in place a process for continuous quality improvement around cultural reform in hospitals, including opportunities for local communities to develop strategies in partnership with the hospital in their area. This process will take time but will build the capacity and sustainability of both hospital and their local communities to make a real difference in Aboriginal and Torres Strait Islander health.

Undertaking this approach will not provide instant solutions but will set in place a process for local communities to develop strategies in partnership with the hospital in their area. This process will take time but will build the capacity of both the hospital and their local Aboriginal communities to make a real difference in Aboriginal health and most importantly build sustainability.

Continuous quality improvement process for improving the culture of hospitals for Aboriginal people

How to use this toolkit

This toolkit has been designed with the intention that a systematic approach is taken to improving Aboriginal health service delivery. It is recommended that you work your way through the different Continuous Quality Improvement Process steps as outlined in the left hand toolbar of the website: www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

However, should you simply want change ideas, strategies or answers to specific questions please go straight to the process step that is of particular interest to you.

It is recommended that all non-Aboriginal staff that will be involved in any project should first undertake cultural awareness training to ensure they have a basic understanding of the issues. For ideas on cultural awareness training please see Process 3.

Where to begin?

Things to consider before getting started

- What other quality improvement projects has your hospital undertaken before? These projects might be known as clinical practice improvement projects, patient journey projects, LEAN thinking or redesigning care projects.
- How should you start a quality improvement project focused on Aboriginal health issues? What should you focus on first?
- Who needs to be involved?
- Do you need senior management support?
- Do you need to get approval from the Aboriginal community before you commence?
- Any quality improvement project you undertake should fall within a normal quality assurance exercise but if you have any concerns please seek an opinion from your hospital ethics committee.

Who should you involve?

- It should be noted that changing hospital systems is significant work and requires a range of staff from across the organisation to be successful. In this area of Aboriginal cultural sensitivity the involvement of Aboriginal staff is crucial but they are unable to undertake this work alone.
- The Aboriginal staff employed within your health service are a crucial starting point to providing guidance on how to go about any quality improvement project in this area. The most common Aboriginal staff role in Australian hospitals is the Aboriginal Hospital Liaison Officer also known as the Aboriginal Liaison Officer. For the remainder of this toolkit this role will be referred to as the Aboriginal Hospital Liaison Officer or AHLO. Other Aboriginal specific roles may include Aboriginal Family Support Worker or Aboriginal Education and Training Officer.

Continuous quality improvement process for improving the culture of hospitals for Aboriginal people

Seeking support

- In the first instance, ask your AHLO how to approach the community and who to liaise with about quality improvement projects.
- Senior management support is essential to Aboriginal health developments. To ensure a quality improvement project can be successfully undertaken and findings implemented, management need to be engaged at the early stages. One way to do this is to invite a senior staff member to lead any partnership/project meetings with the Aboriginal community.
- The body or structures with responsibility for quality improvement in hospitals go by many different names. The term **Quality Improvement Committee (QIC)** is a general term that is used to represent the formal body within the hospital that has responsibility for providing service improvement advice on major clinical governance matters to the hospital executive and Board. Aboriginal health being one of the primary health issues facing Australia means that activities and changes aimed at improving Aboriginal health should be dealt with through the principal quality improvement body of hospitals. As an initial step many hospitals create a team of staff to work on a specific Aboriginal project and connect to the QIC by inviting them to meetings etc. This is intended as a starting point only as the involvement of the main committee is crucial to ensure learnings are promulgated across the organisation.

Start small

- Start with a project that is clearly defined, relatively short in timeframe and manageable by your current staff team. Avoid large, complex projects initially to allow the relationship between your hospital and the Aboriginal community to develop.
- Always remember that hospitals are large, complex organisations with their own unique culture. The idea with this kind of quality improvement project is to break down this cultural barrier and bring about some flexibility and this will take time. Big organisations take time to change.

How to use the Quality Improvement Process in this toolkit

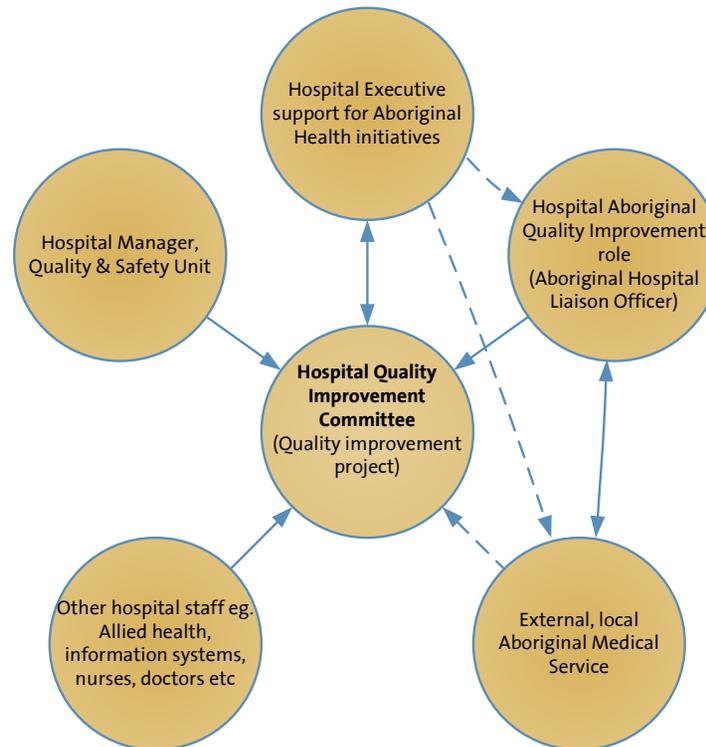
- This Continuous Quality Improvement (CQI) process has some extra steps compared to a typical Plan, Do, Study, Act (PDSA) cycle, to ensure ongoing engagement with the Aboriginal community throughout the process. These Aboriginal components are crucial to ensuring the ongoing relationship development between the hospital and the local Aboriginal community. A diagram depicting the steps of the Continuous Quality Improvement process is included on our website:
www.svhm.org.au/aboutus/community/ICHPtoolkit/Pages/toolkit.aspx
- Start with one project and follow the process. Even if the project is not seen as successful there will nearly always be capacity gained through connection and relationship development with the community.

Continuous quality improvement process for improving the culture of hospitals for Aboriginal people

Aboriginal Health Quality Flow Diagram

The flow diagram provides a pictorial outline of what needs to be in place to ensure the successful implementation of a quality improvement approach to Aboriginal health in acute care organisations. The key component is senior management support for the process by directly supporting the Quality Improvement Committee to engage with Aboriginal quality improvement projects and also supporting Aboriginal Hospitals Liaison Officers (or other relevant Aboriginal staff) to assist with the process.

Aboriginal Health Quality Flow Diagram



Continuous quality improvement process for improving the culture of hospitals for Aboriginal people

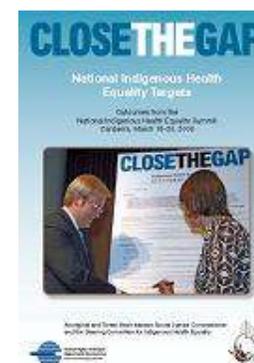
Executive Summary

The health status of Indigenous peoples is a global concern with mortality and hospitalisation data indicating that the health of indigenous groups falls below that of other ethnic groups within their countries.¹ From an Australian perspective, Aboriginal people generally have higher rates of hypertension, heart disease, respiratory ailments, stroke, diabetes, cancer and renal failure. Mental health, drug dependence, violence and other indicators of social marginalisation and cultural disintegration are also of concern. Aboriginal children are more likely to be born prematurely, have lower birth weights, exhibit slower growth, have higher hospital admission rates and greater mortality in the first year of life.² These indicators of Aboriginal and Torres Strait Islander people's health status results in an average life expectancy of 17 years below that of non-Indigenous Australians and is not isolated to remote areas but is a consistent finding across all areas of Australia including urban, rural and remote. As outlined by Oxfam Australia in 2006 in their Commonwealth Games briefing paper: Aboriginal and Torres Strait Islander Health, the Australian situation is in contrast to improvements made in the health status of indigenous people living in other Commonwealth countries such as Canada and New Zealand. This document is available from the resources section of our website: www.svhm.org.au/aboutus/community/ICHPtoolkit/Pages/toolkit.aspx

The goal of working towards achieving equality in health status and life expectancy is a huge task and all areas of government and services need to play their role. As outlined in the Close the Gap initiative, one area that needs to be addressed to enable equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery, and control of these services. As outlined by Dr William Jones as part of the support for the Close the Gap initiative:

For Indigenous peoples to participate in Australian society as equals requires that we be able to live our lives free from assumptions by others about what is best for us. It requires recognition of our values, culture and traditions so that they can co-exist with those of mainstream society. It requires respecting our difference and celebrating it within the diversity of the nation.

Dr William Jones, 2008



¹ Wilson D (2003). The nurse's role in improving indigenous health. *Contemporary Nurse*, Oct, 15 (3): 232-40

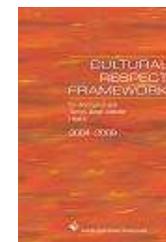
² Mooney N, Bauman A, Westwood B, Kelaher B, Tibben B & Jalaludin B. (2005). A Quantitative Evaluation of Aboriginal Cultural Awareness Training in an Urban Health Service

Continuous quality improvement process for improving the culture of hospitals for Aboriginal people

Hospital Boards and CEOs are now required to respond to this challenge, especially as many current federal and state/territory health funding agreements include requirements to improve the health of Aboriginal and Torres Strait Islander people.

So how might hospitals in Australia respond differently and play their part in improving the health status of Aboriginal and Torres Strait Islander people? An essential starting point involves seeking feedback from Aboriginal patients and their families about their issues of concern when they attend hospitals for treatment. This feedback is crucial if hospitals are going to improve their service response to the Aboriginal and Torres Strait Islander community. There are many strategies that not only facilitate the gathering of such feedback from Aboriginal patients but also aim to achieve organisational change and improved practice based on that feedback.

The Cultural Respect Framework (available from the Resources section of our website – www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx) provides a guiding principle for jurisdictions and healthcare organisations in the development of policy and healthcare services for Aboriginal and Torres Strait Islander people. The key focus of this framework is to encourage the strengthening of the relationship between the health care system and Aboriginal and Torres Strait Islander people. This framework has been used successfully by hospitals to guide their quality improvement activities and improving their relationship with their local Aboriginal community.



One proven strategy for bringing about such change, which is currently mandated as part of hospital practices, is continuous quality improvement. A key advantage of this approach is that it is embedded within hospital processes rather than relying on individual staff for its success. In the past this approach has been used primarily for technical issues such as hygiene, but it can also be adapted to play a role in improving the cultural response to the Aboriginal community.

The Improving the Culture of Hospitals Project (ICHP) has examined hospitals that have implemented successful Aboriginal and Torres Strait Islander health initiatives. This was an opportunity to explore successful programs undertaken by hospitals, within a quality improvement framework, to see how this work could be replicated and sustained across a wide range of hospital environments. Our findings from these case studies indicated that hospitals that were considered to be successfully addressing the issues of their Aboriginal patients shared the following:

- strong partnerships with Aboriginal communities
- leadership by hospital Boards, CEOs and clinical staff
- strategic policies within the hospitals
- structural and resource supports
- a well supported Aboriginal workforce
- enabling state and federal policy environments.

Continuous quality improvement process for improving the culture of hospitals for Aboriginal people

These findings were corroborated by other research that has identified that quality improvement in the health sector is most effective when it is focused on organisational priorities and has good engagement of high level managers. The intervention needs to be clearly formulated and the organisation must be ready for change. Other key factors include a relationship of trust with practitioners, adequate information systems and a supportive external environment.³

Building on all this information the project generated a draft quality improvement framework or toolkit which incorporated a continuous quality improvement process with accompanying tools and guidelines for each stage of the process, all of which have been proved to be effective instruments to sustain cultural change within the hospital environment. The draft toolkit was then trialled at another four hospitals across Australia to elicit feedback on the usefulness of the toolkit along with suggested improvements and additions. This second version of the toolkit was developed using this feedback. It should not be seen as the final version but more a 'work in progress'.

For more information on this project please refer to the Lowitja Institute website at <http://www.lowitja.org.au/crcqh/improving-culture-hospitals>

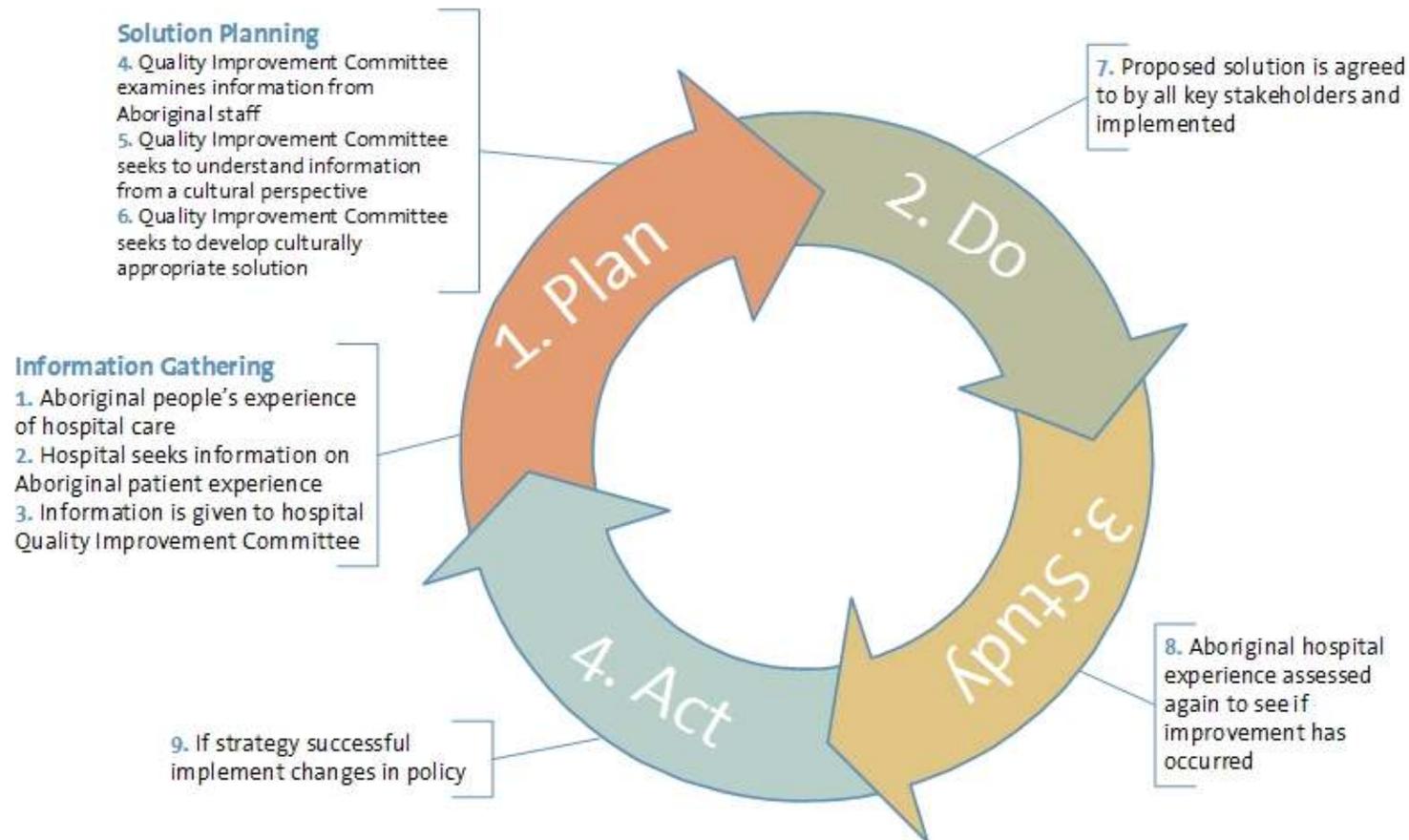
³ Bailie R.S, Si D, O'Donoghue L & Dowden M (2007). Indigenous health: effective health services through continuous quality improvement, *Medical Journal of Australia*, 186(10):525-527.

Quality improvement process

Improving the Culture of Hospitals for Aboriginal people

Continuous Quality Improvement Process

To improve the way hospitals develop culturally safe services for Aboriginal and Torres Strait Islander People



Quality improvement process

Improving the culture of hospitals for Aboriginal and Torres Strait Islander people

Process 1 - Aboriginal people's experience of hospital care

Key component

Training for the Aboriginal Quality Improvement (AQI) role.

Questions to consider for this process step

- a) What is the Aboriginal quality improvement role?
- b) Is it a new position, how does it vary from an Aboriginal Hospital Liaison Officer (AHLO) role?
- c) What CQI training is available, who should go and what qualifications/skills are required to undertake the training?

Detail

The AQI role provides the communication link between the hospital and the Aboriginal community. This role assists the hospital in seeking feedback, both informal and formal, and links this information into the quality improvement processes of the hospital. The AQI role is not intended to be a new position but would be undertaken by existing Aboriginal staff. The training program developed by the ICHP will assist Aboriginal staff to view the work they currently undertake within a quality improvement framework and provide the language for them to engage with quality and safety staff. The training also covers the general question of how and what type of information is collected which captures Aboriginal people's experience of hospital services. The two broad categories of hospital experience are attitudinal (e.g. staff felt that children should not be taken out of school for prolonged periods to visit sick relatives in hospital) and operational (e.g. staff not able to chase up missed outpatient appointments because it is not their role). The training aims to equip Aboriginal staff with the language to enable them to direct the health services Quality Improvement Committee (QIC) to make the distinction and connections between experiences of the two kinds.

Background

Aboriginal people have been employed by hospitals as Aboriginal Hospital Liaison Officers (AHLO) for many years and continue to play an important role in servicing the Aboriginal community. Many AHLO's have been quite isolated within the hospital that they are employed and have had to take responsibility for all things 'Aboriginal'. This process step has a support component embedded as well as training to ensure Aboriginal staff can bring community and patient issues to the Quality Improvement Committee.

Quality improvement process

Improving the culture of hospitals for Aboriginal and Torres Strait Islander people

Please note – the following materials are available on our website:
www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Hospital experience	a) Guideline	Outlines the skills required to undertake the Aboriginal Quality Improvement role and the need for the role to be undertaken by an Aboriginal staff member
		b) Training program	This training program was developed as part of the ICHP to provide Aboriginal staff involved in the trial of this toolkit with the information and knowledge to engage in the quality improvement process. Copies of the workbooks are also available.
		c) Case study information for non-Aboriginal hospital staff	This section provides case study vignettes for non-Aboriginal staff on how to involve Aboriginal staff in the quality improvement process.
2	Patient experience of hospital care	a) Sharing patient stories	This report undertaken in Arnhem Land looks at the patient experience of renal care with a focus on communication issues. <div data-bbox="1738 889 1873 1055" data-label="Image"> </div>

Process 2 - Information about the Aboriginal patient/family experience of hospital services is provided to Aboriginal staff undertaking the Aboriginal Quality Improvement role

Key component

To work with the Aboriginal community to inform and explain how the continuous quality improvement process works within the hospital and why it is important for the Aboriginal community to be involved.

Questions to consider for this process step

- a) How should you go about working with local Aboriginal health organisations?
- b) What is different about this feedback process compared to what already exists with AHLOs?
- c) What resources would be useful to improve the connection between the hospital and the Aboriginal community?

Detail

Information is provided to the AQI officer by community members. The methods for this are not prescribed as this is a decision of the local community. It might occur for example through traditional community collection methods or it may occur through local Aboriginal organisations that collect quantitative data on Aboriginal experiences.

Areas to consider:

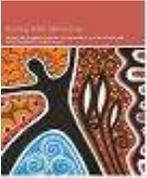
- a) Developing relationships with appropriate Aboriginal organisations
- b) Explaining the feedback process to the community
- c) Gathering information

Background

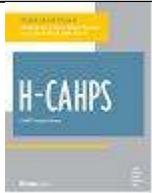
This quote by an AHLO emphasises the importance of the Aboriginal community identifying issues of importance:

Hospitals and Aboriginal communities need to sit around a table and talk more about what the local health issues are and how they are going to be fixed. When we all work together a lot can be achieved but it is important that hospitals understand how the community works. Community control is essential in working together successfully and Aboriginal people know better than anyone how it should work to benefit our people. Being guided by the local Aboriginal community/organisations is important if hospitals want to contribute to our health and wellbeing (Jemmes Handy, Aboriginal Hospital Liaison Officer, Mildura Hospital).

Please note – the following materials are available on our website:
www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Developing relationships with Aboriginal organisations	a) Case study - Goulburn Valley Health	This example shows how the relationship is central to all Aboriginal developments at the hospital.
		b) Peak Aboriginal organisations	Guideline outlining role of peak Aboriginal organisations.
		c) Victorian Aboriginal Community Control Health Organisation guidelines	Section from the Improving Care for Aboriginal and Torres Strait Islander Patients Resource Kit (Victorian government program).
		d) Building better partnerships	This communication guide provides a starting point on the development of partnerships with Aboriginal communities and organisations. 
		e) Case Study – Royal Women’s Hospital	This case study outlines the Aboriginal Women’s Health Associates program that provides a link between the Aboriginal community and the hospital
2	Explaining feedback process to community	a) Presentation	PowerPoint slides for Aboriginal staff in the hospital to assist in explaining the process to staff at the local Aboriginal Medical Service
		b) Guideline	Guidelines outlining options for hospitals to gather information via the Aboriginal Quality Improvement role
3	Gathering information	a) Case study – Maitland Hospital	This case study emphasises the value of feedback and how it has changed the culture of the organisation
		b) Gaining access to Aboriginal specific	

	Area	Resource	Summary
		hospital data	<p>These two national reports provide hospitalisation data for the different health conditions. This can be useful to compare to your hospital data.</p>  <p>Here are two examples of the hospital data collected in Victoria and South Australia that highlight Aboriginal hospital data down to a regional level. These reports also include qualitative reports on the progress hospitals are making in improving their services for Aboriginal and Torres Strait Islander patients.</p>  <p>For SA data please see www.publications.health.sa.gov.au/atsi/38/ For VIC data please see www.health.vic.gov.au/koori/icap</p> <p>For the remainder of the jurisdictions please contact the local health department for more information.</p>
		c) Patient survey	<p>An information sheet outlining the dimensions of patient centred care for non-Aboriginal patients.</p> 

	Area	Resource	Summary
		d) Patient feedback toolkit	<p>This is a mainstream toolkit for gathering patient feedback that some hospitals have found useful in providing a starting point with Aboriginal patients.</p>  The image shows the cover of a toolkit titled 'H-CAHPS'. The cover is primarily blue and white with a yellow header. The text 'H-CAHPS' is prominently displayed in white on a blue background. There is also a small yellow box at the top with some text that is difficult to read, and a small logo in the bottom right corner.

Process 3 - Information provided to the hospital Quality Improvement Committee

Key components

An education package for the hospital Quality Improvement Committee (QIC) may include:

1. cultural awareness training
2. evidence of the impact a lack of cultural awareness can have on Aboriginal health outcomes
3. an explanation of the value of data of different types from an Aboriginal cultural perspective and understanding how this feedback is useful for developing a systemic approach to improving cultural sensitivity
4. promoting understanding of the role and the sensitivities that the Aboriginal Quality Improvement worker must work within

Questions for this process step

- a) What is the QIC? (an explanation is included on p7 of this document)
- b) Are you aware of the unique pressures associated with being an Aboriginal staff member within the hospital environment?
- c) Is there any specific local, regional or state information that should be included in any training or information for staff?

Detail

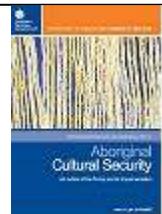
Process 3 includes a variety of resources and information to assist the QIC in understanding patient feedback from a cultural perspective. It includes information on the impact of a lack of cultural awareness on Aboriginal health outcomes as well as case studies and articles from a literature review of the Improving the Culture of Hospitals Project.

This Process will provide background information to the Quality Improvement Committee on the current role that most Aboriginal staff undertake in hospitals, that of an Aboriginal Hospital Liaison Officer (AHLO). In many cases the most likely Aboriginal staff undertaking the Aboriginal Quality Improvement role will be AHLOs. There will also be some information to assist Quality Improvement Committee members to understand the role and the sensitivities that the Aboriginal Quality Improvement role must work within.

Background

Many non-Aboriginal staff have not worked closely with their Aboriginal colleagues within the hospital setting and are unaware of the pressures associated with carrying out this role. Aboriginal Hospital Liaison Officers have different areas of responsibility including work tasks to the hospital they work for but also cultural responsibilities to the community they are part of.

Please note – the following materials are available on our website:
www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Cultural awareness training	a) Tips and examples	Comments from Victorian hospitals
		b) Outline of a training package	Outline of DHS (Vic) Cultural Awareness Training package for community health staff
		c) Cultural Respect Program	This article provides the background and an overview to the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), Cultural Respect Program that is under development. 
		d) Sample module	Cross cultural awareness training: a sample module
		e) Cultural safety Training	This is an example of a program developed for GPs in Western Australia that promotes local involvement in the training, revision and delivery of the materials.
		f) Cultural Security	The Northern Territory Aboriginal Cultural Security policy outlines the key concepts and implementation issues for taking a cultural security approach to health system reform. 
		g) Terminology	This is a guide developed by NSW Health to communicating positively with Aboriginal people. 
2	Impact of a lack of	a) Background	Summary of findings from hospital case studies and

	Area	Resource	Summary
	cultural sensitivity on Aboriginal health outcomes	information	recommendations for accreditation 2004
		b) Case study - Royal Children’s Hospital, Melbourne	‘Respect my ways’ outlines the inappropriate response by medical staff to an Aboriginal patient
		c) Case study – Maitland Hospital	An example of how a hospital has responded to a lack of cultural sensitivity
		d) Examples in published articles	A couple of articles are included that highlight the impact of not taking a culturally sensitive approach and solutions undertaken to resolve the issue
		e) Healthcare access issues for Aboriginal people	This report examines the issues related to health care access for Aboriginal and Torres Strait islander people living in urban areas 
3	Value of data of different types from an Aboriginal cultural perspective	a) Cultural framework to guide data analysis	This framework outlines the importance of viewing data from an Aboriginal cultural perspective and understanding feedback as useful for developing a systemic approach to improving cultural sensitivity
		b) Case Study – St Vincent’s	Identification training package developed to improve accuracy of Aboriginal patient data
		c) Case Study – Melbourne Health	Assessment of Aboriginal patient data with the view to plan an Aboriginal program
		d) Case Study – St Vincent’s	Aboriginal health balanced scorecard based on EQuIP 4 areas
4	Understanding the role and the sensitivities that the AQI role must work	a) Background	Quote from an Aboriginal Hospital Liaison Officer outlining the role.

	Area	Resource	Summary
	within		
		b) Case Study – St Vincent’s	This case study is from the perspective of a non-Aboriginal staff member shadowing an Aboriginal Hospital Liaison Officer for a day
		c) Guidelines for Quality Improvement Committee members	This guideline will provide points that need to be considered by non-Aboriginal staff
		d) Resource kit for health services	<p>The Improving Care for Aboriginal and Torres Strait Islander Patients resource kit has a number of resources for managers of Aboriginal programs in hospitals.</p> 

Process 4 - Quality Improvement Committee examines information from AQI role

Key component

Providing support for the Aboriginal Quality Improvement role.

Questions to consider for this process step

- a) What might a support plan look like and what process should be used to develop it?
- b) What has been the experience from other hospitals?

Detail

Process 4 includes information on how to appropriately support Aboriginal staff and the responsibilities that non-Aboriginal staff have in this process.

Background

Understanding how to provide culturally appropriate support for Aboriginal staff is fundamental to ensuring a hospital can make long-term sustainable change in the area of Aboriginal health.

Please note – the following materials are available on our website:
www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Support for Aboriginal staff	a) General guidelines	How to go about establishing support for Aboriginal staff.
		b) Role statement for committee	What is the role for the Quality Improvement Committee in this area?
		c) Role statement for Aboriginal staff	What is the role of Aboriginal staff?
		d) Support plan for Aboriginal staff	Points to consider when developing a support plan for Aboriginal staff.
		e) Supervisors' perspective on supporting Aboriginal staff	This information is provided by supervisors of Aboriginal staff outlining their experience of the challenges facing Aboriginal staff in hospitals and the support required to maintain their roles.
		f) Published resources	Other resources that highlight how to create positive working

			environments for Aboriginal staff.
2	Capacity development	a) Human Resources guidelines for Aboriginal staff	Guidelines include training and professional development ideas for Aboriginal staff. AHLOs should be part of normal human resource strategies and encouraged to participate.

Process 5 - Quality Improvement Committee seeks to understand the experience from a cultural perspective

Key component

The issue/s in question may be viewed from different perspectives with the focus of this part of the process being to look at the issue/s from an Aboriginal cultural context.

Questions to consider for this process step:

- a) What options does the Quality Improvement Committee have to further develop its understanding of the nature of the problem?
- b) Did the process of gaining cultural feedback make sense?
- c) Was the justification outlining why this is necessary outlined clearly enough?

Detail

Process 5 includes guidelines and case examples that highlight the importance of a cultural perspective. The same issue may be viewed quite differently from an Aboriginal perspective.

Background

The Quality Improvement Committee needs to seek cultural advice and this may include knowledge from the current Aboriginal staff at the hospital but should also involve the advice from the CEO of the local Aboriginal community controlled health organisation and also Elders and community members. This is in acknowledgement that Aboriginal staff may be limited in what they can say. Other clinical staff with Aboriginal cultural experience should also be utilised in this process.

Please note – the following materials are available on our website:

www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Cultural feedback	a) Guidelines	Elders and community members providing feedback acknowledging that staff may be limited in what they can say.
		b) Case example – Royal Adelaide Hospital	This example highlights the positive changes that occurred when non-Aboriginal staff started to ask for advice regarding cultural issues and noticed the benefits.
		c) Case example –	This example highlights the formal partnership developed

		Goulburn Valley Health	between a hospital and the local Aboriginal medical service.
2	Training	a) Training program	Training for the AQI role to assist in engaging in this process.

Process 6 - Quality Improvement Committee seeks to develop a solution that is culturally appropriate and/or improves cultural safety

Key component

Working with the Aboriginal Quality Improvement role to further understand what solutions might be appropriate.

Questions to consider for this process step

- a) What tools are available to assist in defining and analysing the problem, then creating a solution?
- b) How are you involving the Aboriginal community in the analysis of the problem?
- c) What steps can you undertake to ensure that a solution is not created before the problem has been analysed thoroughly?

Detail

This step is one of the most important in a CQI process and is often overlooked. Projects that jump to the solution phase before the problem has been sufficiently analysed often result in ineffective initiatives being implemented. It is crucial that key stakeholders from the Aboriginal community are involved from the very beginning of the process and are not simply asked to endorse a solution. One effective way to ensure Aboriginal community involvement is to allow plenty of time to engage and to not rush this part of the process. What may be a key focus for the hospital (where a problem has been identified internally) may not be the same for the Aboriginal community. When discussing solutions, be prepared to be flexible and allow other issues to be raised.

The hospital should note the range of issues of concern and make a commitment to explore solutions over time, working with the Aboriginal community. Some solutions may be educational, some may involve system and/or policy redesign. Another useful option to consider is having meetings at the local Aboriginal organisation and not always at the hospital.

Background

There are many resources available to assist in defining problems and creating solutions. The resources included in this section provide a summary of the key areas. The key component is to involve the Aboriginal community in this stage to ensure that the problem is analysed from an Aboriginal perspective and a culturally appropriate solution can be designed.

Please note – the following materials are available on our website:
www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Problem definition	a) Cause and effect diagrams (Fishbone)	This tool can assist in logically analysing a specific problem by identifying root causes and ensuring common understanding of the causes
		b) Process mapping	This guideline provides information about process mapping and how it can be used within a quality framework. 
		c) Brainstorming	Step by step guide to assist in defining a problem using brainstorming.
2	Solution creation	a) Creativity checklist	Ideas to consider to ensure the best solution is created.
		b) Aboriginal Health Impact statement	This guideline is provided by NSW Health to its staff to ensure that the interests of Aboriginal patients are considered when looking at any new initiative. 

Process 7 - Proposed solution is agreed to by all key stakeholders and the problem solving strategy is implemented

Key component

An identified solution to address an issue is agreed to be trialled by hospital staff, management, the Aboriginal community and government where relevant.

Questions to consider for this process step:

- a) Has the proposed solution been presented to all relevant people within the hospital system for approval?
- b) Has the view of the Aboriginal community been sought in regards to the proposed solution?

Detail

The proposed solution is often outlined in a project plan where each component of the project is identified, along with the person responsible for undertaking that task and the time period for it to be completed. This Process includes examples of action plans developed by hospitals to respond to cultural issues and also how this plan links to Commonwealth Government policy.

Background

The solution that is developed to address an issue should be locally driven and agreed to. The case studies provided in this section offer ideas on what type of responses have been developed elsewhere but do not mandate a particular solution.

Please note – the following materials are available on our website:
www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Problem solving strategy	a) Case study – Royal Adelaide Hospital	<p>The Royal Adelaide Hospital Action Plan, which is aligned to the Cultural Respect Framework, highlights specific short term goals with identifying accountability to the CEO with support from the Quality and Safety Manager.</p> 
		b) Case study – St Vincent’s	Communication tool developed to tackle inappropriate discharge of Aboriginal patients.
		c) Case study – Goulburn Valley Health	GVH Taskforce Health Outcomes Partnership Agreement.
		d) Case Study – Maitland	Hospital management process including priority setting.
		e) Project planning guidelines	This guideline provides advice on how to plan a project including some of the key steps to undertake to ensure Aboriginal input during the process.

Process 8 - Hospital experience of Aboriginal patients is assessed again to see if improvement has occurred

Key component

Training for the Aboriginal Quality Improvement role in gaining community feedback.

Questions to consider for this process step:

- a) How do you know the solution you implemented has worked?
- b) If unsuccessful have there been any positive outcomes?
- c) How to present data to the Aboriginal community?

Detail

This process has similar components to Process 2, but focuses on a review of the intervention undertaken. Traditional approaches to gaining consumer feedback are often ineffective when approaching Aboriginal community members. The involvement of Aboriginal staff in the process is crucial for it to be effective.

Background

This process is one of the most important, as many projects do not necessarily bring about the change that was anticipated. This does not mean that no learnings can be derived from the initiative. Important learnings are likely, and the initiative may provide an opportunity for both parties to develop greater trust in working in partnership for future initiatives. Alternatively, it can be perceived from a hospital perspective that beneficial change has occurred but without consulting with Aboriginal people any improvements are unlikely to be sustainable.

Please note – the following materials are available on our website:
www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Review of performance	a) Case Study – Royal Adelaide Hospital	The Royal Adelaide Hospital protocols and procedures project – Mapping the Journey report is a review by the Safety and Quality Unit 
2	Consumer satisfaction	a) Guidelines	These guidelines provide some points to consider when collecting and assessing Aboriginal patient satisfaction
		b) Presentation	Sample presentation for Aboriginal staff to give feedback to Aboriginal organisations.
		c) Sample report	Sample of a patient evaluation report in South Australia focusing on Aboriginal and Torres Strait Islander hospital patients. 
		d) Strategies to improve communication	Outcomes from a study that evaluated strategies to improve communication between Aboriginal patients and health staff. 
3	Training	a) Training program	Training for AQI role to assist with engaging in this process.

Process 9 - If strategy/solution is successful, implement changes in policy

Key components

1. An education process on changes that assist with improving cultural sensitivity for health service Boards.
2. Clinical governance responsibilities for maintaining cultural sensitivity.
3. Package to assist with the broader consolidation of new policies/procedures throughout the hospital.

Questions to consider for this process step:

- a) What is the connection between cultural sensitivity and health outcomes?
- b) How might outcomes from Aboriginal-specific quality improvement projects be implemented into hospital policy?
- c) How have other hospitals undertaken Aboriginal-focused quality improvement projects?

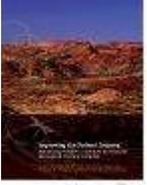
Detail

Hospital Board members should receive the whole toolkit as background information. A separate sample presentation has also been provided to assist with communication. Other elements in this process include a brief case study that highlights the training undertaken by Board members to assist them in supporting Aboriginal health policy developments within their hospital. Examples of the complete quality improvement cycle are included. It should be noted that detailed case studies of hospitals implementing this toolkit are still outstanding and require further research.

Background

The successful strategy needs to be formally endorsed by hospital management through the creation of new policies and procedures. This outcome also needs to be acknowledged and celebrated both within the hospital and the Aboriginal community.

Please note – the following materials are available on our website:
www.svhm.org.au/aboutus/community/ICHPToolkit/Pages/toolkit.aspx

	Area	Resource	Summary
1	Board of management training	a) Presentation	Highlights connection between cultural sensitivity and health outcomes for Aboriginal people and the clinical governance implications of this.
		b) Key elements of good clinical governance	This report provides a review of the clinical governance literature and identifies key elements of good clinical governance with a focus on the Board’s role, suggests governance roles at other levels of the health system and provides a Board self-evaluation tool. 
		c) Case study – Maitland Hospital	This case study highlights options for Board training and how training Board members was a key focus
2	Examples of the complete quality improvement cycle	a) Improving the patient journey	The Improving the Patient Journey report provides an example of the complete quality improvement cycle focusing on remote Aboriginal cardiac patient care. 
		b) Gaining patient feedback	An example of a project plan and PDSA cycle generated out of the Improving the Culture of Hospitals project developed by Derby Hospital WA. 
		c) Falls education package	This poster provides a clear example of the PDSA cycle focusing on falls prevention. 

3	Policy framework	a) Hospital policy template to guide policy development	The Mater Health Services policy management guideline provides advice on developing policies and guidelines.	
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