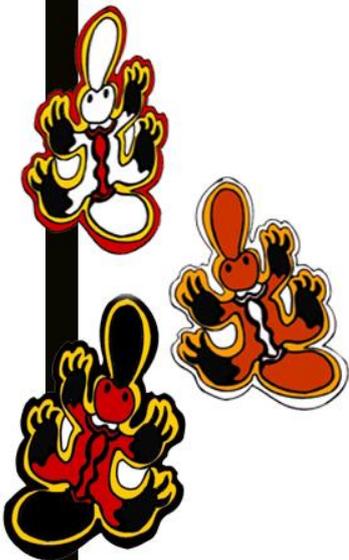


# **FINAL REPORT**

## **HealthWest Aboriginal Health Hospital to Community Pathways Project**

**17 September 2015**



Report Prepared By: Karen Milward Consulting Services

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Acronyms	
<b>ACAT</b>	Aboriginal Cultural Awareness Training program
<b>ACCOs</b>	Aboriginal Community Controlled Organisations
<b>AHLO</b>	Aboriginal Hospital Liaison Officer
<b>AHTO</b>	Aboriginal Hospital Transition Officer
<b>AHU</b>	Aboriginal Health Unit (Western Health – Sunshine Hospital)
<b>DHHS</b>	Department of Human Services and Health
<b>ED</b>	Emergency Department
<b>IRS</b>	Immediate Response Service
<b>VAED</b>	Victorian Admissions Episodes Data
<b>VAHS</b>	Victorian Aboriginal Health Service
<b>WEIS</b>	Weighted Inlier Equivalent Separation

Glossary	
<b>Aboriginal</b>	The term used in this document when referring to cultural heritage issues, Aboriginal organisations and other state government policies and programs.
<b>Indigenous</b>	The term used in this document as adopted by the Australian Government's Indigenous Advancement Strategy.
<b>Koorie</b>	A term generally used to describe Indigenous inhabitants of south-east Australia.

**Note:** In this Report the terms Koorie and Koori, Aboriginal and Torres Strait Islander and Indigenous are used in relation to specific policy and program names. The terms Koorie and Koori in general refer to Aboriginal people from the south-eastern part of Australia. The term Aboriginal is used more broadly. In this report this range of terms used embrace all Aboriginal and Torres Strait Islander peoples living in Australia.

## Executive Summary

Karen Milward Consulting Services would like to begin by thanking the Aboriginal community members consulted for making themselves available at short notice to participate in the consultation process for this project. Their comments, feedback and suggestions have helped to identify where positive outcomes have been achieved as well as highlight areas where there is potential to make changes to improve their future presentation experiences at the Western Health – Sunshine Hospital Emergency Department (ED) and Werribee Mercy Hospital Emergency Department (ED and Maternity Services).

I would also like to thank staff at Western Health – Sunshine Hospital and Werribee Mercy Hospital for their willingness to share their views and providing many positive suggestions about actions which they can take individually and as a team to strengthen their processes to improve the experiences of their patients/clients who they assist to present at and who are discharged from the ED and Maternity Services.

### Existing Commitments and Outcomes

It was very clear from the beginning of this project that Western Health – Sunshine Hospital and Werribee Mercy Hospital staff have implemented some specific actions to improve the patient experiences of Aboriginal people who present at the ED and Maternity Services. It was noted that these have occurred as a result of ongoing collaboration by hospital management taking into account the Koolin Balit policy directions set by Department of Health and Human Services (DHHS).

This was clearly evident through the strong direction and support provided by the Western Health – Sunshine Hospital AHTO Project Steering Committee for progressing changes to current systems in IRS and ED and the Director of Allied Health, Werribee Mercy Hospital as the designated ‘Champion’ driving the importance of participation in Aboriginal Cultural Awareness Training. Although Werribee Mercy Hospital has struggled to meet many of the main objectives of the AHTO Project within the funded timeframe, there is a willingness to ensure that cultural awareness and competency training is provided for all staff in ED and Maternity Services and to support the AHLO position to improve the level of service to Aboriginal patients and families presenting at the hospital.

Although the AHTO Project objectives could not be met in their entirety by both Western Health – Sunshine Hospital and Werribee Mercy Hospital, the Improving Aboriginal Health Journey Pathway from Emergency to Community Project provided some opportunities to improve existing pathways for Aboriginal patients presenting at ED and Maternity Services in both hospitals.

As part of the evaluation process for the AHTO project, it was agreed by the HealthWest Governance AHTO Project Committee that the AHTO evaluation objectives would be renegotiated, specifically:

- Establish the baseline prior to Aboriginal Cultural Awareness Training sessions provided at Werribee Mercy Hospital so that staff at both hospitals could inform the training.
- Establish the baseline of cultural awareness and safety at Western Health – Sunshine Hospital through staff consultations and staff who have participated in Aboriginal cultural awareness training programs.
- Evaluate the baseline of Aboriginal consumer experience at Werribee Mercy Hospital (ED and Maternity Services) and Western Health – Sunshine Hospital through past patient consultations.

Some of the outcomes from the AHTO project at both hospitals include the following:

### Western Health – Sunshine Hospital

- ▶ Employment of an Aboriginal Hospital Transition Officer
- ▶ Aboriginal awareness orientation program for new staff at the ED
- ▶ AHTO Project Steering Committee (representation from ED and IRS, HealthWest and Aboriginal community members) resulting in:
  - Strong working relationships between IRS and AHU
  - Increased awareness amongst the AHU of the issues faced by ED
  - Opportunity for AHU to establish relationships with other areas within the hospital (Digital medical record team, performance management unit (for the data collection) and General Practice Integration Unit
- ▶ Commitment to improving data quality – Western Health – Sunshine Hospital.
- ▶ Increased Aboriginal cultural awareness by IRS and ED staff.

- ▶ Acknowledgement of Traditional owner plaques in the main foyer of both hospitals.
- ▶ Specific artwork, posters and brochures about Aboriginal health and services displayed in the Aboriginal Health Unit.
- ▶ Development of supporting resources (Aboriginal health support services directory, Aboriginal Health Unit Consultation Form and an Aboriginal Health Unit Referral Form).
- ▶ Increase by 80% in referrals demonstrating that the supporting resources developed provided a strong foundation to ensure the sustainability and expansion of the pathway to other Western Health hospital sites (subject to future funding).

### **Werribee Mercy Hospital**

It should be noted that the following outcomes relate to the overall Mercy Health Services (Werribee and Heidelberg sites):

- ▶ Mercy Hospital Reconciliation Action Plan.
- ▶ Implementation of an Aboriginal Employment Plan.
- ▶ Mercy Health Cultural Responsive policies and procedures.
- ▶ Specific inclusion of 'accessible Aboriginal services' within the Mercy Health strategic plan.
- ▶ Building the workforce capacity for Werribee Mercy Hospital to become a culturally responsive service is supported by a closer affiliation with the long standing Aboriginal Services at the Mercy Hospital for Women site.
- ▶ Willingness of senior management and sectors of the organisation to support and participate in the project and the project outcomes.
- ▶ Employment of the AHLO position to improving the experience and health outcomes of Aboriginal people accessing Werribee Mercy Hospital.

### **What Aboriginal people said about the ED Waiting and Reception Areas**

Feedback provided by many stakeholders consulted confirmed that immediate action needs to be taken to make the ED reception and waiting areas culturally appropriate. A number of quick simple changes can be made to the physical space in the ED waiting and reception areas so these are more Aboriginal friendly.

The ideas and suggestions made by Aboriginal community members consulted are included in this report so management at both hospitals can use these as a starting point for discussions which occur in relation to this particular issue. A number of Aboriginal community members consulted indicated their willingness and desire to be involved in discussions with Western Health – Sunshine Hospital and Werribee Mercy Hospital staff to ensure their ideas are taken on board during the decision-making process.

### **What Aboriginal people said about their presentation experience/s at ED**

The ED experiences of Aboriginal community members consulted varied from being excellent to very negative – as was expected. Detailed information about this is included in the body of this report along with a number of quotes made by individual community members in relation to each area tested at interview. It was evident that the perception of each Aboriginal community member consulted were strongly influenced by a range of factors (listed in the body of this report) and that presentations which occurred over the last 12 months were used by some community members consulted as a benchmark against which they compared their most recent ED presentation experience/s.

### **ED Admission and Triage processes**

A range of divergent views were put forward by Aboriginal community members and staff of both hospitals about the ED admission and triage/clinical treatment processes and accessing Maternity Services at Werribee Mercy Hospital.

There are also a number of minor administrative processes that need to be fixed which have been identified in the recommendations made in this report (such as deleting or instructing ED staff not to use a duplicate Aboriginal Status code on the ED patient record database – Werribee Mercy Hospital), however, there are a number of key areas that must be attended to as part of a longer term process to improve in-house administrative arrangements, strengthen the cultural knowledge-base of ED and Maternity Services staff so they are more responsive to meeting the needs of Aboriginal people who present at the ED and Maternity Services.

Arrangements need to be made to actively engage with and obtain feedback from Aboriginal people about their experiences of the ED and Maternity Services. Information gathered during these sessions can be used as part of a two-way learning process to educate and inform Aboriginal people about the ED and Maternity Services processes as well as provide staff with direct feedback about areas where changes and improvements can be made to provide a more culturally responsive service outcome.

Part of the AHTO project is to ensure the transition for Aboriginal patients from hospital to other services (Aboriginal and mainstream) are coordinated in a culturally responsive way (even though both hospitals were not able to meet this part of the project objectives at the time of evaluation project).

Staff of Aboriginal and mainstream services must be invited to participate in the next stage (if funded) of the AHTO project so that they can be more actively engaged as part of the ED and Maternity Services processes to ensure their views and experiences are considered given as it is highly probable that the Aboriginal person presenting at the ED is a client of their service.

Arrangements must be made to have regular meetings with Aboriginal and mainstream services staff at which Aboriginal specific data and other relevant information is shared. This will assist to inform discussions about emerging health trends and issues arising within the local Aboriginal communities and assist with identifying areas where community health education and information sessions need to occur in order to address the emerging health and wellbeing issues.

It was evident from comments made by some Aboriginal community members consulted that action needs to be taken to adjust current hospital admission and treatment processes to accommodate the needs of Aboriginal people who fall into the 'marginalised' category of clients. In particular, Aboriginal community members who choose not to access services available at an Aboriginal service, do not have the money to pay the up-front fees charged by GP's who do not offer a Medicare rebate and whose only option is to present at the ED for treatment of minor health problems.

Comments were made by a number of Aboriginal community members that they would welcome the opportunity to engage more frequently with ED staff to provide feedback when their patient experiences were not satisfactory – from their perspective.

At the same time, arrangements should be made to select a random sample of Aboriginal patients every quarter from the Aboriginal people who presented at the ED and at Maternity Services and invite them to complete and return an Aboriginal Patient Survey Form (to be developed).

To compliment this, both hospitals should make arrangements to convene Aboriginal Patient Focus Group sessions at least twice a year where at least two groups consisting of up to 10 Aboriginal people are paid to participate in a 2 hour focus group discussion facilitated by an independent person as part of an ongoing evaluation process. A small and select number of ED and Maternity Services staff should also be in attendance so they have an opportunity to take note of the points being raised as well as provide direct responses to questions asked or issues raised. Feedback obtained from these focus groups can then be used to identify areas where changes need to be made to ED administrative or triage processes so they are more culturally responsive to meeting the needs of Aboriginal people who present at the ED and Maternity Services.

### **Cultural Competencies and Cultural Awareness of ED and Maternity Services staff**

Cultural competencies is an area where specific Aboriginal Cultural Awareness Training (ACAT) Programs can be used to educate and inform staff about a range of issues that need to be taken into consideration when they interact with Aboriginal people. Western Health – Sunshine Hospital staff interviewed provided positive feedback about the current *Aboriginal Cultural Awareness Training Program* delivered at different times each year (half day sessions).

Although the training program material was not reviewed as part of this evaluation project both hospitals would benefit from reviewing the program content and materials each year and to update the program in accordance with program evaluation forms and feedback.

On-site visits to the facilities of local Aboriginal health services must be included as part of this training process so staff can see first-hand how each Aboriginal organisation is set up as well as meet with staff to discuss patient treatment, care, support and referral processes that will be provided to Aboriginal people as part of their continuum of care journey. The Victorian Aboriginal Health Service (VAHS) in Melbourne has this arrangement in place with some of the Melbourne hospitals as part of a process to educate and inform hospital staff to improve their understanding about Aboriginal medical services located in their area.

## **Processes to confirm a person's Indigenous Status**

Asking the Indigenous Status question of all persons presenting at the ED and Maternity Services is a task which some ED staff need training in so they have more confidence in asking and responding to non-Indigenous people about this question as part of the ED and Maternity Services admissions process. Where a positive response is made, it is evident that a series of follow-on questions need to be added to the admissions process to ensure Aboriginal people presenting have an opportunity to receive support from the Aboriginal Hospital Liaison Officer (AHLO) if this is requested.

## **Aboriginal Hospital Liaison Officer**

It was evident that all Aboriginal community members consulted advised that it is critical for both hospitals to ensure that an Aboriginal Hospital Liaison Officer is employed (although only part time positions) to provide support and information to Aboriginal people presenting at ED and Maternity Services. All Aboriginal community members advised that their overall patient journey was positive when an AHLO was available and would support an AHLO position to work after hours and on weekends.

## **Aboriginal specific data**

Analysis of Aboriginal specific data is an area where more robust administrative processes need to be put in place to ensure there is greater accuracy in identifying the emerging health issues and trends for Aboriginal patients. Information gleaned from this process should be used to inform decisions that are taken by ED and Maternity Services staff about the provision of health responses to Aboriginal people – as was mentioned previously.

Local data reports should also be part of the ACAT process so staff are made aware of the service utilisation trends occurring amongst local and non-local Aboriginal residents. This information can be used to identify gender and age specific health issues impacting on Aboriginal people in each cohort where they are resident.

At the same time, arrangements should be made to obtain data about presentations and admissions made by local Aboriginal people at other hospitals. This will assist to identify where action needs to be taken to address more problematic health conditions which are being treated at hospitals which have the specialist staff and equipment not available at Western Health – Sunshine Hospital and Werribee Mercy Hospital.

This data could be used to develop a financial model which identifies the cost implications and imposts which occur for both hospitals and for Aboriginal people and their families where travel occurs to other hospitals for treatment.

## **Employing more Aboriginal people**

The employment of more Aboriginal people at both hospitals was raised as an issue during the consultations, however, it is recognised that this will need to be taken up as a separate issue by hospital management as part of its normal business processes.

## **Implementing changes and moving forward**

There are a number of recommendations made in this report which will obviously require further discussion before any action is taken. Where possible, it is recommended that Western Health – Sunshine Hospital and Werribee Mercy Hospital management take steps to involve members of the local Aboriginal community in these discussions (where relevant) so their views are taken on board – given that they will be the recipient and beneficiary of any changes made to ED and Maternity Services administration and clinical treatment processes.

## Recommendations overall based on feedback from consultations

Recommendations made in this report are based on findings from the independent research, analysis of VAED Aboriginal presentation data and interviews and focus groups sessions conducted by Karen Milward Consulting Services with key stakeholders and individual Aboriginal community members who agreed to provide their views and experiences with past and current ED admission and treatment processes (Western Health – Sunshine Hospital and ED and Maternity Services (Werribee Mercy Hospital).

### Recommendation 1: Indigenous Patient Records

- a) That arrangements are put in place to confirm a person's Indigenous Status where a positive response is provided to the question by a patient.
- b) That a procedure is put in place to correct a patient record where an incorrect response has been recorded in relation to a patient's Indigenous Status.
- c) That weekly, monthly and quarterly Aboriginal Patient Summary Reports are made available at each hospital campus to confirm the presentations and admissions at each hospital campus. And that these reports include data about the number of corrections that are made each period.

### Recommendation 2: Indigenous Data and preparing an Aboriginal Patient Data Report

- a) That arrangements are put in place at Western Health – Sunshine Hospital and Werribee Mercy Hospital to undertake a regular data extract of their Aboriginal patient records and that an Aboriginal Patient Data Report is published each quarter and each year.
- b) That the Aboriginal Patient Data Report includes a detailed analysis of the Aboriginal presentations and admissions by Gender, Age, Indigenous Status, Place of Residence and Admission Cause.
- c) That the Aboriginal Patient Data Report prepared by each hospital includes a Time Series Analysis as well as a descriptive analysis interpreting each dataset.
- d) That the Aboriginal Patient Data Report is used and included in the Aboriginal Cultural Awareness Training sessions that occurs at each hospital.

### Recommendation 3: Aboriginal Cultural Awareness Training Program (Maternity Services)

- a) That funding is provided by the Werribee Mercy Hospital to develop a specific Aboriginal Cultural Awareness Training Program for staff of Maternity Services that responds to the issues identified in this report.
- b) That all ED and Maternity Services staff participate in the Werribee Mercy Hospital Aboriginal Cultural Awareness Training Program and refresher programs.

### Recommendation 4: Strengthening existing and building additional existing service capacity

- a) Develop and then implement an Aboriginal Patient Support Model that includes an action to engage volunteers make Aboriginal patients and their family members comfortable in hospital Waiting Areas whilst they are waiting to be seen. This should include asking Aboriginal patients/their family members if they would like a cuppa or a blanket.
- b) Confirm the arrangements to be put in place to develop and roll-out a hospital-wide Aboriginal Cultural Awareness Education Package for all current and future staff.
- c) Secure more funding to continue and include additional time to cover costs associated with employing AHLO's so they can increase the number of hours they are available to have contact with Aboriginal patients who present at or who are admitted to each hospital as well as provide follow up support as part of the Discharge Planning and referral arrangements at each hospital.
- d) Develop a short training module which covers what should be included in any document in order to obtain ethics approval to include Aboriginal patient participation in research projects and other activities.

### Recommendation 5: Changes to improve the Aboriginal Patient Journey at Werribee

- a) Ensure there is follow up after discharge with a support person present to explain things if needed.
- b) Ensure that a written Discharge Plan is given to the Aboriginal patient before they leave.
- c) Ensure information is provided about patient rights and how to make a complaint if they wish to do so.
- d) Ensure that Admissions desk and triage staff, nurses and doctors in the ED and Maternity Services have participated in the Aboriginal Cultural Awareness Training Program.
- e) Obtain funding to Employ/Roster AHLO's on After Hours (including on weekends) to provide support and assistance to Aboriginal patients and their family members – based on findings from analysing ED Aboriginal Patient Presentation data.

### Recommendation 6: Annual VAED Aboriginal Patient Data Extract

That Western Health – Sunshine Hospital and Werribee Mercy Hospital undertake an annual VAED extract to identify the number and proportion of data entries that have been 'Incorrectly Coded' and, where appropriate, identify which staff need further training in relation to asking the Indigenous Status question or entering data into their electronic Patient Record system.

### Suggested points for action

1. That ED staff at all hospital sites ensure that everyone presenting at their ED is asked the Indigenous Status question on admission.
2. That hospital management arrange to provide training to all ED staff to improve their skills in relation to asking the Indigenous Status question.
3. That both hospitals review their Aboriginal policies and procedures to ensure that ED staff are aware that they should pass on information to Aboriginal patients about the other supports, services and programs they can access at their hospital (particularly who the AHLO and other Aboriginal staff are).
4. That specific health promotion material about the supports, programs and activities Aboriginal people can access from the hospital or from Aboriginal and mainstream services in the local area is made displayed in the ED waiting area.
5. That Aboriginal health promotion and Koolin Balit material is provided to Aboriginal people when they are being discharged so they take this material with them, if they wish.
6. That ED staff work with AHLOs to develop an **ED Patient Orientation Program** and **Information Kit** which is aimed at educating and informing Aboriginal community members about how the ED operates.
7. That an Aboriginal Patient Orientation Session is held at both hospitals at least once a year where community members can receive firsthand information about how the ED works.
8. That ED work with representative organisations and/or community groups to develop an **Aboriginal Discharge Planning Protocol** and that ED meets regularly with a small number of Aboriginal people to obtain feedback about their discharge outcomes.
9. It is strongly suggested that the Aboriginal Cultural Awareness Training Program consist of a series of individual training modules which are consistent with similar programs being delivered by other hospitals. Arrangements should be made to obtain funding from the Department of Health to develop the Aboriginal Cultural Awareness Training Program.

Finally, it is suggested that all staff are required to participate in this training as part of their professional development regardless of whether they have any direct contact with an Aboriginal person. Reference should also be made about involving staff of local ACCHO's to deliver part of this training as well as site visits to their services as part of an orientation process.

## Background

The Aboriginal Health Transitions Project (the project) is an 18 month pilot project being undertaken by HealthWest (HW) Partnership, Werribee Mercy Hospital (WMH) and Western Health – Sunshine Hospital (WHS). The project aims to use a systems approach to embed the principles of cultural safety and service coordination in the Aboriginal and Torres Strait Islander client pathway from hospital to community.

The project seeks to achieve an enhanced client journey by:

- Embedding cultural safety and service coordination principles into discharge planning processes, referral pathways and service access processes.
- Building cultural awareness and cultural safety within the hospitals' policies, procedures, protocols and systems.
- Improving the ED experience (including cultural safety) for Aboriginal people using Western Health – Sunshine Hospital and Werribee Mercy Hospital.
- Improving discharge planning for Aboriginal people using Western Health – Sunshine Hospital and Werribee Mercy Hospital.
- Streamlining referral pathways for Aboriginal people being discharged from Western Health – Sunshine Hospital, or leaving ED without treatment.
- Enhancing the client journey from hospital to community services and programs, for mothers and families attending the Maternity Unit at WMH.
- Increasing the number of local Aboriginal women and families choosing to use the services of the Werribee Mercy Hospital Maternity Unit.
- Ensuring cultural safety and 'priority of access principles' are built into service access, referrals, assessment and service delivery processes within key community service organisations.
- Joining-up Aboriginal specific and mainstream services currently available in the catchment.

HealthWest has supported WHS and WMH to undertake this project. Given the scope of the project, project partners have sought to focus evaluation on two key areas. They are:

- Development of culturally safe hospital to community pathways focusing on discharge planning, referral and service access.
- Implementation and uptake of service coordination principles and practice to support Aboriginal and Torres Strait Islander clients moving from the hospital setting to the community.

## Evaluation Project objectives

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In August, 2014 HealthWest engaged Karen Milward Consulting Services to undertake an evaluation of the Aboriginal Health Transition's Project including:

- Develop an evaluation framework in consultation with project officers, and the project governance group, that aligns with the aims and objectives of the project.
- Plan for and gather baseline, midpoint and endpoint data.
- Provide an interim report that analyses the collected data at the end of the project's first year (February, 2015).
- Provide guidance and support in the collection of additional data.
- Provide a final report that includes an analysis of the findings against the aims and objectives and provides recommendations (June, 2015).

In March 2015 the governance group for the evaluation and AHTO projects in Western Health – Sunshine Hospital and Werribee Mercy Hospital agreed to change the focus of the project at both hospitals based on the challenges experienced by both and given the limited time remaining for the project.

It was agreed that the evaluation would focus on:

- Establish the baseline prior to Aboriginal Cultural Awareness Training sessions provided at Werribee Mercy Hospital so that staff at both hospitals could inform the training.
- Establish the baseline of cultural awareness and safety at Western Health – Sunshine Hospital through staff consultations and staff who have participated in Aboriginal cultural awareness training programs.

- Evaluate the baseline of Aboriginal consumer experience at Werribee Mercy Hospital (ED and Maternity Services) and Western Health – Sunshine Hospital through past patient consultations.

## Community and Mainstream Services Consultation Workshops

The project consultation process involved meeting with staff of the Western Health – Sunshine Hospital and Werribee Mercy Hospital and consultations with Aboriginal and Torres Strait Islander past patients who have been admitted to the ED (both hospitals) or attended Maternity Services (Werribee Mercy Hospital) in the last 12 months. Tasks undertaken in this stage of the consultancy included:

- Stakeholder Consultations
  - Face to face interviews with key Aboriginal and non-Aboriginal stakeholders
  - Phone discussions and interviews
  - Emailed and hand out - Question Guide responses
  - Focus group sessions.
- Compiling and analysing completed question guides and focus group notes after the consultation process was completed.

All stakeholders interviewed were informed that information gathered during the project would remain confidential and they were not required to identify themselves by name unless they wished to do so. Each person consulted received a Background Paper which contained information about the context, scope and purpose of the evaluation project.

Werribee Mercy Hospital sent out letters to 242 patients and/or families who had identified as Aboriginal and attended or been admitted to maternity services (including antenatal outpatients), special care nursery and the Emergency Department at Werribee Mercy Hospital in the past 24 and 12 months respectively.

Western Health – Sunshine Hospital sent out the information sheet to past Aboriginal patients who have identified as Aboriginal and/or Torres Strait Islander and invited to participate in face to face interviews over three separate days in July, 2015.

A selection of stakeholder comments made to specific questions in the Question Guide documents appear throughout the evaluation report. Direct comments made and written responses provided to each issue examined appear in the report as quotes. Responses provided are clustered together around common issues or topics stakeholders were asked questions about.

It must be noted that not everyone consulted completed a Question Guide, however, they did provide comments about specific issues during the interviews, focus group sessions, and directly to consultants during telephone conversations. Statements appearing in this report are de-identified and, in some cases, grouped together to present summary representations where similar views were expressed by more than one stakeholder.

## Interviews with Key Stakeholders

Between July and August, 2015, the project consultant met with **48 key stakeholders** during the Project Consultation process – as shown below.

### Stakeholders consulted during the Project Consultation Process

No.	Stakeholder Consulted
13	Past Aboriginal and Torres Strait Islander Patients (Western Health – Sunshine Hospital)
18	Past Aboriginal and Torres Strait Islander Patients (Werribee Mercy Hospital)
9	Staff involved in the development and implementation of the Aboriginal Health Transition's Project (Western Health – Sunshine Hospital)
8	Staff involved in the development and implementation of the Aboriginal Health Transition's Project (Werribee Mercy Hospital)
<b>48</b>	<b>Total number of Stakeholders Consulted</b>

## Question Guides

Separate Question Guide templates were prepared and used as the basis to guide the interviews held with all key stakeholders. These were submitted to the Project Governance Group for their comment and approval before interviews were arranged with people from each stakeholder group.

The Question Guides contained a series of questions against which respondents were invited to:

- give a 'Yes/No/Not Sure' response against a question;
- make comments only against a specific question;
- assign a rating only between 1 and 5 against some questions:  
*'1 = Crap Big changes needed' to '5 = Exceeded Expectations' or '2= Not Very Helpful' to '4 = Very Helpful';*
- assign a rating and make a comment against a specific question; or
- provide other information against a question – such as specific data.

It should be noted that percentage figures appearing in some 'Yes/No' or in other figures/tables in the report may not add up to 100%. Where this occurs, the missing percentage figure represents the 'Not Sure' responses made by members of the stakeholder group consulted against that question.

## Project Limitations

The following limitations occurred and/or were experienced during the time of the evaluation project:

- Some ED staff could not participate in face-to-face interviews when these were scheduled as they busy in ED.
- Some hospital staff who participated in the focus group session had not completed the Aboriginal Cultural Awareness Training Program and could therefore not answer evaluation questions to ascertain a baseline of cultural competency.
- AHTO positions had completed their contracts and had finished in those roles.
- Some Aboriginal patients could not participate in interviews on the dates scheduled due to competing priorities.
- The evaluation objectives were changed due to accommodate where the two AHTO projects were currently at with implementing the AHTO project objectives.
- The VAED extract did not include information about the dates Aboriginal people presented at the ED so no analysis was done to identify trends associated with when presentations occurred.

## Summary of Key Findings

### Data

The Aboriginal patient data provided by Western Health – Sunshine Hospital and Werribee Mercy Hospital to help guide and inform this project was limited in nature and focused on overall patient/client numbers for each period as opposed to providing a more detailed breakdown about patient characteristics. Data provided is shown below.

Campus	2010/11	2011/12	2012/13
Werribee Mercy Hospital	165	133	145
Western Health Sunshine	558	539	556
Western Health Footscray	537	465	511

Campus	2010/11	2011/12	2012/13
Werribee Mercy Hospital	79	168	244
Western Health Sunshine	195	210	204
Western Health Footscray	198	180	261

IRS	
Jan-June 2013	None for IRS
July-Dec 2013	2 Torres Strait Islander
Jan-June 2014	2 Aboriginal
HARP	
Jan-June 2013	5 Aboriginal
July-Dec 2013	4 Aboriginal
	2 Torres Strait Islander
Jan-June 2014	6 Aboriginal
	2 Torres Strait Islander
	1 Both Aboriginal and Torres Strait Islander
<b>Comment</b> "The limitation will be as the data is clinician entered it requires the clinicians to have asked the questions and ticked the right boxes."	

Werribee Mercy Hospital confirmed that there were a number of errors in existing patient records in terms of responses recorded against the 'Indigenous Status' question with more than 50% of patient records being incorrect at Werribee Mercy Hospital. This was evidenced by the number of people who contact the Werribee Mercy Hospital in response to an invitation to participate in project interviews. Two people who received an invitation contacted the hospital to say that they were not an Aboriginal or a Torres Strait Islander person.

It is understood that errors can and do occur in relation to recording a person's Indigenous Status. What is not clear is what follow up and cross checking mechanisms are in place to confirm a positive response to the Indigenous Status question and what action is then taken to correct a patient's record where an error has been made.

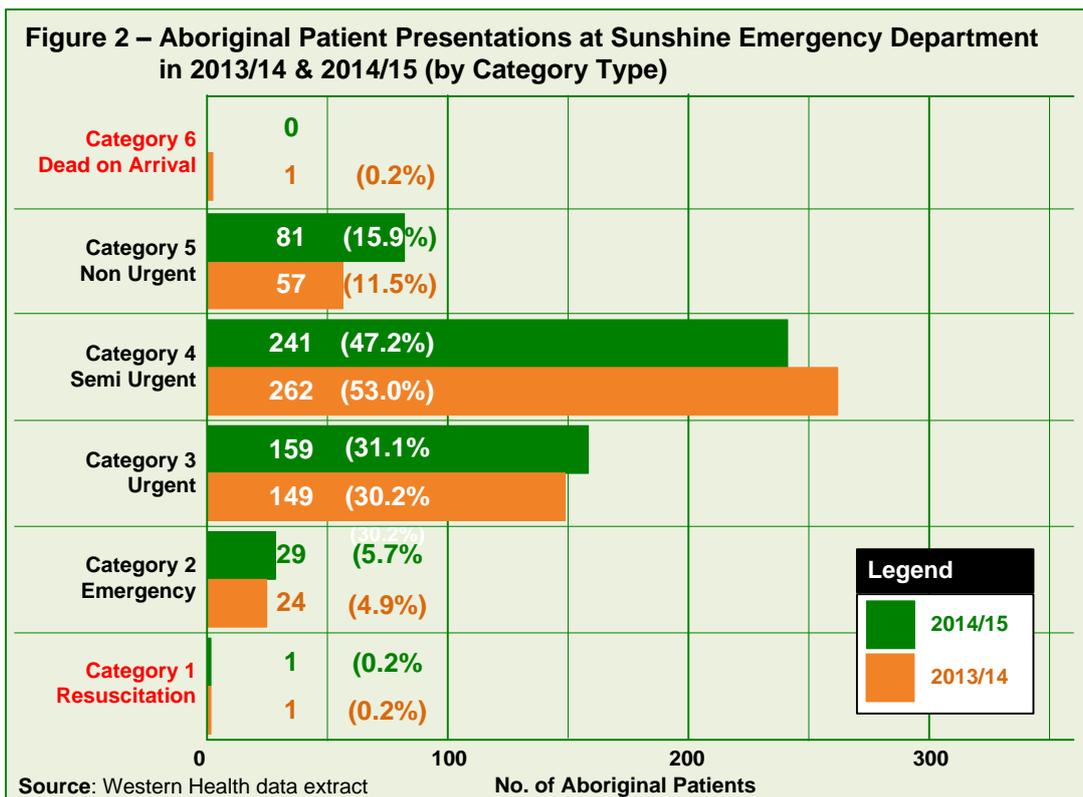
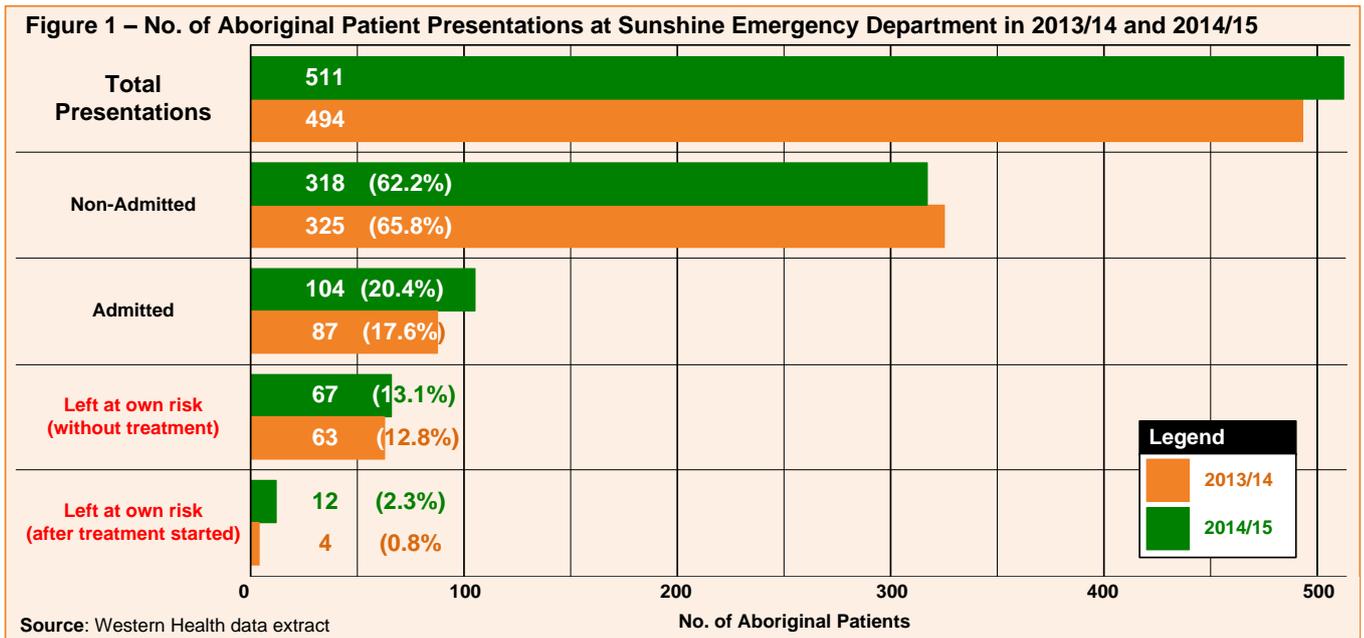
#### Recommendation 1: Indigenous Patient Records

- That arrangements are put in place to confirm a person's Indigenous Status where a positive response is provided to the question by a patient.
- That a procedure is put in place to correct a patient record where an incorrect response has been recorded in relation to a patient's Indigenous Status.
- That weekly, monthly and quarterly Aboriginal Patient Summary Reports are made available at each hospital campus to confirm the presentations and admissions at each hospital campus. And that these reports include data about the number of corrections that are made each period.

## Western Health - Sunshine Hospital Emergency Department

Data was collected on the number of **Aboriginal presentations to Sunshine Hospital Emergency** from 2013-2014 and 2014-2015. The 2014-2015 data only captured 3 quarters of the year so an accurate year to year comparison is not possible; however the statistics provided the following insight:

- Overall presentations slightly increased in 2014-2015 compared to 2013-2014, with more presentations to ED so far in the 3 quarters of 2014-2015.
- 81% of the patients that presented were triaged as either Category 3 (31%) or Category 4 (50%).
- Only 19% of Aboriginal patients that presented to Emergency Department were admitted to a Ward or remained in emergency Short Stay Observation Unit.
- Aboriginal patients that were not admitted were discharged home (79%) whereas 16% left at own risk without treatment, this represents 14% of Total Aboriginal patient presentations overall, this relatively high proportion of patients is of major concern.
- Based on the data available so far this shows an increase from last year.



## Koolin Balit and Koori Health Counts! 2012/13

*Koolin Balit* is the Victorian Government's strategic directions for Aboriginal health from 2012 to 2022. It is designed to 'provide a way forward to make a significant and measurable impact on improving the length and quality of the lives of Aboriginal Victorians in this decade'. There are three 'enablers' embedded as part of the foundation for the key priorities within *Koolin Balit* to ensure support is in place to achieve its objectives and key priorities.

The first enabler '*Improving data and evidence*' includes the following actions:

- Increase the range and quality of research and information to develop evidence-based interventions to improve the health of Aboriginal people in Victoria.
- Improve health service planning and delivery for Aboriginal people through comprehensive and consistent information monitoring and management for data relating to Aboriginal health and service provision.

The following related summary data was extracted from the *Koori Health Counts! 2012/13* report and is included in this report to highlight the overall Aboriginal patient admissions and presentations that have occurred at Werribee Mercy Hospital and Western Health Hospital (Footscray and Sunshine) between 2007/08 and 2012/13.

**Table 1 Aboriginal admissions to public hospitals 2010/11 to 2012/13**

Hospital	2010/11	2011/12	2012/13
Werribee Mercy	79	168	244
Western (Sunshine)	195	210	204
Western (Footscray)	198	180	261

Source: Koori Health Counts! 2012/13, page 4

**Table 14 Number of Aboriginal presentations to EDs by hospital 2007/08 to 2012/13**

Hospital	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Werribee Mercy	23	78	125	165	133	145
Western (Sunshine)	34	148	348	558	539	556
Western (Footscray)	32	91	195	538	465	511

Source: Koori Health Counts! 2012/13, page 31 & 32

**Table 17 Number of births of Aboriginal babies by hospital 2007/08 to 2012/13**

Hospital	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Werribee Mercy	10		25	11	19	28
Western (Sunshine)	34	148	348	558	539	556

Source: Koori Health Counts! 2012/13, page 35

**Table 18 Number of births to Aboriginal mothers by hospital 2007/08 to 2012/13**

Hospital	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Werribee Mercy	-	-	20	-	18	21
Western (Sunshine)	-	-	-	-	10	-

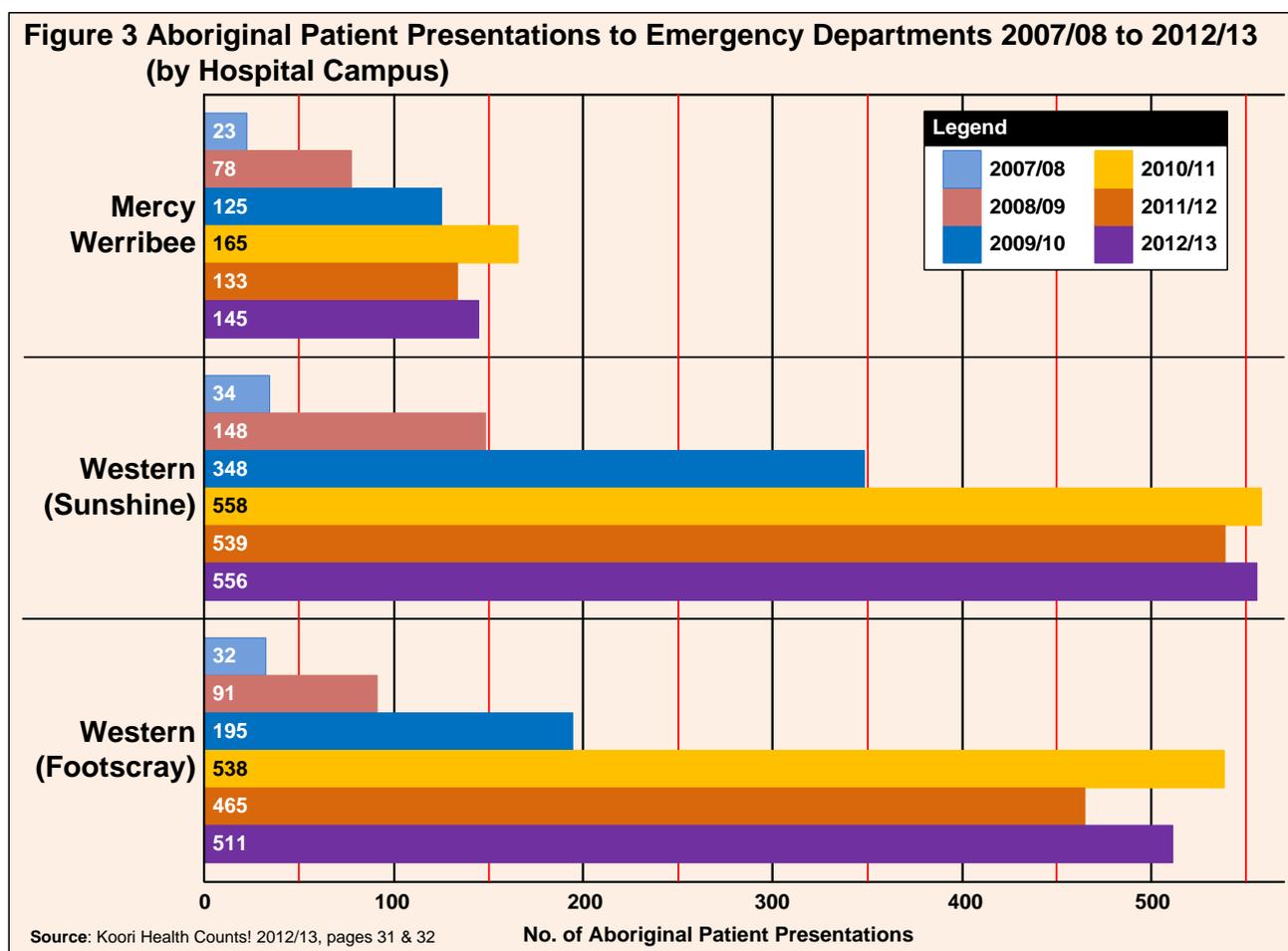
Source: Koori Health Counts! 2012/13, page 36

**Figure 3** below provides a histogram perspective of the ED presentations which occurred at Werribee Mercy Hospital and Western Health's Sunshine and Footscray Hospital campuses from 2007/08 to 2012/13 (not the number of patients – some of which will have had multiple presentations). This data shows that there has been a significant increase in the overall number of Aboriginal patients presenting at each ED since 2008/09. However, it is not clear at this point in time *why* there was such a significant and dramatic increase in the overall number of Aboriginal presentations occurring at each ED.

It would be beneficial and informative to undertake a more comprehensive examination of this data to clarify and confirm what has happened. The following questions should be considered in relation to this:

- 1) Has there been any training undertaken at each location in relation to 'Asking the Indigenous Status Question'? If yes, is there a correlation between this training and the increase in the overall number of Aboriginal patients being recorded?

- 2) How accurate is the data? What is the error rate that has occurred at each location for each period? Has any action been taken to correct the errors?
- 3) Why are more Aboriginal people presenting at each of these locations and when are they presenting?
- 4) Is there a correlation between the number of Aboriginal people now living nearby and the increase in the number of Aboriginal people accessing these EDs?
- 5) What is the flow on impact for mainstream and Aboriginal services in relation to Discharge Plans that are prepared for each Aboriginal patient? Does more work and strong partnership and referral arrangements need to be put in place with mainstream and Aboriginal services to improve referral and Discharge Plan arrangements?
- 6) Are the same Aboriginal patients and families accessing the EDs at each location on a regular basis or are the presentations by Aboriginal people who are visitors to the general area?
- 7) Has there been an increase in the number of Aboriginal patients accessing the AHLO's at each hospital and, if yes, what impact has this had on the workload of the AHLOs and their team members?
- 8) What additional training needs to occur within each ED to better educate and inform staff about how to engage more confidently and effectively with Aboriginal patients and their families when they present at their ED?



**Table 5** in the 2012/13 Koori Health Counts report includes summary information about the 'Number of Aboriginal Admissions by cause' by ICD 10 Chapter as follows:

- ▶ Factors influencing health status (includes dialysis)
- ▶ Pregnancy, childbirth
- ▶ Digestive diseases
- ▶ Injury, poisoning, external causes
- ▶ Symptoms, signs
- ▶ Respiratory diseases
- ▶ Mental disorders
- ▶ Circulatory diseases
- ▶ Genito-urinary diseases
- ▶ Musculoskeletal diseases
- ▶ Neoplasms
- ▶ Diseases of the nervous system
- ▶ Skin diseases
- ▶ Endocrine diseases
- ▶ Diseases of the blood
- ▶ Congenital malformations
- ▶ Diseases of the eye
- ▶ Diseases of the ear

▶ Perinatal conditions

▶ Undefined

**Table 6a** in the 2012/13 Koori Health Counts report includes summary information about the */Number of Aboriginal admissions by age group, causes and gender – female*. **Table 6b** provides the same information for Aboriginal males.

At a minimum, Western Health – Sunshine Hospital and Werribee Mercy Hospital should prepare the Aboriginal patient data reports which also include a Time Series analysis and written interpretation based presentations and admissions made at their campuses. The data extracts should use the following fields:

- ▶ What are the demographics of Aboriginal patients? (Gender, Age, Indigenous Status, Place of Residence)
- ▶ What Aboriginal people are presenting for and which areas within each hospital are they receiving treatment or care from? (ED, Admissions, Out Patients)
- ▶ How long are Aboriginal patients staying for in wards and how many times are they returning for treatment or care as part of their Discharge Plan?
- ▶ How many referrals have been received (internally and externally) and where are these referrals being made from/to? (Local/regional/interstate; Other Hospitals/Aboriginal or mainstream services)
- ▶ How many Aboriginal patients are not waiting to be seen or failing to show for follow-ups (internally and externally) and what are they doing to address their health issue if they leave before being treated?

Information gathered from interviews with staff and Aboriginal patients at each hospital confirms that staff at Western Health – Sunshine Hospital and Werribee Mercy Hospital should undertake a more inclusive and whole-of-organisation approach in relation to how they use their Aboriginal patient data to inform their Discharge Planning process as well as identifying in a more timely manner what the Aboriginal patient data is capturing about what Aboriginal patients are presenting with and being admitted for in relation to their health issues.

The bottom line at the end of the day is that the overall number of Aboriginal patient's presenting at each hospital has a financial aspect in relation to the funds they receive under WEIS for Aboriginal patient contacts and admissions. If there is a high error rate in this data it means that each hospital is receiving more Aboriginal WEIS funding than they are entitled to in order to support Aboriginal patient care.

#### Recommendation 2: Indigenous Data and preparing an Aboriginal Patient Data Report

- a) That arrangements are put in place at Western Health – Sunshine Hospital and Werribee Mercy Hospital to undertake a regular data extract of their Aboriginal patient records and that an Aboriginal Patient Data Report is published each quarter and each year.
- b) That the Aboriginal Patient Data Report includes a detailed analysis of the Aboriginal presentations and admissions by Gender, Age, Indigenous Status, Place of Residence and Admission Cause.
- c) That the Aboriginal Patient Data Report prepared by each hospital includes a Time Series Analysis as well as a descriptive analysis interpreting each dataset.
- d) That the Aboriginal Patient Data Report is used and included in the Aboriginal Cultural Awareness Training sessions that occurs at each hospital.

## AHTO – Baseline Cultural Competency

### Werribee Mercy - Staff Consultations

The majority of staff consulted as part of the evaluation project at the Werribee Mercy Hospital advised that they had 'little' or 'no' knowledge about the AHTO project and its objectives (*"There is no signage in the hospital about contacting the AHLO"* and *"We are not very aware of Aboriginal issues here"*) and no-one in the focus group session had participated in the Werribee Mercy Hospital Aboriginal Cultural Awareness Training Program to date (as was agreed in the redefining of this evaluation project activities/goals).

Most staff advised that they had limited knowledge about the local Aboriginal history, cultural practices and cultural protocols in Victoria.

*"I know about the training but I have trouble finding time to attend".*

*"I don't understand the cultural protocols and it would be good to be aware of these".*

Staff consulted had seen the latest Aboriginal Cultural Awareness Training Program promotional poster and were keen to participate in the next training session. Werribee Mercy Hospital has had three unsuccessful attempts at delivering the Aboriginal Cultural Awareness Training program but this was due to circumstances beyond the Hospital's control so they were cancelled. Three 'two hour' training sessions are scheduled for August and September, 2015. All staff consulted as part of the evaluation project advised that they had no awareness of the Aboriginal services, organisations and workers in the region that they could contact or refer Aboriginal patients to in the future.

All staff who attended the focus group session advised they would like to participate in a comprehensive, well-structured Aboriginal cultural awareness training program if it was provided at a time which fit in with their work arrangements in the ED and Maternity Services area.

Maternity Services staff consulted advised they would like to participate in a specific session that provided information on:

1. What are the issues for Aboriginal babies?
2. Cultural practices and protocols with Aboriginal families and in the birthing ward?
3. What are the issues for Aboriginal babies in special care nursery?
4. What is cultural safety?
5. How can we be more culturally sensitive to Aboriginal mums and dads and non-Aboriginal mums of Aboriginal babies?
6. How do we make the Maternity Services area more culturally appropriate and welcoming?
7. What do we need to do about improving the Aboriginal patient journey for Aboriginal mums and families?

Staff advised that it would be helpful to have the AHLO provide information at the Werribee Mercy Staff 'In-services' to raise awareness with staff about current issues affecting Aboriginal people, particularly Aboriginal patients and mums attending Werribee Mercy Hospital.

#### Recommendation 3: Aboriginal Cultural Awareness Training Program (Maternity Services)

- a) That funding is provided by the Werribee Mercy Hospital to develop a specific Aboriginal Cultural Awareness Training Program for staff of Maternity Services that responds to the issues identified in this report.
- b) That all ED and Maternity Services staff participate in the Werribee Mercy Hospital Aboriginal Cultural Awareness Training Program and refresher programs.

## Western Health - Sunshine Hospital – Staff Consultations

Staff consulted at Western Health – Sunshine Hospital in the IRS Team, General Practice Integration, and Aboriginal Health Unit were very aware of the AHTO Project and its objectives and all staff had participated in the Aboriginal Cultural Awareness Training Program. The AHTO Project Steering Committee was well represented by key staff from ED and IRS and were committed to the successful implementation of culturally specific changes to hospital forms and patient record data.

### Aboriginal Cultural Awareness Training Program

Staff who participated in the focus group session advised that they had all actively participated in the Aboriginal Cultural Awareness Training Program provided at Western Health – Sunshine Hospital. Half day and full day training sessions are provided for staff.

*“It was mind changing very powerful. Lots of tears and very emotional. Can’t change the story no matter who delivers it.”*

*“It helps us shape how we engage with Aboriginal people. Knowledgeable and awareness greater and people come from lots of backgrounds and different experiences. Half day earlier to get to and IRS had half day session easier for our staff to get into. Value in full day but maybe two half days. So emotional with full day and something else needs to happen re. Follow up because so emotional – i.e. debrief afterwards.”*

Staff advised that the Aboriginal Cultural Awareness Training program was highly valued and that people who participated were very ‘moved’ and in some cases were ‘moved to tears’ because of the impact some of the sessions had on people – particularly in relation to the Stolen Generations and the removal of children under past government policies and practices.

### AHTO Project Implementation

One of the main issues raised by ED during the AHTO Project was that there was no central contact point for Aboriginal patients who presented at ED which has now improved due to the effective communication processes in place between IRS and the AHU.

The AHTO Steering Committee has identified that some of the gaps to improving Aboriginal patient pathways is to improve the scoping of ED and identifying the baseline (what we are doing now and then secure funding to implement the approach).

The two main outcomes achieved from the AHTO project through the work of the steering committee and the AHTO were the **Referral forms** and the **training provided on Asking the Indigenous Status Question**.

One of these approaches is to improve the **re-checking of Indigenous status after hours by IRS staff** and **improve the dialogue with a patient**:

- ▶ Would you like to see the AHLO?
- ▶ Complete the referral form and whether support is required or not
- ▶ Email/fax the referral through.
- ▶ During hours – a phone call to the Aboriginal Health Unit needs to occur so to improve the communication between ED, the Aboriginal patient and the Aboriginal Health Unit. This would also apply to communication between IRS and the AHU (regular updates about Aboriginal people presenting).

During phase 2 of the AHTO project (subject to funding) the aim is to improve cultural awareness education and to encourage more Aboriginal people to identify so that referrals can occur and practices can be made culturally safe.

It was noted that ED has a different IT system to other hospital areas (i.e. IPM) so if not born in Australia you are unable to choose Aboriginal or Torres Strait Islander background. So, need the paper based referral done to ensure consent and status confirmed and recorded.

Staff consulted during this project confirmed the new brochures will be available soon and that two new forms are being considered by the Forms Committee and then the DMR Team. Once small changes are made and approved, the forms can be completed within the Digital Medical Record.

1. Aboriginal Health Unit Referral Form
2. AHLO Contact Sheet (information will re-populate and save time).

Both IRS and the AHU are deciding where to best store the forms in the DMR so it can be easily found. The referral form will need to be a document that people can email off as a referral on iPM which does not have the capacity to include all the required information required for a referral. The form will be placed on the Aboriginal health intranet page as it would cover ED staff filling the form in.

*“This is fairly easy to use so we could use it across other areas not just ED”.*

*“It is about how we make it easier for ED staff to ensure it gets completed. There are screen prompts in several areas, put up posters and training as well but won’t change overnight”.*

It was suggested that more visuals were needed to ensure that the referrals are done as the staff are often very busy. This would include training/education to highlight the importance of using these forms properly and regularly.

The pathways set up with the AHLO and IRS were seen as very helpful as it encouraged staff to refer, knowing there is someone here to help, including after hours if needed.

*“It dropped off the radar for a while because no central point for our staff to contact centrally but have a process now”.*

*“The project got more effective when we looked at what we could do with the resources we have. The forms are going to have a huge change - i.e. notification sheet and patient record forms will be better”.*

## Key Learnings

Western Health – Sunshine Hospital staff consulted advised that having the right people at the table when trying to infiltrate the ED and nursing area was critical to engaging in this work. It was quickly identified that some people should not have been invited onto the project committee as it had slowed the momentum in the first six months of the project commencement. The IRS team were committed to the AHTO project from the beginning. It is still considered a challenge to bring the nursing staff on board as some staff were of the view that this type of project would be seen as ‘what care coordination is supposed to do’.

*“They think someone else needs to deal with the fluff and nurses just deal with what needs to be done in the medical space. Immediate response services are the driver of this”.*

Another key learning was that the data was provided too late and if it had been received at the commencement of the project there might have been more of a focus on trying to stop people leaving ED before being seen.

*We didn’t have the evidence in front of us. Mainly drug and alcohol and mental health leave before being seen.*

It was also identified that employing the right project officer at the commencement of the project was a key learning as the hospital had a couple of different workers over the term of the project. In addition to this, having ‘buy-in’ from the senior hospital executive and management was also crucial to the effectiveness of the project.

## How the delivery of services in ED changed as a result of this project

The staff focus group session identified that the number of referrals to the Aboriginal Health Unit had increased approximately 80% from starting at a low base. Communication and engagement with the AHU had significantly improved including discussions with the IRS Clinician and discussing how an Aboriginal patient is doing through more open dialogue.

*“With one of our patients it is great – finding out things (a patient care in and out of ED and seeing how well she has gone with that intervention is great)”.*

It has been important for the Steering Committee, AHU and IRS Teams to celebrate some of the successes and in doing so raises the Aboriginal health profile and that there is a specific service at Western Health and that different area should be accessing the Unit. Since the re-location of the AHU it has become more visible for Aboriginal patients and families. Since having a centralised email at the AHU it has improved the response time to calls from Aboriginal patients, ED and maternity services and reduced many issues with patient identification.

*“We have seen some real changes in people’s health – one person had a minor operation here and was in and out regularly over two months – it was a life changing operation. There were cultural issues because the person came from a remote NT community where English was a third language. It was an interesting journey to see that link in with IRS and the support provided because the patient is doing heaps better and health and wellbeing has improved”.*

## Cultural Safety

Although improving cultural safety for Aboriginal people accessing the Western Health – Sunshine Hospital is supported as a project objective it was also identified that doing this well is limited to what can actually be changed (physically and structurally) in line with the OH&S and other hospital policies. It was generally agreed that something visible needed to be displayed to advise Aboriginal patients that an Aboriginal Health Unit exists, who the staff are and where it is located on site.

Discussions also identified that making waiting areas and recovery areas more Aboriginal friendly and welcoming was important to improving the overall social and emotional wellbeing of Aboriginal people presenting at ED and other areas of the hospital.

*“Artwork out back pods with artwork on them and in the kid’s area. Both waiting rooms are pretty drab – don’t know what we can do – worth exploring”.*

It was also identified that more ongoing education was needed for staff about what ‘cultural safety’ is and means as it is generally not well understood within the hospital setting. This would include some information sessions for staff about what cultural safety means and how staff can enable and support this and more information about closing the health gap and what it means to feel welcomed and safe at the hospital.

It was suggested that a procedure could be developed for registering Aboriginal patients on IPM including the patient’s GP which could be followed up quickly and that this would be included in the overall hospital’s action plan which also includes the poster ‘Are you of Aboriginal and Torres Strait Islander origin’.

*“Staff are still making assumptions on physical appearance – saying people are not Aboriginal – you just can’t be”!*

The IRS has a prompt on screening to look at other patient details which may need to be checked – such as when someone has identified as Aboriginal and/or Torres Strait Islander which then needs to be checked on the form.

*Staff do have to enter something when asking a person the first time so need to have something to prompt staff all the time to check their Indigenous status.*

It was suggested that a sticky label strip could be placed on top of the staff computer screen as a reminder to prompt.

### Recommendation 4: Strengthening existing and building additional existing service capacity

- a) Develop and then implement an Aboriginal Patient Support Model that includes an action to engage volunteers make Aboriginal patients and their family members comfortable in hospital Waiting Areas whilst they are waiting to be seen. This should include asking Aboriginal patients/their family members if they would like a cuppa or a blanket.
- b) Confirm the arrangements to be put in place to develop and roll-out a hospital-wide Aboriginal Cultural Awareness Education Package for all current and future staff.
- c) Secure more funding to continue and include additional time to cover costs associated with employing ALO’s so they can increase the number of hours they are available to have contact with Aboriginal patients who present at or who are admitted to each hospital as well as provide follow up support as part of the Discharge Planning and referral arrangements at each hospital.
- d) Develop a short training module which covers what should be included in any document in order to obtain ethics approval to include Aboriginal patient participation in research projects and other activities.

## Aboriginal past patient experience of ED and Maternity Services

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### Thematic Analysis (Western Health – Sunshine Hospital)

The following themes emerged from interviews conducted with Aboriginal people who were treated at the Western Health - Sunshine Hospital ED during the evaluation period.

- ▶ A number of the Aboriginal people interviewed have presented with multiple issues which appear to have contributed to their health status.
- ▶ The Aboriginal Health Unit at Western Health – Sunshine Hospital has been seen as a very positive service providing a very welcoming environment as well as providing prompt feedback about referrals and other health and wellbeing programs and options. They have also explained the follow-up referral process clearly with some Aboriginal patients referred to them. Two Aboriginal patients identified that they choose to attend the Aboriginal Health Unit first in some instances rather than present directly to ED and Maternity.
- ▶ Treatment of patients at Western Health – Sunshine Hospital is seen as an issue in terms of follow-up (or lack thereof) and a lack of awareness of patient rights. People interviewed have advised that they have not had things explained to them clearly or properly when they arrive and on discharge – this mainly refers to their condition, type of treatment administered and lack of understanding about terminology spoken. This includes understanding what the role of the AHLO is and what they can talk to them about.
- ▶ Long waiting periods appeared to be an issue with many patients attending the Western Health – Sunshine Hospital ED. A lack of beds has resulted in patients sitting in ED for more than 8 hours without being seen.
- ▶ Some participants advised that they would rather go to St Vincent's or the Royal Melbourne hospital because they are of the view that those two hospitals treat Aboriginal people better than at Western Health – they only go to Sunshine Hospital because it is closer to where they live.
- ▶ Some patients indicated that they would like information about other staff they could interact with to follow up on some of their other health conditions – such as diabetes, nutrition and social support.
- ▶ Correct identification of Aboriginal people presenting at the ED remains an issue despite the fact that ED staff had participated in Aboriginal Cultural Awareness Training.
- ▶ The attitude of ED staff towards many Aboriginal people presenting at the ED needs to improve in most but not all cases.

#### *“I personally feel that ED staff treats me differently because I am Aboriginal”*

- ▶ All Aboriginal past patients interviewed were able to provide a full description about their journey to and from hospital whether it is their first visit or 10<sup>th</sup> visit.
- ▶ All patients advised that there was little or no follow up between the hospital and patients GPs and other specialists therefore the same people were returning to ED rather than receiving referrals and support for long term health conditions and other supports (diabetes and mental health issues).
- ▶ All past patients consulted advised that all staff should participate in Aboriginal Cultural Awareness Training sessions and participate in follow up training every 12 months.

## Thematic Analysis (Werribee Mercy Hospital)

The following themes emerged from interviews conducted with Aboriginal people who were treated at the Werribee Mercy Hospital ED or Maternity Services during the evaluation period. Analysis of responses provided by Aboriginal patients presenting at the Werribee Mercy Hospital indicates that:

- ▶ Positive stories were only provided about treatment received only on the third visit to ED.
- ▶ Treatment received while attending the ED or Maternity Services varied from bad to adequate.
- ▶ There was no follow up after discharge and this needed to be improved.
- ▶ Some Aboriginal patients had submitted complaints to the hospital with no response (within 6 months).
- ▶ Talking to Aboriginal people in ‘Doctor Language’ when people are stressed and while they wait in recovery. This is particularly hard when the individual does not have a support person with them.
- ▶ Patients usually followed up with their local GP in terms of getting access to their hospital records and information.
- ▶ Correct identification of Aboriginal people presenting at the ED remains an issue.
- ▶ The attitude of ED staff towards many Aboriginal people presenting at the ED needs to improve in most but not all cases.
- ▶ All Aboriginal past patients interviewed were able to provide a full description about their journey to and from hospital whether it is their first visit or 10<sup>th</sup> visit.
- ▶ Some patients indicated that they would like information about other staff they could interact with to follow up on some of their other health conditions – such as diabetes, nutrition and social support.
- ▶ All patients advised that there was little or no follow up between the hospital and patients GPs and other specialists therefore the same people were returning to ED rather than receiving referrals and support for long term health conditions and other supports (diabetes and mental health issues).
- ▶ All past patients consulted advised that all staff should participate in Aboriginal Cultural Awareness Training sessions and participate in follow up training every 12 months.

### Recommendation 5: Changes to improve the Aboriginal Patient Journey at Werribee

- a) Ensure there is follow up after discharge with a support person present to explain things if needed.
- b) Ensure that a written Discharge Plan is given to the Aboriginal patient before they leave.
- c) Ensure information is provided about patient rights and how to make a complaint if they wish to do so.
- d) Ensure that Admissions desk and triage staff, nurses and doctors in the ED and Maternity Services have participated in the Aboriginal Cultural Awareness Training Program.
- e) Obtain funding to Employ/Roster AHLO’s on After Hours (including on weekends) to provide support and assistance to Aboriginal patients and their family members – based on findings from analysing ED Aboriginal Patient Presentation data.

Responses provided by Aboriginal participants interviewed confirmed the following data/information about their visits to the Emergency Departments at Western Health – Sunshine Hospital and Werribee Mercy Hospital:

- ▶ 42% of Aboriginal patients interviewed had been to the ED more than 5 times,
- ▶ 19% had arrived at the hospital ED by ambulance
- ▶ 26% had travelled to the hospital ED in a car driven by themselves or another person to ED.

**Table 4: Aboriginal patient visits to Emergency Departments (by hospital)**

	Total (n = 31)		Western Health (n = 13)		Mercy Werribee (n = 18)	
How patient arrived at ED	No.	%	No.	%	No.	%
Presented more than 5 times	13	42%	5	16%	8	26%
Ambulance	6	19%	2	6%	4	13%
Car	8	26%	2	6%	6	19%
Health Service	1	3%	1	3%	-	-
How busy ED was on arrival	No.	%	No.	%	No.	%
Very Busy	17	55%	9	29%	8	26%
Busy but not crowded	3	10%	1	3%	2	6%
Not very busy	-	-	-	-	-	-

## Indigenous Status Question

Responses provided by Aboriginal patients interviewed during the consultation process confirmed that at least 90% had not been asked about their Indigenous Status when they presented at the ED or Maternity. The Aboriginal patients visiting maternity services at Werribee Mercy Hospital advised that they had not been asked the Indigenous status question individually and that the father and baby's Indigenous status was not asked about either.

*"I was never asked the Indigenous status of my child – they just assume"*

*"One midwife said you don't look Aboriginal because you are not the right colour – people look at us and say no way"*

*"When I say I am Aboriginal the ED staff say, 'I suppose you get all this free land, houses and cars too'."*

One Aboriginal patient advised that they asked the staff if they were sure there are no more questions they wanted to ask and they said no there is not –they had the opportunity to ask the Indigenous status question and didn't.

*"When I told them I was Aboriginal they said – do all your children have the same father!"*

This may not be an issue if:

- a) ED staff have a personal relationship with the Aboriginal person who they may have known for many years, or
- b) the Aboriginal person has presented previously at the ED and their Indigenous Status has already been recorded on their Patient Record file.

<b>YES</b>	<b>7</b>	<b>Did ED and Maternity services hospital staff ask if you were Aboriginal?</b>	<b>13</b>	<b>NO</b>
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It was mentioned during the Werribee Mercy Hospital staff focus group session that maternity services had recently included a status box on the admissions form to ask the Indigenous status of the father and the baby.

Another important consideration is where the person presenting at the ED does not 'appear to be' of Aboriginal descent and they have not made a positive response in relation to the Indigenous Status question – for whatever reason. It is, therefore, critical that ED staff ask all persons presenting at the ED what their response is to the Indigenous Status question – regardless of whether the person presenting filled in the form in the first instance or where EH ED staff have assisted the person to complete the Admissions Form.

Responses made by staff and Aboriginal patients consulted for this project indicate that this is an area which requires more attention and fine tuning by ED and Maternity Services staff. Some Aboriginal patients advised that staff felt awkward asking the question, even when prompted and didn't know what else to say after a patient presenting confirms their Indigenous status.

It is evident that both hospitals have a process in place to verify patient records when a positive response is made against the Indigenous Status question.

Some staff in Werribee Mercy Hospital Maternity Services advised that recent changes had been made to the patient data record system for Maternity Services and that if the patient information record is not filled in then they ask them to complete the Indigenous status question:

*"Is the baby identified as Aboriginal and/or Torres Strait Islander"?*

Asking the Indigenous Status question of all persons who present at the ED is important as it assists government to identify patterns and trends in relation to the health and wellbeing of Aboriginal people. It was not evident what the administrative process is if a person has presented at the ED more than once in a 3, 6 or 12 month period. Nor was it evident what the process is if the presentation is part of a referral from a local GP or ACCHO. Finally, it was not evident what process staff should follow if they knew the person presenting was Aboriginal but they did not tick this box on the Admissions Form.

### Recommendation 6: Annual VAED Aboriginal Patient Data Extract

That Western Health – Sunshine Hospital and Werribee Mercy Hospital undertake an annual VAED extract to identify the number and proportion of data entries that have been 'Incorrectly Coded' and, where appropriate, identify which staff need further training in relation to asking the Indigenous Status question or entering data into their electronic Patient Record system.

## Aboriginal Hospital Liaison Officer

Of all the Aboriginal patients consulted for this project only 2 Aboriginal people were asked if they would like to see the AHLO when they presented at ED. The AHLO was contacted and then visited both people while at Western Health – Sunshine hospital. Everyone else advised that they had to tell the hospital staff they would like to see the AHLO.

Unfortunately the AHLO position was vacated due to resignation and recruitment undertaken immediately to fill the position. There was less than a three month gap until the new AHLO commenced in late July, 2015 so there was no Aboriginal staff member to visit the Aboriginal patients for some time in 2015. The AHLO position at Western Health – Sunshine Hospital has been vacant since the end of June, 2015 and recruitment is underway.

While most Aboriginal patients consulted were aware of the AHLO position at both hospitals many advised that ED staff had not provided this service as an option to respond to when they were admitted to the ED.

*“The previous AHLO was awesome because she was culturally sensitive and someone actually understood you – having a black face is important”.*

Two of the Aboriginal mums consulted advised that Maternity Services did provide them with information on local kindergartens, local Aboriginal play groups and Aboriginal contacts in the area.

<b>YES</b>	<b>2</b>	<b>Did staff ask you if you would like to see the AHLO?</b>	<b>19</b>	<b>NO</b>
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The following comments were made by Aboriginal patients about the Werribee Mercy Hospital AHLO role:

- If we can keep the current AHLO here it makes a big difference.
- The AHLO can support the family and get into appointments you need the very next day.
- It is important to have an AHLO so we are not put in the back corner – have someone you can call on.
- Most time a long wait in ED – the AHLO can work through this and get me in immediately.
- Overall picture of having more than three days a week – should be seven days a week and after hours.
- The AHLO can step in and say I am the AHLO and this is an Aboriginal patient and family – speak and deal with me – the officer makes a mountain of difference.
- Helps with less confusion when you come to ED in pain and it makes a difference.
- When proud Aboriginal person feel less alone and understand what they are saying and sort through the doctors issues.

It was also clear that there are no administrative processes in place at both hospitals to record data about the following questions which should also be asked where a person has provided a positive response against the Indigenous Status question:

**Would you like to speak with or see our Aboriginal Hospital Liaison Officer while you are here?**

**a) ‘Yes’ response made – AHLO is contacted and interacts with patient.**

**b) ‘No’ response made – AHLO is not contacted but is advised about the presentation so they can verify if the response made against the Indigenous Status question is correct.**

*“I don’t see them as the AHLO – they are like family – they help out and listen to me”.*

*“The AHLO doesn’t judge you and they make my experience so much better here”.*

*“The Aboriginal staff at Sunshine are all very helpful and deal with more than just the hospital issues”.*

## Quality of care provided by hospital ED and Maternity Services

Almost all persons interviewed confirmed that they had past experiences presenting at or being admitted to EDs and Maternity Services who participated in this project as well as at other EDs not involved in this project. Individual experiences varied. Only a small number of Aboriginal people consulted reported very good treatment received on their first visit while others stated that their first ED experience and Maternity Services experience was very poor but their treatment/care had improved significantly on subsequent visits to the same ED and Maternity Service.

Hospital	Excellent	Very Good	Good	OK	Could be better
Western Health	1	3	3	1	2
Werribee Mercy	1	-	3	1	3

People who had attended the same ED since their original presentation confirmed that ED staff was more likely to be friendly and personable towards them because they had attended the ED on 3 or more occasions. Those who arrived by ambulance indicated that they received triage much quicker than others who had driven themselves to the ED. A number of participants interviewed made very positive comments about Ambulance drivers who had transported them to the ED.

Lengthy waiting and treatment times were reported as an issue by a majority of people interviewed at all ED sites. Other issues raised by Aboriginal patients in relation to the Quality of care they received included the following:

*“I got bitten by a spider and got ‘golden staffe’ – they did nothing about it – even the doctors certificate didn’t get treated – they didn’t treat my partner right when she had the baby either and didn’t take blood pressure or ask any questions so we left My GP had to fix us up”.*

*“My mum got asked if she had syphilis when she had me at the hospital”.*

*“Back of house – only thing I didn’t like in the back – I felt that they were too busy and giving me advice on what was going on checked pressure and left without saying anything – just left me there – sitting what the hell was going on”.*

*“The lack of engagement – take a seat when waiting – just tell ya to wait – could be friendlier with the answer – give explanation / reason for waiting. Sign says if symptoms get worse tell us – so you do tell them and they tell us to wait still”!*

*“I am still dealing with the racist staff – I went into hospital and doctor said so you are Aboriginal? How much have you had to drink”?*

*“The GPs will say stop drinking and smoking – I say I don’t do either – stereotyped and labelled”.*

### Case Study 1 - My visit to the ED and after-surgery experience

I had a major wound on my arm and lost a litre of blood. They made me wait in the cold next to the fridges. I wasn’t given a blanket and they were rude when I went to the front desk and continued to make me wait.

They finally gave me a temporary bandage in the ED area and told me to wait again for surgery.

I left after 8 hours. It took me two days to get surgery.

I definitely think there were issues because I was Aboriginal. I look Aboriginal and they know it.

I didn’t feel comfortable with the staff after my surgery either. My family came in after visiting hours and the security came and escorted them out – I got angry about that. I was embarrassed about the whole thing.

They need to step in our shoes and see how it feels. We need to feel safe when we come to the hospital – I have no feeling in this part of my arm now.

## ED and Maternity Services Waiting and Reception Areas – Western Health

Aboriginal community members consulted were invited to give a rating response about their contact with ED reception staff, nurses and doctors; about the beds in the ED treatment area; referrals made to other areas of the hospital; the discharge process and their overall experience of their visit to the ED.

It should be noted that ratings given by Aboriginal community members will have been influenced by a number of factors at the time of their presentation – such as:

- their level of stress/anxiety
- their physical condition and why they were at the ED
- the number of other people also present in the waiting area
- the day and time of their presentation
- how communicative ED staff were about when they would be seen (taking into account Triage times for other people who will have arrived unseen/by Ambulance) and
- whether they were accompanied by other people.

Aboriginal community members consulted gave mixed responses when asked about their experiences in the ED waiting room in terms of how comfortable the waiting area is and the level of access to facilities.

<b>Initial contact with the front Reception</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
• Assistance you were given	4	2	1	1	
• Information given to you (pamphlets or posters)	6	2		1	
<b>Waiting Room Experience (Artwork, Seating, Facilities)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
• How comfortable the waiting area was (seating)	6	1		1	
• Access to facilities (Toilets, Tea/Coffee/Food)	6	1	1	1	
<b>Contact/interaction with Nursing staff (overall rating)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
• How long you had to wait before a Nurse saw you	3	1	2	3	
• Level and quality of services you received	1	3	3	2	
• How they explained what was happening/going to happen	3	2	2	2	
<b>Contact/interaction with Doctors (overall rating)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
• How long you had to wait before a Doctor saw you	4	4	1		
• Level and quality of services you received	1	3	3	1	1
• How they explained what was happening/going to happen	1	3	3	1	1
<b>Other Things</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
• Beds (eg. Physical space around the beds)	2	1	4	1	1
• Referral to other areas of the hospital	3	4	1	1	
• Aboriginal specific policies and procedures	4	3	1	1	
• Assistance provided by Western Health - Sunshine Hospital staff	3	2	4	1	
• Discharge Process					
Rating Scale					
<b>1 = "Crap" Big changes needed</b>	<b>2 = Not Helpful</b>	<b>3 = OK (met my needs)</b>	<b>4 = Very Helpful</b>	<b>5 = Exceeded Expectations</b>	

*I think the ED area could be refurbished – some of the seats have dried blood on them and the toilets are not very clean.*

*The waiting area has a plaque acknowledging the traditional owners which is great. They now need more Aboriginal artwork.*

*There is no privacy and everyone can hear what you are saying – when I said I was Aboriginal the nurse said no you are not and I got embarrassed and left.*

*There are water jugs but no cups and have to wait in triage line before you can get a cup.*

## ED and Maternity Services Waiting and Reception Areas – Werribee Mercy Hospital

Aboriginal community members consulted were invited to give a rating response about their contact with ED and Maternity Services reception staff nurses and doctors; about the beds in the ED treatment area; referrals made to other areas of the hospital; the discharge process and their overall experience of their visit to the ED and Maternity Services.

It should be noted that ratings given by Aboriginal community members will have been influenced by a number of factors at the time of their presentation – such as:

- their level of stress/anxiety
- their physical condition and why they were at the ED or Maternity Services
- the number of other people also present in the waiting area
- the day and time of their presentation
- how communicative ED staff were about when they would be seen (taking into account Triage times for other people who will have arrived unseen/by Ambulance) and
- whether they were accompanied by other people.

Aboriginal community members consulted gave mixed responses when asked about their experiences in the ED and Maternity Services waiting room in terms of how comfortable the waiting area is and the level of access to facilities.

Initial contact with the front Reception	1	2	3	4	5
• Assistance you were given	4	1	3		
• Information given to you (pamphlets or posters)	3	2	3		
Waiting Room Experience (Artwork, Seating, Facilities)	1	2	3	4	5
• How comfortable the waiting area was (seating)	6	2	2	1	1
• Access to facilities (Toilets, Tea/Coffee/Food)	3	2	3		1
Contact/interaction with Nursing staff (overall rating)	1	2	3	4	5
• How long you had to wait before a Nurse saw you	3	3	2	1	
• Level and quality of services you received	3	1	4	1	
• How they explained what was happening/going to happen	1	3	4	1	
Contact/interaction with Doctors (overall rating)	1	2	3	4	5
• How long you had to wait before a Doctor saw you	5		2	1	1
• Level and quality of services you received	4		3	2	
• How they explained what was happening/going to happen	5		3	1	
Other Things	1	2	3	4	5
• Beds (eg. Physical space around the beds)	4	3	2		
• Referral to other areas of the hospital	5	2	2		
• Aboriginal specific policies and procedures	5	3	2		
• Assistance provided by Werribee Mercy Hospital staff	4	4	1		
• Discharge Process					
Rating Scale					
1 = "Crap" Big changes needed    2 = Not Helpful    3 = OK (met my needs)    4 = Very Helpful    5 = Exceeded Expectations					

*"There is no signage about the AHLO and who they are".*

*"They treat you like a number and not welcomed".*

*"I sometimes feel that people from other cultural backgrounds get priority over Aboriginal people in ED".*

*"You need to pay for food from machines and we never have any coins".*

Many Aboriginal people consulted advised that there was often no cultural support provided when they were admitted after hours and on weekends and that most of the AHLOs are part time employees.

A majority of Aboriginal patients would like to see changes made to the ED waiting and reception areas and Maternity Services so they are more 'Aboriginal friendly/culturally appropriate'.

Some suggestions made include:

- Displaying local Aboriginal artwork
- A children’s play area with culturally specific puzzles and toys (The Yarn Strong Sista Aboriginal children’s products supplier has some great materials)
- Information about Aboriginal Health Services and Aboriginal workers in Mainstream services
- Indigenous specific ‘Welcome to the Emergency Department’ Brochure
- A photo of the AHLO and Aboriginal Health Unit staff (including location)
- A display of photos showing other local Aboriginal community members
- Updated/refurbished chairs
- Information on the services available.
- Artwork in the kid’s play area (a mural on the wall or something to identify Aboriginal culture).
- Western Hospital – ‘pods’ – suggestion to have some of them painted because they are very clinical and white.

### Cultural Responsiveness of Hospital ED and Maternity Services

All Aboriginal people consulted were invited to provide comment about their perception of the attitude of ED and Maternity services staff to Aboriginal people who present at both hospitals. The table below summarises the responses made by Aboriginal patients consulted against each choice option provided in their Question Guide.

	Western Health	Werribee Mercy		Western Health	Werribee Mercy
Caring	3	2	Rude	5	6
Helpful	5	2	Difficult	5	6
Friendly	4	2	Unfriendly	4	6
Supportive	4	2	<b>Not Sure</b>		
Professional	4	2	No different to other people	2	1
Understanding	5	2	OK but things could be better	1	1

- Of the responses made by Aboriginal past patients most believe the attitude by Western Health staff towards Aboriginal people who present at the ED is caring, helpful, friendly, supportive, professional and understanding.
- Of the responses made by Aboriginal past patients respectively think the attitude of Werribee Mercy ED staff and Maternity Services staff is rude, difficult and unfriendly when they treat an Aboriginal person who presents at those hospital areas.
- Many Aboriginal community members consulted respectively think the attitude shown by ED staff towards Aboriginal people who present at the ED is no different to that used *‘they treat Aboriginal people no differently to others’*.

Many past Aboriginal patients consulted advised that ED and Maternity Services staff needed to be more culturally aware of Aboriginal history and culture and specifically more in tune with the chronic health conditions of Aboriginal people and their families and understand family and kinship family structures and networks.

*No one comes to see me to see if I am ok or not.*

*They don’t ask me if I want to see the AHLO.*

*Attitude of staff could be a lot better and they could be more culturally sensitive.*

*I don’t get asked if I need Aboriginal cultural support.*

*I never get asked if I am Aboriginal and I know they know I am – it is all assumption.*

*You go in and they do what they need to do and then you are discharged straight away – I don’t know what to do next or what services I should be accessing.*

*Maternity Services staff needs to understand the cultural protocols around birthing and that we want to have our other children present at the birth.*

*All the hospital staff need to learn more about our culture and Aboriginal health.*

## Cultural competency of ED and Maternity Services staff

While a lack of cultural awareness amongst most triage staff (Doctors and nurses) was identified as an issue amongst almost all Aboriginal patients interviewed, there were also a number of positive responses made which confirmed that some ED staff provided excellent care and support when treating Aboriginal patients – particularly Western Health – Sunshine Hospital.

It was noted that Aboriginal patients who had attended an ED on more than one occasion were more likely to be known by the admission and/or ED staff and, as a result of this, they had more confidence about the care being provided to them during their treatment.

For some Aboriginal patients interviewed, the cultural competency of ED staff was not an issue at all as they felt that their treatment went well and they were satisfied or very satisfied.

**Table 9: Aboriginal patient rating of the cultural competency of ED staff (by hospital)**

Response	Total	Western Health	Werribee Mercy
Very Satisfied	4	2	2
Satisfied	4	1	2
Not very satisfied	9	5	4
Not relevant	3	3	-

A number of participants interviewed indicated that ED staff at both hospitals they attended needed to make changes to the way in which initial treatment and care was provided. The main issues raised were the long waiting times, the use of medical terminology and the provision of information about the support and other services they could access at the hospital they presented at.

**Table 10: Aboriginal patient feedback about changes to treatment and care (by hospital)**

Response	Total	Western Health	Werribee Mercy
Yes	12	7	4
No	4	2	2
Not Sure	2	1	1

Nearly all Aboriginal patients advised that once they ‘got past ED’ their treatment by doctors and nurses seemed to improve greatly and being Aboriginal didn’t seem to be an issue (particularly at Werribee Mercy Hospital ED).

There were mixed views expressed by Aboriginal patients consulted about how the ED and Maternity Services nursing staff treated Aboriginal people who were admitted - regardless of their health condition or status. There was a unanimous view that all nursing staff must have a basic level of understanding of Aboriginal history and culture as well as about the issues that affect Aboriginal people in Victoria, particularly in relation to health.

Many Aboriginal people consulted were generally pleased with the treatment received by ED doctors at both hospitals. Of the Aboriginal community members who were not pleased with the treatment received by ED doctors, they advised that they were very aware there was a difference in their treatment if the doctors were recently from overseas and did not have any experience treating Aboriginal people in Victoria or elsewhere in Australia.

*“Treated me as a person the way they spoke to me too – they treated me as an individual not a number and not someone sitting there waiting – they treated me as a real person with a real issue – showed compassionate side and I was really impressed”.*

*“Doctors were helpful – took the time to understand the situation to address the issues and nurses too – not the clerical people”.*

It was also suggested that it was clear to Aboriginal ED clients that almost all overseas doctors had little or no understanding of the impact past government policies and practices have affected Aboriginal people and communities over many generations and the flow-on impact of these on the current life expectancy and morbidity rates of Aboriginal Australians.

Many Aboriginal patients consulted advised that they struggled with understanding the hospital terminology and language used by Doctors and nurses at both hospitals. Some Aboriginal patients had a positive experience with the Werribee Mercy Hospital midwives (mainly when the second baby was born).

*“Midwives I had are pretty reasonable and I could understand them”.*

*“I had a massive infection and they said they would have to lose her foot. Another specialist asked for the chance to try and keep her foot and they agreed and my foot was saved”.*

*“I haven’t had one good midwife at Werribee Mercy Hospital”.*

*“I don’t feel we get treated badly because we are Aboriginal – the whole system is short staffed but they need to have an awareness of who we are and support us”.*

*“Most of the nurses are pretty good and the staff that bring the food are good too”.*

Most Aboriginal patients consulted advised that they both hospitals needed to do more about being more culturally responsive to Aboriginal patients who present.

*“Staff don’t ask questions about our Aboriginal culture or if there are any protocols they need to be aware of”.*

*“I haven’t seen any staff demonstrate any cultural awareness or knowledge”.*

*“They were okay and met my needs at the time”.*

## What Aboriginal people ‘liked’ about the treatment they received from ED and Maternity Services staff

Only a small number of Aboriginal patients consulted advised that they were very pleased with their treatment experiences at ED – with 2 community members saying their experience ‘Exceeded’ their expectations and they were treated ‘as a patient should be’. This was particularly clear in relation to treatment provided for minor cuts, taking bloods, treating asthma and providing immediate care to individuals and their families.

Some Aboriginal people consulted advised that their experience of ED at both hospitals was positive and they felt staff were ‘nice’, friendly, and patient when they were feeling very anxious about their situation.

Three Aboriginal people advised that the nursing staff were very caring and aware of the long waiting time but had provided lots of reassurance at half hour intervals which has been a change to the system in the last 12 months.

Two Aboriginal people advised that their experience on their 2<sup>nd</sup> and 3<sup>rd</sup> visit to Werribee Mercy Hospital Maternity Services was positive and that they didn’t have to wait long when they presented with their babies who had high temperatures including both mums. Specific comments include:

*“We were seen immediately and checked us all over and kept asking every 10 minutes how we were and if we were in any pain. I felt comfortable and respected but my first visit wasn’t like that at all – not sure why this has changed but it is good”.*

*“My baby needed oxygen and he got it within 5 minutes of arriving”.*

*“The nurses have seen my kids at Western Health – Sunshine Hospital many times because of all their health issues and they have been fantastic”!*

*“My son was on drugs and they had to get the police to take him away and they needed to do this – they were very discreet and provided me with lots of support”.*

*“They asked me if I had an x-ray and got a nurse to look at me and my foot. Nurse took me in and did blood pressure and didn’t say I needed an x-ray. They took me into a room to do the plaster casts and the doctor came in and said have you had an x-ray. I said no and he said I need one before any plastering occurs on my foot. Asked if the nurse had seen me and I said no she is sitting in the cubicle over there and hasn’t bothered to see me”.*

Many Aboriginal people consulted advised that the staff at the Western Health – Sunshine Hospital Aboriginal Health Unit were friendly, supportive, helpful and non-judgemental. The staff were able to explain information provided on forms, prescriptions and where to go within the hospital for other assistance. Everyone consulted was happy with the space within the Unit and that they could just come in have a cuppa and sit on comfortable chairs and relax. The following comments were made:

*The staff are excellent and very supportive.*

*We can all have a good laugh together.*

*They help me with the complaint process.*

*Gave me information about other Aboriginal services.*

*I can sit and relax with a cuppa until my next appointment.*

*They really understand our issues when we raise things about discrimination.*

*Help me with getting Aboriginal status forms from Queensland.*

*The AHLOs visited me while I was there and helped me access other services.*

Although the Aboriginal Health Unit was viewed very positive by all Aboriginal people consulted there were a couple of instances where ED staff were not able to locate the AHLO at the time of Aboriginal patient presentation because they didn’t have the mobile phone numbers or know where the unit was located.

*“They tried to call the Unit for me but no one picked up the phone. I ended up walking there with my blanket and pillow from ED. We eventually got things sorted and I know they are really busy people”.*

Two Aboriginal patients advised that their experience was very positive from the ED staff at Werribee Mercy Hospital and one patient was provided with a social worker who helped with getting through some issues and support for the grandchildren. Five Aboriginal patients advised that even though they were being consulted about ED and/or Maternity Services they all had positive and supportive experiences from the staff in palliative care.

*“Palliative Care was great for my dad – couldn’t wish for a better service because no competition in the room and always helped. We could ring them and they would say as soon as we finish with this patient we will be there and they were here within 10 minutes”.*

*“My partner was a difficult patient and they called me to come in and they would talk to me. They really persevered with him and they were great”.*

## What Aboriginal people ‘didn’t like’ about the treatment they received from ED and Maternity staff

A frequent comment was made about the behaviour shown to Aboriginal people by hospital security officers when they approach Aboriginal patients in ED and also family members visiting the wards either just before or after visiting hours had finished.

*“One female security guard escorted us out – my mum and girlfriend and support person. They were terrible. Before surgery they escorted me out and I was waiting for surgery! My parents came in at night time and there were lots of security guards came up and one of the nurses got a security guard to come into my room – I am not aware at all about my rights around this!”*

Poor communication skills of treating doctors and nurses about the causes of the person’s symptoms as well as what prescribed medication would do to address a person’s symptoms was commented on by a few people interviewed. It was suggested that a lack of respect towards Aboriginal people generally may be an issue needing attention at both ED’s and Maternity Services that participated in this project. Some Aboriginal patients consulted advised that they were:

- ▶ ‘yelled at’,
- ▶ told to sit down and were not a priority
- ▶ Told I didn’t look Aboriginal enough to be Aboriginal and they wouldn’t tick the box or contact the AHLO
- ▶ I had to ask for a Doona and it was freezing
- ▶ Wouldn’t let me see my own baby who is in special care
- ▶ The social work department at Western Health are not very helpful and come across as judgemental

When asked if changes could be made to current ED processes to make them more appropriate to meeting the needs of Aboriginal people, 99% of Aboriginal patients interviewed indicated that they would like to see changes made.

*“Staff need to get better at talking to Aboriginal people because they come across as rude and we have suffered rudeness and bad manners from non-Aboriginal staff in mainstream services all our lives – it has to stop”.*

Nearly all Aboriginal patients consulted were of the view that the staff in the social work/services area needed more specific Aboriginal cultural awareness training in relation to the impacts of trauma, stolen generations issues, Aboriginal health and wellbeing and correct communication and terminology to be used when engaging with Aboriginal patients referred to staff in these areas.

*“The social worker is awful and needs training – she writes letters against us and we are even seeing the AHLO”.*

The lack of engagement by ED and Maternity Services staff with Aboriginal people presenting was raised as an issue by many of the past patients consulted and therefore was one of the main reasons people left both hospitals without being seen on more than two or three visits to both hospitals in the last 12 months.

*“I feel there is no respect and they don’t understand us as Aboriginal people – there is so much stereotyping and the looks we get are not friendly at all.”*

*“When I arrived the room they put me in was cold. I asked for another room but was told no. My baby was really hot too and I couldn’t get his temperature down. I wanted to sleep with my baby but nurses said no. This made me really stressed. I put a complaint in and they called back a few days later and apologised and said that they can’t allow joint sleeping because of the issue with SIDS”.*

It is acknowledged that the primary focus of ED and Maternity Services staff is to provide a high level of care to each person who presents, however, it is evident from responses made by Aboriginal past patients at both hospitals, that there are different perceptions in relation to how culturally responsive ED and Maternity Services staff are when interacting with Aboriginal people who present.

Comments made about Werribee Mercy Hospital (ED and Maternity Services):

*“I felt that the maternity staff treated me like crap – I have had all my babies here and every experience has been horrible. I never stay I always leave because they are so horrible. They are not happy when I bring my other kids in with me to support me having the baby. I want my family there. Last time I was here I asked for gas and got none because when they finally gave me the portable gas it was empty. I was in there for 20 minutes – they brought in another non-Aboriginal liaison officer and said I was too aggressive and would have to leave but I had the baby”.*

*“Very bad – have to wait too long”.*

*“Treat patients bad with no respect for age or injury – no care”.*

*“My husband was left at front door of hospital grounds for me to pick up – what happened to duty of care”.*

*“I waited in ED for eight hours and then was put in a wheelchair and waited another 4 hours”.*

*“As soon as they know I am Aboriginal all the doctors and nurses treat me badly”.*

*“My daughter sitting in waiting room for 5 hours and she lost her baby in the waiting room and got told she would have lost the baby anyway. My other daughter had a mental health issues and waiting room with her and waited for over an hour and she had a psychotic episode – not sure why – she was suicidal and I had to keep her there for another hour”.*

*“Once you get out of emergency everything is like family – social workers, 3 nurses and cleaners are all good to me. Tow triage nurses on day shift – arrive 8am and could still be there at 8pm and once triage changeover there are no problems because at least you get served”.*

*“The obstetrician threatened to report me to the Department because I hadn’t done the obs at the hospital - I was just going to see my GP all the time. I put a complaint in and didn’t receive a response since January this year”.*

*“When Aboriginal women give birth they need to know this a cultural thing that we need our family there at the birth – it helps with the bonding and feeling part of the family”.*

It is clear that action needs to be taken to address the views of those Aboriginal community members who would like to see some changes made to current ED and Maternity Services processes at both hospitals so they become more appropriate to meeting the needs of Aboriginal people.

#### Case Study 1 – Bob and his wife’s Story – Werribee Mercy Hospital

One woman representing her husband who has been a patient at Werribee Mercy for the last 8 weeks has not had a good experience and her two sons are Aboriginal (both with severe disabilities).

Husband was misdiagnosed as having a stroke and they had to take him to the Alfred hospital and they confirmed he hadn’t had a stroke and that he had pneumonia because of the lithium levels from the medication he takes for Bipolar and all the drugs he had.

His salt levels were through the roof and we told the doctor he has bipolar. I have been caring for my two sons and husband for the last three years (had to give up her job at DHHS).

The system doesn’t support you and couldn’t give me any supported referrals. Ian is staying on ‘Ward C’ at Werribee Mercy and this is where you go when you are sent to die.

We complained and the specialist came in and didn’t discuss anything with my husband – he had a conversation with another doctor in front of him like he wasn’t there.

They said they thought he had Parkinson’s, which he doesn’t. Medical registrars have a lot put on them after hours.

When discharged with tablets we came back and I was put in a wheelchair and then back in ED.

He was then sent home with bowel tablets when he didn’t have a bowel problem.

He had lots of tubes in him to drain the lungs and we waited five days to get the operation – he could have died.

## Aboriginal Cultural Awareness Training Program

It is recommended that the Western Health – Sunshine Hospital and Werribee Mercy Hospital Aboriginal Cultural Awareness Training Programs be reviewed every 6-12 months to ensure that the following is considered as a minimum based on the stakeholder consultations:

- Information about the ICAP and the roles and responsibilities of AHLO positions.
- Information about the Aboriginal health impacts and chronic health conditions that affect Aboriginal people at all ages.
- Specific references to and copies of all Aboriginal policy documents so staff are kept informed that these are in place.
- Information and statistical data sourced from the Koori Health Counts reports produced each year by the Aboriginal Health Branch in DHHS.
- VAED profiles of Aboriginal people who are admitted to or who present at the ED.
- VAED profiled data about the number of Aboriginal people who present at and are admitted to other hospitals and EDs.
- Information about the local Aboriginal people including any specific local cultural protocols and practices, local history and who the different groups in the community are.
- Specific strategies, action plans and programs being implemented by the Victorian and Australian governments to address the health of Aboriginal people – such as Close the Gap and Koolin Balit, etc.

It is strongly suggested that the ACAT consists of a series of individual training modules which are consistent with similar programs being delivered by other hospitals. Arrangements should be made to obtain funding from the Department of Health and Human Services to develop the ACAT.

Finally, it is recommended that the AHLOs participate in a facilitator training course so they have an opportunity to present information and have discussions about issues experienced by Aboriginal patients in both hospitals.

## Promoting Awareness of ED and Maternity processes to Aboriginal people

While most people may only access a hospital's ED and/or Maternity Services a few times in their life, knowledge about how an Emergency Department operates is obviously not something many people think about every day. This situation also applies to a majority of Aboriginal people who may only occasionally use an ED in their lifetime. There are, however, some Aboriginal people in each community who will have chronic health conditions which will require a higher and more frequent level of contact with ED and admission's staff at a hospital.

*“Supposed to get priority of access once you identify your Indigenous status”.*

*“I don't know what I am entitled to – they need to have procedures in the waiting room”.*

One way to help ease the anxiety of hospital consumers is to provide them with useful information about how a hospital functions so they have a better understanding of the pressures and demands that are placed on hospital staff in different operational areas. A two-way learning and educational process can assist hospital consumers and staff to gain a practical insight into what the issues are for stakeholders in each group.

There are also opportunities for hospital staff to be more pro-active with ACCHO staff to identify key health issues that are occurring amongst a particular consumer group (such as Aboriginal people) and to then take preventative action to inform and educate potential patients about what to do to minimise the number of incidences of an emerging health issue. For example, an increase in the number of unintentional injuries occurring amongst children in a community may be addressed by educating parents about action they can take to make a household environment safer and more child-friendly.

**Do you think more could be done to promote and raise awareness about Emergency Department process to members of the local Aboriginal community?**

<b>YES</b>	Western Health (10)	Werribee Mercy (9)	<b>NO</b>	Western Health (0)	Werribee Mercy (1)
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It was evident from responses made that a significant majority of Aboriginal community members who participated in the evaluation project advised that they would like both hospitals to take action to promote and raise awareness about how the ED and Maternity Services operates and functions. This would include more work to create a greater awareness amongst Aboriginal patients about how the ED and Maternity Services works.

It was clear that some of the Aboriginal patients who participated in the consultations had a high level of trust in the ED and Maternity Services staff and confidence about how the ED functions. It is strongly suggested that these Aboriginal patients are invited to participate in the delivery of any action taken by both hospitals to create a greater awareness about how the ED and maternity services works.

## Discharge Follow Up

It was evident from comments made by past Aboriginal patients interviewed that more could have been done in relation to providing information about what individuals could do to address and/or resolve issues they presented with at ED and Maternity Services.

Only 2 people interviewed for this project confirmed that follow-up appointments had been suggested as part of their discharge plan. Analysis of responses made indicated that the main reason for this is that the diagnosis provided indicated that as the individual felt that were not treated properly or in a culturally inappropriate way the patient discharged themselves without any staff contact.

The main issue across both sites was that a significant majority of Aboriginal people presenting at the ED did not have any follow up after discharge or information provided to them. It was noted that one Aboriginal patient at Western Health – Sunshine Hospital was referred.

*“When I left the ED after waiting for so long I went home and rested it off but had to call a doctor into my home an hour later. This could have been avoided if the doctors at ED treated me quicker”.*

*“We had a choice to come to Western Health – Sunshine or a city hospital – this was closer – I regret it to this day – should have gone to the city”.*

*“Referred to the physio – they are good here”.*

*“No follow up and no discharge plan provided or discussed – I haven’t been referred to Aboriginal services”.*

*“We need pamphlets and information – it just isn’t forthcoming and I always go looking for it. They say keep us informed and they don’t and will treat you with respect but they don’t. All patients have the right to the information and when I ask for a copy they say why do you want that for? Like they feel threatened by it”.*

All of the past Aboriginal patients consulted were not aware of the support services and programs provided by both hospitals they attended. At the same time, they were not aware of health promotion programs offered by CoHealth or Aboriginal community controlled health organisations in Melbourne and locally.

At least 4 of the past Aboriginal patients consulted were aware of the specialist services they could access through metropolitan Aboriginal Health Services but they chose not to access these services because of issues they have with the organisation.

6 of the past Aboriginal patients consulted identified that the high cost associated with attending follow-up appointments was a factor which put them off attending these appointments. This has led to a deterioration of their health over time because they cannot afford to attend appointments and tests. However, two Aboriginal past patients advised that due to the regular visits to Western Health – Sunshine Hospital and the regular visits to the Aboriginal Health Unit, the process was almost faultless with referrals to other areas of the hospital (mental health and social work).

### Case Study 2 – Jane’s Story – Western Health

I am a regular to Sunshine Hospital. I have diabetes, chronic health issues and I have mental issues too. The Sunshine Hospital is like my second home and the ladies in the Aboriginal Health Unit are like my family away from home. I really think that if I didn’t have their support that I would be really sick – maybe dead by now. I have a health care plan which the ladies helped me with and now I have the right case manager who really understands me and helps me with what I need to do to manage my illness.

I don’t wait very long in ED now and my main issue is that I can’t get support after hours so I try to go to ED in business hours.

The Aboriginal Health Unit is really comfortable and relaxing. You can get a cuppa and something to eat and watch TV on a comfy couch. There is Aboriginal artwork on the walls and the colours are very peaceful.



## What we would like to see changed

- ▶ Want to be noticed that we are part of the community and recognise who we are.
- ▶ Education both ways from the hospital how they deal with us and knowing our rights.
- ▶ Ongoing access to the AHLO – not just 3 days a week.
- ▶ The hospital needs to be serious about our Aboriginality – make an effort to expand the AHLO hours and someone be on call.
- ▶ Staff understanding of family support structures and family history.
- ▶ Always important to look at the person and not past them and their needs- when you look at them you can understand their needs.
- ▶ Look at Sunshine hospital – you take a ticket with a number and then they call you up. Werribee Mercy Hospital x-rays didn't get sent over to Sunshine so had to wait another hour regardless of the ticket number I had.
- ▶ More culturally appropriate understanding with regard to family support structures and children.
- ▶ Treat patients quicker instead of leaving them suffering – we are not animals!
- ▶ Improvement in all areas to be addressed.
- ▶ The need for more cultural awareness/understanding and more access to Aboriginal liaison officer.
- ▶ More knowledge of Aboriginal cultures.

### Case Study 3 – Stuart's Story – Werribee Mercy Hospital

I was in outpatients when they assessed me and put me into a bed – I was waiting two hours in the room and then they examined me and put me into a temporary ward.

This was an issue and where it went wrong at temp ward because my doctor was doing another operation – they eventually came in and assessed me and then walked away.

I am getting ready – they gave me the impression that the doctor had to come back and sign me out and wasn't the case at all.

Two letters I received from Werribee Mercy Hospital. I felt they lied to me and kept me in cyber space.

Letter says the medical officer had to see other people before coming back to me.

Once I was free he did the paperwork and was free to go home.

They buttered the response up in the letter. I haven't received any other follow up about the operation

I need to have and I have been waiting 12 months.

I know I need to get this fixed.

## Last Word

Information gathered during this research project confirmed that there has been a significant increase in the overall number of Aboriginal people accessing the ED, Maternity Services and other areas at both Western Health – Sunshine Hospital and Werribee Mercy Hospital campuses. Comments made by staff and Aboriginal patients confirm that improvements have occurred in a number of areas in relation to the provision of culturally responsive services, however, it is also evident that there are also opportunities at both hospitals to undertake and put in place more changes to strengthen and build on what they has occurred to-date.

Processes need to be put in place at each hospital to strengthen decision making processes based on what the Aboriginal patient presentation and admissions data and other information is for each operational area. At the same time, the data and other information gathered needs to be critically reviewed and used to inform where changes need to occur – as patient demand and needs change over time.

Specifically, implementing the Continuous Quality Improvement Tool developed by the Department of Health and Human Services which has a focus on the following Key Result Areas:

### 1. Engagement and partnerships

Health services establish and maintain partnerships, and continue to engage and collaborate with Aboriginal organisations, Elders and Aboriginal communities.

### 2. Organisational development

Health services have an organisational culture that: acknowledges respects and is responsive to Aboriginality; can deliver culturally responsive healthcare through organisational development that includes CEO, boards and operational staff; and includes culturally responsive planning, monitoring and evaluation for the organisation.

### 3. Workforce development

Workforce training, development and support is provided and appropriately targeted to Aboriginal and non-Aboriginal staff at all levels of the organisation. This includes strategies to support staff retention, professional development, on-the job support and mentoring, cultural respect and supervisor training.

### 4. Systems of care

Culturally competent healthcare and a holistic approach to health are provided to Aboriginal patients with regard for the place of family. Culturally responsive healthcare supports access, assessment, care planning, patient support, discharge planning, referral, monitoring and recall processes.

Relying solely on Aboriginal staff working at each hospital to advise and inform service delivery can place additional pressure on existing staff who are already obviously under a huge workload. Greater involvement by Aboriginal patients and members of the local Aboriginal communities by hospital staff will assist to inform and shape the provision of services so they are configured to meet the needs of Aboriginal patients and their family members.

Finally, capturing, publishing and using Aboriginal patient stories as well as the views of key staff within each hospital will provide a basis for staff education and training in addition to confirming where successful outcomes are occurring over time. This information can be used as a guide and benchmark for building and strengthening service capacity as well as confirming to Aboriginal patients and their family members that each hospital are indeed 'culturally responsive' to the needs of Aboriginal patients.