

Improving Aboriginal and Torres Strait Islander origin information in NSW

Report of a pilot study

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Executive summary

Accurate and reliable information is critical to our efforts to improve the health of Aboriginal and Torres Strait Islander peoples in NSW. However, the quality of Aboriginal health information in NSW is poor. One of the most important factors is the under-recording of Aboriginal and Torres Strait Islanders peoples in most health-related information systems. For example, it has been estimated that the Hospital Inpatient Statistics Collection (ISC) under-enumerates Aboriginals and Torres Strait Islanders by 33% (Deeble, Mathers, Smith, Goss, Webb & Smith, 1998). There is also substantial evidence that inconsistent practices are used to collect this information. Clearly, the inaccuracy and unreliability of these data seriously effect their use for planning, evaluation and monitoring purposes.

A major reason for these data quality problems is the lack of understanding about why Aboriginality information is collected and used. The present report documents the findings of a pilot study to test draft educational and promotional materials aimed at frontline hospital staff, Aboriginal and Torres Strait Islander peoples, and the general public about the importance of, and need to, identify people of Aboriginal origin.

The draft training package was tested at three large urban hospitals and two large rural hospitals, and involved over 100 frontline staff. The draft training package was generally very well received. It is therefore recommended that a final version of the training package be prepared for statewide implementation. The draft pamphlets and posters elicited mixed reactions and further development is suggested.

The pilot study also identified several factors that are likely to impact on efforts to improve the quality of Aboriginal origin and other patient registration information. They included issues around engaging stakeholders, work pressures on hospital staff, attitudes about health information and the needs of special groups, cultural awareness training, and rural versus urban differences.

While delivery of the training and resource materials will be of value, it is anticipated that they alone will not achieve the necessary data quality improvements. NSW Health must commit to developing an organisational culture where information is valued and resourced as an asset. The organisation must maintain support for frontline staff and supervisors to enable the delivery of high quality services to all client groups, including Aboriginal and Torres Strait Islander peoples.

1 Background

The under-recording of Aboriginal and Torres Strait Islander origin information in major health and health-related data collections is a significant problem. The magnitude of this problem is particularly pronounced in NSW. In 1996-97 it was estimated that the number of people identified as being of Aboriginal and Torres Strait Islander origin in the Hospital Inpatient Statistics Collection (ISC) was 33% less than expected (Deeble, Mathers, Smith, Goss, Webb & Smith, 1998). For registered deaths in NSW, the number was 50% less than expected (ABS/AIHW, 1996). Clearly, the unreliability of these data seriously effects their use for planning, evaluation and monitoring activities.

There are several reasons for the under-recording of Aboriginal origin information¹. Research indicates that there is a lack of understanding about why Aboriginality information is collected and used. Aboriginal and Torres Strait Islander peoples often see no benefit (and in some cases, possible disadvantages) to them or their communities in declaring their origin. Members of the general public may perceive this information as discriminatory and at times react strongly to being asked. Health staff are often asked to collect the information but are not informed of its importance or how it is used at local and state levels. There is also a perception among many staff that singling out Aboriginal and Torres Strait Islander peoples is inequitable and inconsistent with messages of equity throughout the health system. As a result, there is reluctance among staff to ask all people receiving health services the question of Aboriginal origin. In many cases, staff selectively ask the question only of those patients they think 'look' Aboriginal.

NSW Health developed the Aboriginal Health Information Strategy (AHIS) in partnership with the NSW Aboriginal Health & Medical Research Council (AH&MRC) to address these and other issues associated with Aboriginal health information in NSW. More recently, there have been several national initiatives that have focused attention on the recording of Aboriginality information, and the need for NSW to address its poor performance in this area. For example, in 1998 the Australian Health Ministers Advisory Council (AHMAC) and the Australian Health Ministers Council (AHMC) endorsed the National Aboriginal and Torres Strait Islander Health Information Plan, which includes recommendations for improving the recording of Aboriginal origin information in major health and vital statistics collections.

Project 5 of the Aboriginal Health Information Strategy aims to develop and test programs for improving the recording of Aboriginal origin information in mainstream public health data collection systems. The first component of this project targets improvements in the public hospitals' inpatient statistics collections. A key strategy is the development of an effective resource kit comprising educational and promotional materials aimed at staff, Aboriginal and Torres Strait Islander peoples and the general public about the importance of, and need for, Aboriginal origin information.

Central to this project is the implementation of consistent collection practices for the recording of Aboriginal origin information in NSW public hospitals. In 1996 national agreement was reached to implement a standard question when identifying Aboriginal and Torres Strait Islander people in all vital statistics collections. The agreed 'right' question is the 'ABS question', that is the question used by the Australian Bureau of Statistics to identify Aboriginal and Torres Strait Islander peoples in the 5-yearly population census.

¹ In this report, the term 'Aboriginal' includes Aboriginal and/or Torres Strait Islander.

The format of the ABS question is:

Are you of Aboriginal or Torres Strait Islander origin?

There are four valid responses:

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

No, neither

It is important to note this question refers to a person's *origin*, not self-identification. This is a critical issue, and one that has not been well articulated to date.

In 1998, NSW Health Department's Performance Management Branch developed draft better practice guidelines for the collection and recording of Aboriginal origin information, which include the need to ask the 'right' question. It is intended that the resource kit currently under development will support, and be supported by, implementation of these better practice guidelines, and make an important contribution to the success of the latter project as well.

This report details the findings of a pilot study to test draft components of the resource kit. The pilot study involved five large public hospitals in NSW and over 100 frontline staff.

2 Pilot project

2.1 Purpose

The purpose of the present pilot study was to test draft components of a resource kit aimed at improving the recording of Aboriginal origin information in public hospitals. In particular, the study tested a draft training package for hospital staff involved in the patient registration process. It also sought initial feedback on draft pamphlets and posters designed for staff, Aboriginal and Torres Strait Islander peoples and the general public.

The Aboriginal Health Information Strategy (AHIS) Unit coordinated the pilot study. The AHIS unit is responsible to the Director, Information Management and Clinical Systems Branch, and is supported by the NSW Aboriginal Health Information Management Group.

2.2 Participants

The pilot study was initially designed to involve three hospitals:

- ◆ a major tertiary referral hospital in Sydney,
- ◆ a major hospital outside Sydney with a large resident Aboriginal population, and
- ◆ a rural hospital with a large resident Aboriginal population.

The following hospitals agreed to be pilot sites: Royal Prince Alfred Hospital in Sydney, John Hunter Hospital in Newcastle, and Lismore Base Hospital. Initial meetings with these sites revealed a range of unexpected and unique issues. The decision was therefore made to broaden the number of hospitals from three to five. Dubbo Base Hospital and Westmead Hospital in Sydney were added to the study.

Initial contact about the study was made with the Chief Executive Officers of the five Area Health Services involved. Preliminary discussions were then held with senior hospital representatives, (usually including the hospital's General Manager), to introduce the project and identify processes to support the pilot. Hospitals were asked to identify a 'central contact person' who could coordinate the attendance of relevant staff at the training sessions. The cost to the participating sites was the staff time involved. The AHIS project team provided the training materials and conducted the training sessions.

It was recognised that improving collection practices among hospital staff was not the sole solution to the under-recording of Aboriginal origin information. In addition to working with hospitals and staff, the project team endeavoured to make contact with local Aboriginal communities in the pilot areas. It was hoped this would signal to them that the current under-recording of Aboriginal origin information is of significant concern to the health system and is actively being addressed; and that input from Aboriginal and Torres Strait Islander peoples is an important component. It was also intended that discussions might allay possible suspicions or concerns regarding changes in hospital practices that might develop during or after the pilot study.

2.3 Procedure

A working group was established to support implementation of the pilot study. It comprised departmental representatives and representatives from the three initial hospital pilot sites. The working group agreed that the educational and promotional

materials required for the pilot study should initially comprise a train-the-trainer package aimed at hospital staff, and a series of pamphlets and posters targeting various groups. The aim of these materials was to improve the under-recording of Aboriginal and Torres Strait Islander origin information in NSW public hospitals, to ensure all staff use the 'right' question (the ABS question) when collecting this information, and to raise awareness of the need for, and importance of, this information.

Early discussions identified the need to 'desensitise' the Aboriginal origin question – both in the minds of hospital staff and the general public. The Aboriginal origin question needed to be seen as one of several routine questions asked at the time of admission, together with questions about other personal details such as name, address, sex, date of birth, country of birth, language spoken at home and religion.

At the same time, it was acknowledged that some people (both staff and patients) find the Aboriginal origin question to be a 'sensitive' one. The training and promotional materials needed to discuss, and challenge, some of the reasons for this.

There were some concerns that this approach of embedding the Aboriginal origin question within the broader context of collecting other personal details risked diffusing or losing the focus of the issue. However, preliminary discussions with frontline hospital staff supported this approach.

A training package developed by the National Centre for Aboriginal and Torres Strait Islander Statistics was reviewed as a possible option for the pilot study. This package focused exclusively on the Aboriginality item and was not considered sufficiently tailored to the target group of hospital staff. The working group therefore determined that an agent experienced in writing materials for, and about, Aboriginal peoples should be contracted to develop a training package and draft pamphlets and posters for pilot testing.

Meetings were held with representatives from the Department (Information Development Unit, AHIS Unit, Epidemiology & Surveillance Branch, Performance Management Branch) and the Australian Bureau of Statistics (ABS) to discuss possible measures to incorporate in the evaluation of the pilot. Monthly hospital statistics at each of the pilot sites showed wide variability in the numbers of admissions identified as Aboriginal. This, combined with the short duration of the pilot study, limited the ability to measure significant improvements in the recording of Aboriginal origin information over a 2-3 month period. It was agreed however, that full implementation of a statewide education and promotion campaign in the future would require such measures. Consequently, the pilot study focused on assessing the acceptability and usefulness of the educational and promotional materials.

The pilot study was carried out during January-June 1999. Draft training materials, pamphlets and posters were developed by external consultants in February. Pilot testing of the materials was conducted during March-June. Over 100 frontline staff were involved in the pilot study, and 79 attended the training sessions. Some staff attended preliminary meetings but were unable or unavailable to attend the training. All staff at one pilot site did not receive the formal training due to local circumstances (see Sections 3.1 and 5.3 for details). However, informal meetings were held with them about the draft training materials, and their feedback recorded.

Participants in the training sessions completed baseline and evaluation forms. Verbal feedback was also sought regarding the content of the training package, the

overall training sessions, and the draft pamphlets and posters. In addition, the draft pamphlets and posters were circulated to a small number of Aboriginal representatives who had volunteered their help. A standard evaluation form was developed to collect comments about the pamphlets and posters.

3 Findings – Training kit

3.1 Baseline information

The table lists the total numbers of staff attending the training sessions at each of the pilot sites. Training did not proceed at Site C due to a strong adverse response from local Aboriginal community representatives towards the project and the project team (see Section 5.3 also). As a result, only informal discussions were held and staffs' comments recorded.

Pilot site	Frontline staff attending training
A	10
B	20
C	*
D	28
E	21
Total	79

* Planned training not completed

All training participants completed a 'pre-training survey'. This form was designed to elicit information about current knowledge, experiences and practices in collecting patient registration information. Some of the key findings are summarised below.

Staff reported having difficulties collecting various personal information items at some time. For the purposes of this project 'personal information' included details such as a person's name, address, marital status, sex, date of birth, country of birth, Aboriginality, language spoken at home, religion, and private/public health insurance. The items that staff reported most difficulties with were: religion (33%), Aboriginal origin (29%), marital status (28%) and public/private health insurance status (21%). This reaffirmed the value of broadening the focus of the training to address the collection of patient registration details in general. Thirty-seven percent of participants reported having had no difficulties collecting personal information.

Looking specifically at Aboriginal origin information, many staff knew very little about Aboriginal health or the importance of collecting Aboriginality information.

"I really don't know why we need to know that question"

"People resent being asked, so I usually don't"

"Staff feel funny asking ... I know I'm supposed to know why we ask but I don't"

Staffs' responses also showed that when Aboriginality information was collected, a variety of questions was used to do so - in fact, 33 different questions were collected from staff during the pilot study. Most of the differences were minor in terms of wording – but sometimes significant in terms of meaning.

"Are you Aboriginal or Torres Strait Islander descent?"

"Are you Aboriginal or Torres Strait Islander?"

"Do you have any Aboriginality you wish to declare?"

"May I ask have you any Aboriginal blood in you?"

"Have you any Aboriginal or Torres Strait heritage?"

Most staff who registered patients reported that they 'always or nearly always' asked a question about Aboriginality when collecting patients' registration information. However, later discussions suggested this was not the case and staff were often selective with whom they asked. Time pressures, particularly for staff in Emergency Departments, also led to incomplete patient registration details. In these cases the Aboriginality data item was only one of many items left out.

Some departments within the pilot hospitals asked patients to complete patient registration forms. These forms varied across hospitals and the format of the Aboriginality item was not always the same. Of greater concern, however, were reports from several staff that they did not pursue details that were incomplete or incorrect on the patient registration form.

“If the patient doesn't want to fill in that question or any other item, I'm not going to ask them about it ... it's up to them”

“Our area is too busy to make sure the forms are filled in correctly... Staff don't have time to help patients with filling in their forms”

“It's too difficult and just extra work”

In some cases staff justified this attitude in terms of a patient's rights to supply or withhold information; in other cases staff displayed a lack of interest or knowledge of, or seemed to dismiss, the importance of complete and accurate patient information. Perhaps more fundamentally, many staff did not see that collecting patient information was one of their primary responsibilities.

3.2 Evaluation of the training package

The training course comprised five sections:

- ◆ Introduction and objectives
- ◆ Collecting patient registration information
- ◆ Handling difficult situations
- ◆ Collecting Aboriginal and Torres Strait Islander origin information
- ◆ Privacy and confidentiality issues

At the end of each training session all participants completed a training evaluation form. This form was designed to elicit information about the content, format and delivery of the training materials.

Sixty-six percent of staff reported that the training was relevant to them and 61% thought it was useful. Some of the staff attending the training sessions worked in Medical Records and Outpatient clinics where they were not required to 'register' patients. It is therefore not surprising that some of them found the training less relevant or useful. Nonetheless, nearly all participants (92%) found the training 'reasonably' or 'very effective' and over 70% found it interesting. A small number of more experienced staff commented that they did not learn anything new but most found the training a helpful reminder. Most staff (over 80%) agreed the various components included in the course were important.

In terms of the structure of the training, about half of the staff found the length of the session (approximately 2-2.2 hours) suitable; the remainder indicated the session was either too long or too short. The target size for each group was 6-8 staff, but there were practical constraints for most hospitals in releasing several staff at the one

time. In practice, the actual group sizes ranged from 2-8, with the average number of staff per training session being around 4. Interestingly, most staff liked the size of the group they were in, whatever size it was. Nearly all staff (94%) perceived the trainers to be well informed and found the training 'comfortable'. A small number of staff felt anxious about the role playing exercise, however others really enjoyed it and wanted more. Many staff commented on how much they enjoyed the free and open discussions and the opportunity to have their opinions heard (and some of their frustration vented). A small number of training sessions included either Aboriginal staff or a frontline supervisor, and in some cases their presence appeared to limit open discussions by some of the frontline staff. This would suggest it might be better to conduct separate training sessions for these various staff.

Some suggestions made by staff to improve the training included the following:

- Make the admission forms consistent with the computer screen display.
- Provide staff with explanations about why the Department or hospital wants the various registration details and how they are used.
- Ensure additional staff are rostered to allow staff to attend the training.
- Develop similar training to address the needs of other cultural and ethnic groups who may have special needs.

It was also clear that the training received by frontline staff, and its messages about the importance of accurate patient registration information and the Aboriginal origin item in particular, need to be supported and reinforced by supervisors and managers. It is anticipated that the better practice guidelines for the collection and recording of Aboriginal origin information, being developed by the Department's Performance Management Branch, will be an important supplementary resource that will assist this process.

3.3 Trainers delivering the package

The AHIS project team conducted the training sessions. They endeavoured to deliver the training in a relaxed and informal style. Feedback from the training evaluations showed this was largely achieved. The project team members were well briefed on the materials and background issues. They were also highly motivated to deliver an effective and useful experience to staff, and were reasonably well skilled in managing highly sensitive and at times difficult attitudes towards issues such as Aboriginal peoples and the distribution and rationing of health resources.

Delivery of the training package by the present project team cannot be replicated at a statewide level, particularly given that such training will need to be repeated on a regular basis. During the pilot study, frontline staff were asked for ideas about who might take on the training function in their hospital. There appeared to be few obvious options. In some cases there were 'general' trainers in the hospitals or Area Health Services who could take on the task, although these people would probably need some additional knowledge about the collection of accurate patient registration information and the Aboriginal origin item in particular. However, the trainers required for this particular task also need to have sufficient skills to contain potentially difficult and volatile discussions about Aboriginal peoples and their health, as well as the health system in general.

3.4 Summary

L	Some staff did not recognise the importance of accurate patient registration information and their responsibilities for collecting it.
L	There were inconsistent data collection practices within and across hospitals, which are likely to effect overall data quality.
L	The approach of discussing the collection of Aboriginal and Torres Strait Islander origin information within a broader training context about other patient registration details was validated.
L	There were practical dilemmas limiting the numbers of frontline staff available to attend training at any one time.
L	The content of the training package appeared to be relevant and useful to staff.
L	Conducting training sessions specifically for frontline staff seemed to promote frank and open discussion.
L	It was difficult to identify suitable local staff who might deliver the training package in the future.

3.5 Recommendations

Recommendation	Responsibility
1. That the content of the draft training package is accepted.	Senior Exec
2. That a final version of the draft training package is developed for publication.	AHIS Unit
3. That statewide implementation of the training package is supported.	Senior Exec
4. That the training package is implemented in two phases, commencing October 1999: Phase 1 - delivery of the training package to 30 public hospitals with significant numbers of Aboriginal peoples in their catchment area. Phase 2 - delivery of the training package to all other public hospitals.	AHIS Unit
5. That a temporary 12-month Trainer's position is established to support implementation of both phases by: - delivering Phase 1 of the training schedule; and - coordinating development of a training video to support Phase 2.	AHIS Unit
6. That the training package and the Better practice guidelines for the collection and recording of Aboriginal origin information be released as companion resources.	AHIS Unit/ Perform Mgmt
7. That public hospitals and the Department review all data collection forms and systems to ensure compliance with the 'right' question and codes for collecting and recording Aboriginal origin information.	Senior Exec/ Information Mgmt Cmtee

4 Findings – Pamphlets and posters

Draft pamphlets and posters were designed to address the following issues:

- ◆ the poor health status of Aboriginal peoples and the commitment of NSW Health to improving it,
- ◆ the importance of the question of Aboriginal origin within this context,
- ◆ the need for all hospital staff involved in patient admission and registration to ask this question, and
- ◆ the need for people receiving health services to answer this question.

An evaluation form was developed to collect feedback about specific aspects of the draft pamphlets and posters. In general, the responses to the pamphlets and posters tended to be either very positive or very negative.

4.1 Pamphlets

Three draft pamphlets were developed targeting specific groups:

- ◆ Hospital staff involved in patient admission and registration;
- ◆ General community (including Aboriginal and Torres Strait Islander peoples); and
- ◆ Mothers of newborn babies (to support work currently under way by the NSW Registry of Births, Deaths and Marriages to improve the recording of Aboriginal and Torres Strait Islander births).

The main positive comments about the pamphlets were:

- That they gave clear messages;
- That they would help people understand the importance of the question of Aboriginal and Torres Strait Islander origin; and
- That they were a good and useful approach for promoting messages to staff and the general public.

The main negative comments about the pamphlets were:

- That they should address the importance of all patient registration information and not just the Aboriginality item;
- That they were too wordy, long, and difficult to read;
- That they included irrelevant information;
- That the pamphlet designed for the general community would probably appeal primarily to Aboriginal peoples and not other Australians; and
- That some of the health facts in the pamphlet for mothers of newborn babies were inappropriate and distressing to parents of Aboriginal infants.

Suggestions for improving the pamphlets included:

- Using a simpler format with less information;
- Including more direct and concise messages – perhaps more dot points and a question/answer style or a ‘story’ format;
- Making some of the hospital based terminology more general to include other health service contexts;
- Having a ‘bait’ or action message that prompts people to pick up the pamphlet, eg. Use a title like “Did you know?” or “Why do we ask you?”;
- Using colours to attract attention; and
- In the pamphlet for mothers of newborn babies, including a message that the birth registration process is free.

4.2 Posters

Five draft colour posters were developed. One was designed specifically for hospital staff involved in the patient registration process, to reinforce the 'right' question for collecting Aboriginal origin information. The other four posters were designed for Aboriginal peoples and the general community. The key message in these posters was about improving Aboriginal health. The importance of the Aboriginal origin question was discussed within this context. The graphics were designed to give a sense of 'inclusiveness' and appeal to a broad audience.

Some of the comments made about the draft pamphlets also applied to the posters. In addition, other positive comments about the posters were:

- That the use of faces and the map of NSW were good themes;
- That the layout was clear and likely to attract attention;
- That the staff poster would be a useful resource for new hospital staff, including nursing and medical staff.

The main negative comments about the posters were:

- That they were too wordy;
- That some of the important information was too small to read;
- That one of the posters looked like a 'Wanted Persons' poster;
- That the focus on Aboriginal health could incite racist reactions;
- That the focus on Aboriginal health would probably attract the attention of Aboriginal peoples but not other Australians.

Suggestions for improving the posters included:

- Broadening the message to include all Australians and other patient registration information;
- Making the posters bigger;
- Reducing the amount of small print;
- Making some of the hospital based terminology more general to include other health service contexts; and
- Testing the posters with the general public.

4.3 Practical considerations

Some staff raised practical problems with the use of pamphlets and posters. In some cases there was no place available in the admissions area to display the pamphlets or posters. Staff reported that young children often played with pamphlets, and many ended up torn or scattered on the floor. Some patients seemed reluctant to pick up pamphlets, although patients accepted them if staff gave them out. Staff also reported having little free time to read the staff pamphlets, given their busy workload. With regards to the poster designed for staff, several staff reported having no appropriate place restricted to staff access where it could be displayed. For example, in many cases staff tearooms were shared with waiting patients and relatives.

4.4 Summary

- L Responses to the draft pamphlets and posters tended to be either very positive or very negative, but there was general agreement that less information needed to be provided.
- L The draft pamphlets and posters focused explicitly on Aboriginal health and the Aboriginal origin question. Consistent concerns were raised about these messages reaching only those people interested in Aboriginal health, and probably not the remaining members of the general community.
- L Pamphlets and posters need to be developed that emphasise the overall importance of accurate patient information for improved and appropriate health services for all peoples.
- L Revised draft pamphlets and posters should be tested with target audiences.

4.5 Recommendations

<i>Recommendation</i>	<i>Responsibility</i>
1. That the draft pamphlets and posters are redesigned.	AHIS Unit
2. That additional pamphlets and posters are developed to emphasise the overall importance of accurate patient information for improved and appropriate health services for all peoples.	AHIS Unit
3. That independent market researchers test the revised draft pamphlets and posters.	AHIS Unit
4. That a specific poster is developed reflecting NSW Health's commitment to reconciliation with Aboriginal and Torres Strait Islander peoples, to be displayed prominently in all public hospitals.	Senior Exec/ AHIS Unit

5 Findings – Other relevant issues

Several other findings emerged during the pilot study, which merit consideration. They are discussed briefly below. These findings can be grouped into the following broad categories:

- ◆ Developing draft materials
- ◆ Value of pilot methodology
- ◆ Engaging stakeholders
- ◆ Work pressures for staff
- ◆ Attitudes and behaviours
- ◆ Perceptions of inequity
- ◆ Implementing new computer systems
- ◆ Cultural awareness training
- ◆ Rural and urban sites

5.1 Developing draft materials

Early in the planning of the pilot project the working group identified the importance of developing educational and promotional materials in a format and style that would appeal to various target audiences (hospital staff, Aboriginal and Torres Strait Islander peoples, and the general public). The working group decided that development of the materials should be contracted out to persons with skills and experience in writing for and about Aboriginal peoples and Aboriginal issues.

The subsequent consultancy yielded mixed results. The draft training package supplied by the contractor was not well targeted, even after amendments. The project team developed a significantly revised document, which was used as the basis for pilot testing. This version was generally well received by staff, although some fine-tuning was made after visiting each pilot site. A second contractor developed the draft pamphlets and posters. As outlined in Section 4, the responses to the draft versions were either very positive or very negative. Similar reactions have been noted to posters recently developed by the National Centre for Aboriginal and Torres Strait Islander Statistics.

5.2 Value of pilot methodology

The development of the draft educational and promotional materials was initially guided by reference to similar existing resources and knowledge within the project team. However, testing the materials with frontline staff proved invaluable, and a vital 'reality check'. While the pilot study involved considerable time, energy and resources (particularly staff time) from the participating hospitals, the added value was immeasurable.

5.3 Engaging stakeholders – Aboriginal community representatives

The pilot study's primary target group was hospital staff. It also sought to involve local Aboriginal communities, given that improving the recording of Aboriginal origin information relies on the cooperation and assistance of Aboriginal peoples. At three of the pilot sites this was not achieved. There was no active local Aboriginal health partnership to facilitate such involvement, and efforts to engage Aboriginal peoples using other means proved unsuccessful. At one site, Aboriginal community representatives became quite hostile – even before the details of the pilot study could be described. This resulted in a decision to curtail pilot testing at this particular site.

At the remaining two pilot sites, local Aboriginal health partnerships were operating. In one case the local Aboriginal Medical Service (AMS) was particularly receptive and volunteered assistance in viewing the draft pamphlets and posters, although ultimately did not provide the promised feedback. At the other site initial support was received from the local AMS but subsequent efforts to contact and involve the service were unsuccessful.

5.4 Engaging stakeholders – hospital representatives

Somewhat mixed responses were received by health staff regarding the pilot study. Initial contact about the study was made with the Chief Executive Officers of the five Area Health Services involved. The project team then liaised with the General Managers of the pilot hospitals, and with key staff who could arrange the release of relevant staff for training.

In general, the pilot sites provided an extremely high level of cooperation, although perhaps not always a similar level of interest. It appeared that, in the busy and hectic schedules of running hospitals and providing services, staff training about accurate patient registration information was not a priority. Many staff perceived the training as something they 'had to do' because the Area or hospital had agreed to act as a pilot site, rather than as a positive opportunity they could make use of. Most staff were also given minimal notice of their attendance at the training sessions. In some cases this caused resentment; at one site several staff ignored the request and did not attend.

Messages about the value of accurate patient registration information as an asset and resource to the organisation were generally not evident. There was also little evidence that hospital staff involved in the patient registration process were aware of their obligations and responsibilities as record keepers of personal information under the NSW Health Department's Information Privacy Code of Practice and the NSW Information Privacy Principles. While the training package covered these matters, in isolation it is unlikely to influence information collection and management practices.

Importantly, one pilot site was quite different. Frontline staff understood very clearly the importance of accurate and complete patient records. There was a very active, routine mechanism for ensuring missing details were followed up. In addition, supervisors and the General Manager of the hospital reinforced the value of accurate information. Available data regarding the numbers of Aboriginal people admitted to the hospital suggested that there was more accurate identification compared with the four other pilot sites.

5.5 Work pressures for staff

Many frontline staff, particularly those in the urban hospitals, reported that work and time pressures often limited their capacity to provide a better quality of service, including collecting accurate and complete patient information. Supervisors reported similar pressures. Urgent matters seemed to routinely demand their attention, preventing them from doing some of the quality monitoring activities necessary to provide better support to staff and enhance customer service.

In the pilot study, there were practical difficulties associated with frontline staff being away from their desks to attend the training sessions. In a small number of cases, staff were paid over-time to attend the sessions or additional staff were called in to 'backfill' positions. But in most cases this was not done, creating considerable

pressure for the staff attending the sessions as well as those left behind to cover their duties. For example, at one hospital the absence of a person on sick leave resulted in two people not attending the training sessions.

5.6 Attitudes and behaviours

Work pressures were having an important impact on the morale of some staff and supervisors and their attitudes towards their jobs.

“I don’t do any more than I have to ... I’m not paid enough for that”

In some cases these factors were also affecting staffs’ attitudes towards patients, including special needs groups like

5.8 Implementing new computer systems

The statewide introduction of new patient administration systems has already commenced in a small number of hospitals, including two of the pilot sites in the present study. The implementation of a computer system is rarely an easy and smooth process, despite best-laid plans. The additional burden placed on staff who already feel stretched to the limit, can be the 'final straw'.

Feedback from staff indicated that the registration of patients on the new systems was somewhat different from the former system, and now involved passing through more screens. In the flurry of trying to cope with various pressures some staff were not checking that all screens had been completed when registering new patients. While managers appeared to acknowledge the impact any new system would have on staff, few managers or other senior officers expressed awareness of, or strategies to manage, their effect on the quality of information staff were recording.

5.9 Cultural awareness training

The pilot study identified an urgent need for general Aboriginal cultural awareness training among frontline staff. Most staff knew very little about Aboriginal and Torres Strait Islander peoples. Certainly most staff had no idea of the levels of poor health and high mortality among these peoples. While some Area Health Services had run cultural awareness training courses, most frontline staff had not attended. The practical difficulties associated with releasing these staff for training, discussed in Section 5.5, may be one reason why. Nonetheless, they can be overcome.

5.10 Rural and urban sites

The pilot study included two large rural hospitals and three large urban hospitals. In order to maximise the number of staff involved, smaller hospitals were not included. This must be acknowledged as a weakness of the pilot study. However, among the five hospitals involved there were noticeable differences between the rural versus urban sites, particularly with regards to the collection of Aboriginal origin information.

Staff in the rural hospitals expressed much more confidence about asking the question of Aboriginal origin: 88% of frontline staff in the rural hospitals reported 'always or nearly always' asking patients about their Aboriginality compared with only 51% of staff in the urban sites. This is probably due to the larger proportion of Aboriginal peoples present in the rural communities involved and the staffs' greater contact and experience with them. Rural staff were also more likely to identify Aboriginal people by other means such as local knowledge, family name, address and personal knowledge. Many of the staff in the urban hospitals did not know an Aboriginal person, and had not lived, gone to school or worked with one. Their 'knowledge' of Aboriginal peoples was based on the individuals they saw and heard in and around the hospital, and the images generated by the media.

5.11 Summary

L	Pilot testing of the draft training materials with frontline staff proved invaluable.
L	Engagement and involvement of Aboriginal representatives in the pilot study was not achieved despite various efforts made.
L	Cooperation of Area Health Service and hospital staff was very high, however the levels of interest and commitment varied.
L	Accurate patient registration information was not a priority in most of the pilot hospitals. This is likely to limit the impact any training might have.
L	Frontline staff and their supervisors reported significant work pressures, which for some were having a negative effect on attitudes and behaviours towards their jobs, colleagues and patients.
L	Perceptions of inequity towards special groups need to be acknowledged and addressed.
L	There is an urgent need among frontline staff for general cultural awareness training about Aboriginal and Torres Strait Islander peoples.

5.12 Recommendations

Recommendation	Responsibility
1. That NSW Health takes a leadership role in effecting cultural change across the organisation regarding the strategic importance of health information, particularly in terms of: - establishing the importance of accurate, reliable and complete health information, and - promoting information as a valuable asset that must be resourced and used.	Director-General/Senior Exec/ Information Mgmt Cmtee/ IASD
2. That NSW Health reaffirms its commitment to improving the accuracy of Aboriginal origin information, and Area Health Services ensure priority is given to this aim.	Director-General/Senior Exec
3. That the Department monitors progress towards improving the accuracy of patient registration information in public hospitals and includes appropriate indicators in the Area Health Services' performance agreements.	Senior Exec/ Perform Mgmt/ IASD
4. That supervisors work with frontline staff - to introduce regular mechanisms to monitor, feedback and improve the accuracy and completeness of patient registration information, and - to identify and meet development and training needs; and that Area Health Services work with frontline supervisors to enable the latter to undertake these tasks.	Area CEOs/ Hospital General Managers
5. That improving the accuracy of patient information is included in performance agreements with supervisors and managers responsible for patient registration processes.	Area CEOs
6. That cultural awareness training about Aboriginal and Torres Strait Islander peoples is accessed by frontline hospital staff.	Hospital General Managers

7. That Area Health Services include selection criteria for frontline hospital staff that reflect a commitment to high quality customer service, and acknowledge the skills required to deal with a diverse general public and specific minority groups.	Area CEOs
8. That Area Health Services initiate strategies to address staffs' behaviours towards the general public and members of special needs groups such as Aboriginals and Torres Strait Islanders.	Area CEOs

6 Conclusion

Project 5 of the Aboriginal Health Information Strategy (AHIS) aims to develop and test programs for improving the recording of Aboriginal origin information in mainstream public health data collection systems. The first component of this project targets improvements in the public hospitals' inpatient statistics collections. The present pilot study showed that the training package developed for frontline staff to assist in this goal has been well received. Statewide implementation of this package is therefore recommended. However, pamphlets and posters developed to support the training package require further development.

The pilot project also identified several factors, which are likely to effect the accuracy of patient registration information, and the level of accurate Aboriginal origin information in particular. These factors need to be addressed if NSW Health is to achieve Aboriginal health information of sufficient quality to support informed decision making about health service planning and delivery, and to evaluate their impact on Aboriginal and Torres Strait Islander health in NSW.