



# The Aboriginal Identification in Hospitals Quality Improvement Project



## SUMMARY OF FINAL EVALUATION FINDINGS



# Background



Aboriginal people experience poorer health than non-Aboriginal people<sup>1</sup>. Emergency Departments (EDs) are often an entry point into hospital services. It is important that Aboriginal people find hospitals welcoming and culturally safe. It is also important that Aboriginal people are correctly identified as Aboriginal when they attend hospital, to ensure they receive the treatment and referrals they need. Limited research has been conducted that tells us how to make hospitals more culturally safe for Aboriginal people, or whether improving cultural safety in hospitals can increase identification of Aboriginal people in administrative data sets or improve health outcomes for Aboriginal people.



## THE PROJECT

The NSW Ministry of Health funded the Aboriginal Identification in Hospitals Quality Improvement Project (the project) to work with 8 hospital EDs to deliver and evaluate a project to improve identification of Aboriginal people in NSW EDs. The project aimed to:

- Improve the cultural competence of staff in NSW hospital EDs
- Improve the identification of Aboriginality in NSW hospital EDs
- Reduce the proportion of Aboriginal patients who have an incomplete emergency attendance (i.e. who leave ED before having a medical assessment, or leave before their care is completed and they are formally discharged)



AHQIP NETWORK MEETING, ABORIGINAL HEALTH COLLEGE, 28<sup>TH</sup> JUNE 2013

L-R: Gai Wilson, Carmen Parter, Ro Stirling-Kelly, Sophie Rountree, Kym Donahue, Alwin Chong, Ash Gupta, Erika Nichols, Pauline Deweerd, Jordon Boney, Lavina Lyons, Judy Bielby, Michelle Winters-Gallagher, Rochelle Fisher, Keira Green, Nathan Sheriff, George Bloomfield, John Willis, Alison Pryor

## WHAT WE DID

To achieve the project aims, we implemented the Aboriginal Quality Improvement Framework and Toolkit for Hospital Staff (the Toolkit) in the Emergency Departments (ED) of 8 NSW hospitals. The Toolkit is a Continuous Quality Improvement (CQI) framework which emphasises the importance of working with Aboriginal people to identify and address ways to improve hospital services with and for them. The 9 steps of the process are shown in the figure below. Each hospital employed a part-time project officer to lead the implementation of the project within their ED. Staff received training, resources, tools, mentoring, support and site visits from the project team to support them to implement the Toolkit.

# Continuous Quality Improvement Process

TO IMPROVE THE WAY HOSPITALS DEVELOP CULTURALLY SAFE SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE



## WHO WAS INVOLVED

The project was implemented in 8 EDs in hospitals across NSW from January 2012 to July 2014, in collaboration with local Aboriginal communities. St Vincent's Hospital Melbourne were engaged as consultants to lead the implementation and evaluation of the project. The project team consisted of four Aboriginal and four non-Aboriginal people. The Aboriginal Health and Medical Research Council NSW supported the project. Four Aboriginal Medical Services, two Aboriginal Land Councils and one Aboriginal Corporation were also involved. Ethics approval was obtained from the NSW Population and Health Services Research Ethics Committee and the Aboriginal Health and Medical Research Council Ethics Committee.

## HOW DID WE MEASURE SUCCESS?

We conducted an evaluation to assess whether the project was implemented as planned, and whether the hospitals developed new or improved policies, practices and systems as a result of participation in the project. To do this we conducted before and after project surveys with ED staff, interviewed key staff, held consultation meetings with Aboriginal organisations before and after the project, and reviewed project reports. We also did before and after measures of the proportion of Aboriginal people who identified as Aboriginal in EDs, and the proportion of Aboriginal patients with an incomplete emergency attendance.

## WHAT WE HAVE LEARNED

All 8 hospitals implemented plans that addressed the project objectives; established project working groups; conducted consultations with Aboriginal patients and community members; reviewed data and conducted a continuous quality improvement ED project. Some hospitals took longer to start than others and some had more activities than others. The project activities varied across the eight hospitals, and included activities such as:

- reviewing access to and consistency of Aboriginal Identification data;
- developing new data reporting systems;
- addressing the frequency and way people are asked whether they are Aboriginal and/or Torres Strait Islander when they attend ED;
- generating specific staff cultural awareness training; establishing new ways for Aboriginal peoples' voices to be heard at the hospital executive level;
- improving the cultural environment of the ED;
- promoting the role of the Aboriginal Liaison Officer; and
- conducting consultations and building new relationships with local Aboriginal organisations.

Overall, the evaluation found no improvement in the number of Aboriginal people identifying and no reduction in incomplete emergency attendances. However, a significant improvement in the number of Aboriginal people identifying was found in two of the eight hospitals.

It is possible that the evaluation outcome measures were limited and the inclusion of additional outcome measures may have been beneficial in understanding the impact of this complex program.



## WHAT HELPED

We noticed that some factors helped the hospitals achieve their project objectives, especially:

- System level statewide Aboriginal health policies and strategic directions like Close the Gap and NSW Health Aboriginal Identification policies;
- Strong leadership from the hospital executives and ED staff;
- Formal hospital Aboriginal advisory groups or committees;
- Engaging key stakeholders within the hospital to support the project;
- Building shared understanding amongst the project team and hospital ED staff about the importance of Aboriginal identification and better services for Aboriginal patients;
- Building relationships with Aboriginal Liaison Officers, Aboriginal Health Workers and other Aboriginal staff;
- Providing locally meaningful cultural awareness training;
- Engaging key stakeholders in Aboriginal organisations and community;
- Having Aboriginal Liaison Officers in EDs;
- Having dedicated focus, staff and funds; and
- Using the Aboriginal and Torres Strait Islander Quality Improvement Framework and Toolkit for Hospital Staff.

### THE AIHQIP TEAM:

John Willis, Mission Development & Social Justice Manager, St Vincent's Hospital Melbourne; Gai Wilson, Senior Research Fellow, University of Melbourne; Alwin Chong, Director, Yaitya Purrana Indigenous Health Unit, University of Adelaide; Michelle Winters, Senior ALO, St Vincent's Hospital Melbourne; Kym Donahue, Aboriginal Coordinator of Respite Services and Elders' Group, Minto, NSW; Ashima Gupta, Coordinator Aboriginal Health Projects, St Vincent's Hospital Melbourne; Angela Clarke, Deputy Director, Onemda VicHealth Koori Health Unit, University of Melbourne; Sonia Posenelli, Chief Social Worker/Supervisor Aboriginal Hospital Liaison Officer Program, St Vincent's Hospital Melbourne.

## FOR FURTHER INFORMATION PLEASE CONTACT

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<sup>1</sup> In this document, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.