



# Walanga Gul

## 48 Hour Follow Up – “Just Calling to Have a Yarn”

Improving service engagement and health outcomes for First Nations clients following discharge from hospital



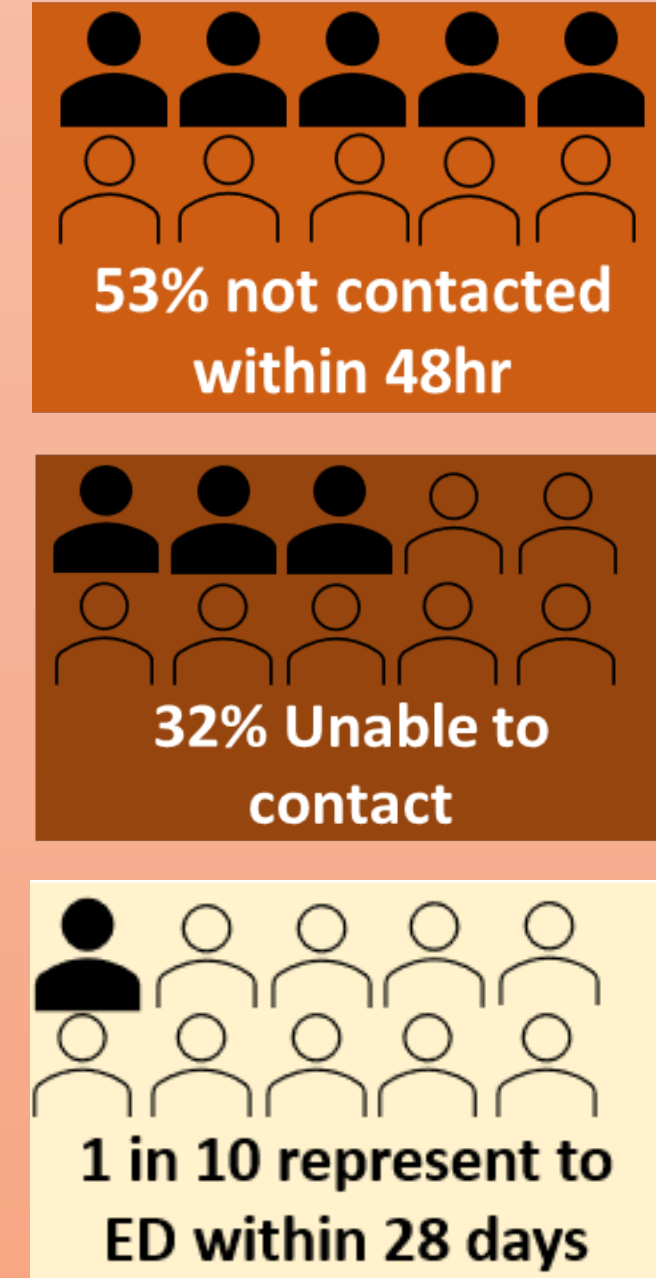
Nepean Blue Mountains Local Health District

Nepean HREC 2021/PID00741, AH&MRC 1807/21, NBMLHD Apollo 2023APO\_044

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### Case for change

The NBMLHD 48hr Follow Up Service is not reaching all First Nations people referred to the service in the Penrith Local Government Area. 32% of referred clients are unable to be contacted and one in ten represent to Nepean Hospital within 28 days of discharge. Our clients have told us that they won't answer calls from private numbers. Our clients have said they are reluctant to answer calls in fear they may be asked to return to hospital. The Model of Care (MOC) was created in 2013 and is no longer meeting the needs of the community. The service does not routinely collect client feedback. There is a lack of culturally appropriate patient experience measure tools available in existing Patient Reported Measures programs.

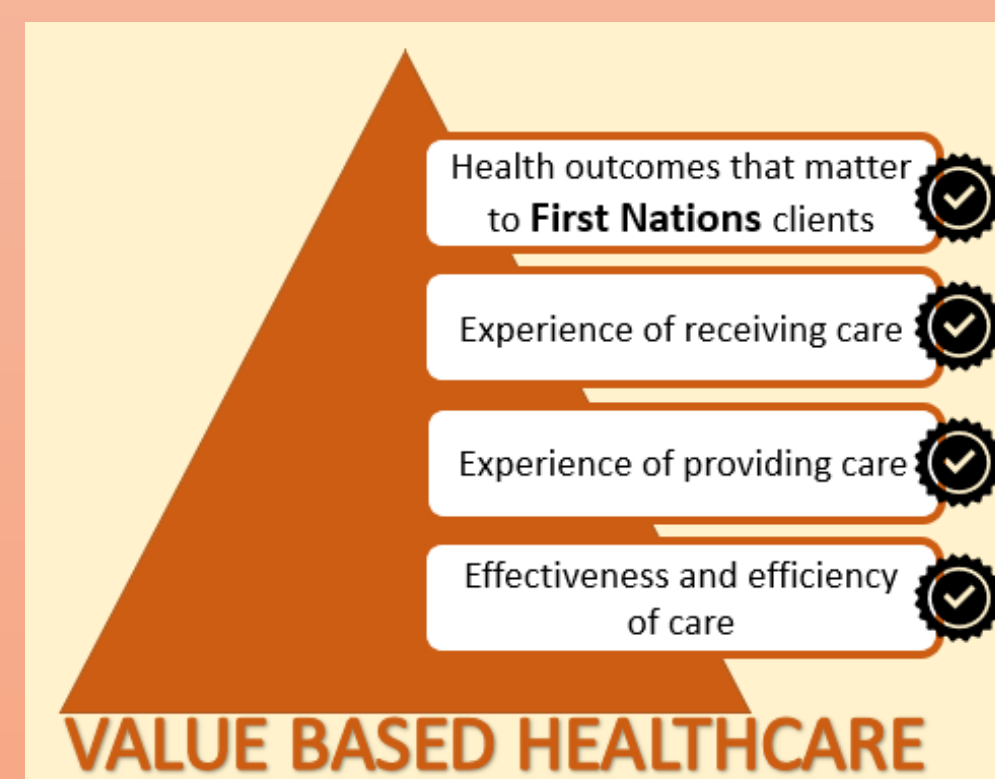


### Goal

Improve patient experience, service engagement and health outcomes for First Nations people with chronic conditions post-discharge from Nepean Hospital by December 2023.

### Objectives

- By December 2023, decrease re-presentation to hospital within 28 days for First Nations people who are eligible for 48 Hour Follow Up program from 11% to 5%
- Increase contact post hospital discharge with eligible First Nations people within 48 hours from 47% to 65% by December 2023
- Improve collection of patient experience data from clients receiving service from 0% to 50% by December 2023

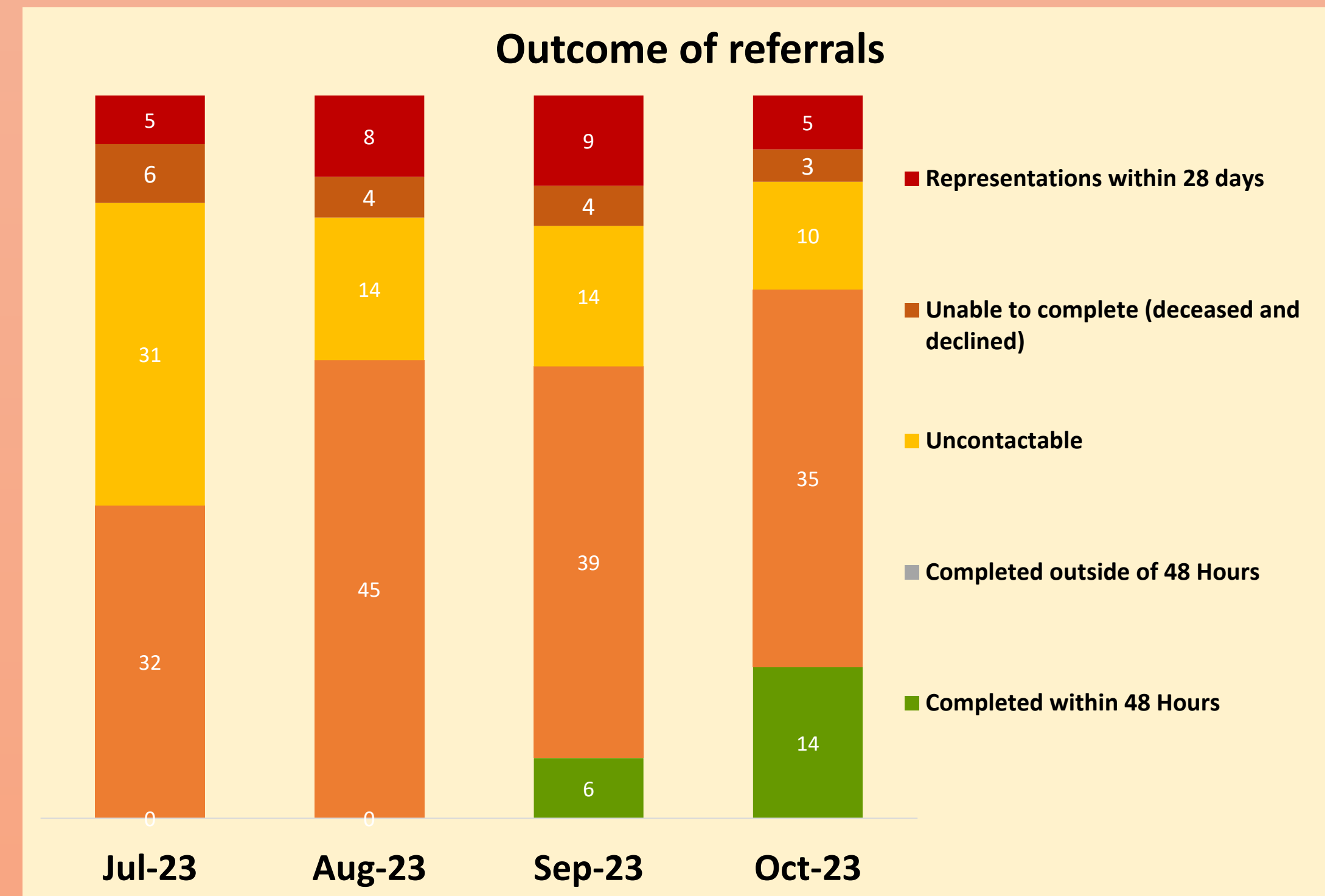
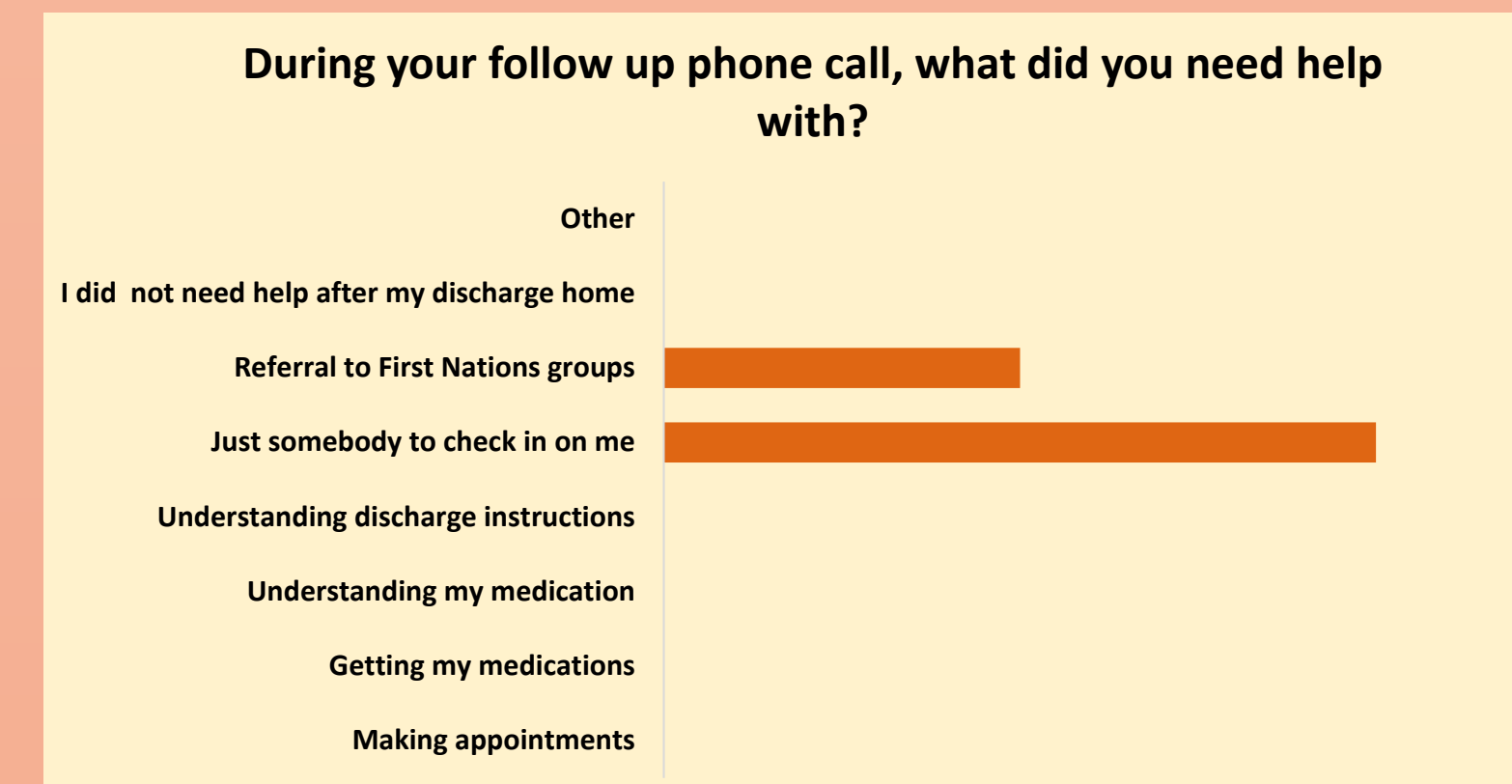
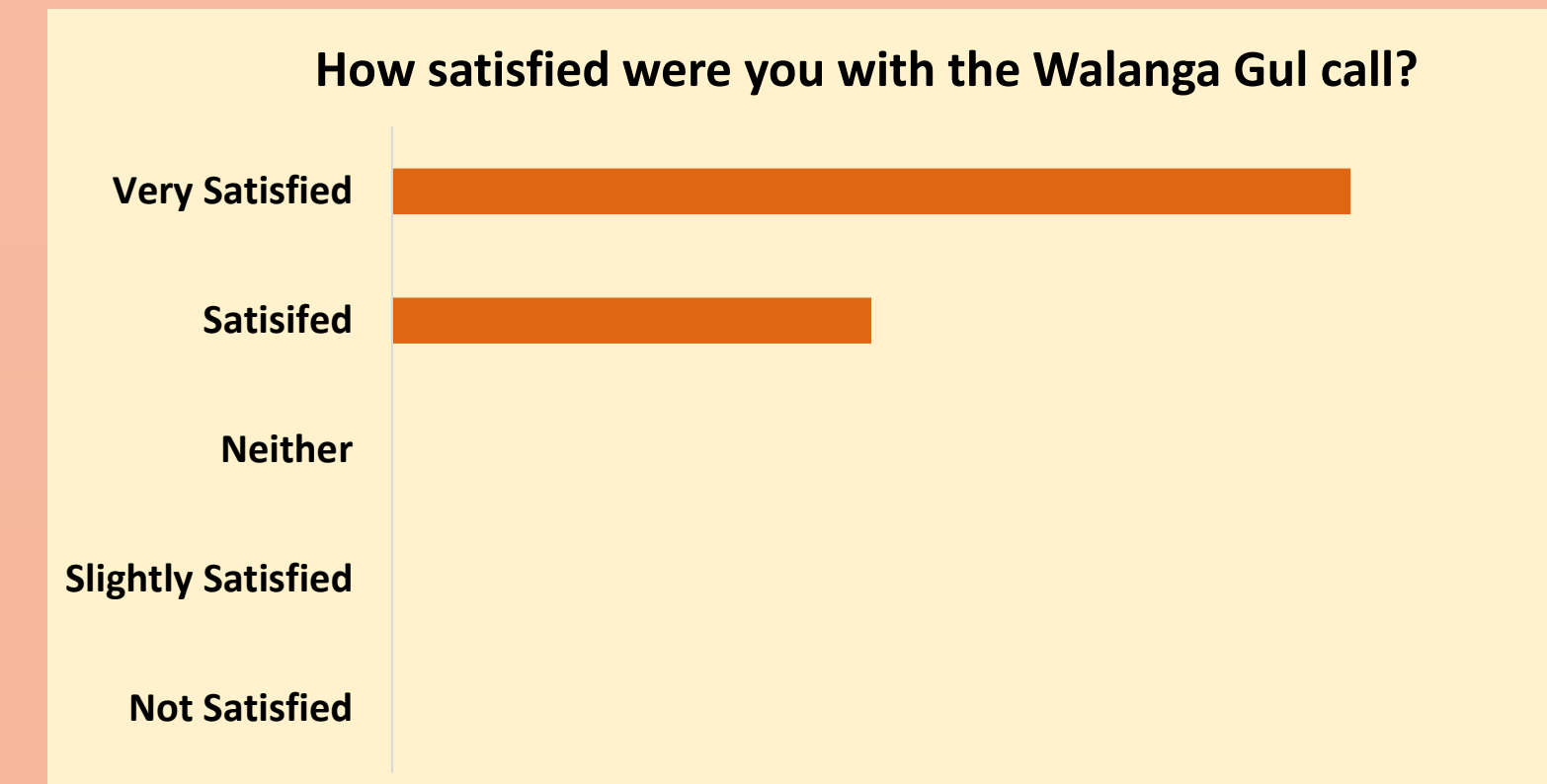


### Method



### Results

- Bespoke PREM operational
- Updated procedures to include people presenting to ED for even a short amount of time
- Updated promotional resources
- Rebranding of service from 48 Hour Follow Up to **Walanga Gul**
- Data quality: Clinical informatics team monitoring completion of 48 Hour Follow Up contact forms
- Approval to transition to Patient Flow Portal as source of referrals
- Soft benefits – project team member who works within the community increased confidence to share with project team
- Improved relationships with LHD partners



Liked about the phone call

- ✓ Friendly Staff
- ✓ Gave the information I needed
- ✓ Made me feel more confident at home

Didn't like about the phone call

- Wanted to yarn with a First Nations person
- Wanted to have a support person on the call with me

### Diagnostics

Key Issue	Root Cause	Impact
Unable to contact clients within 48hrs of discharge	<ul style="list-style-type: none"> <li>Lack of aware ness of the program</li> <li>Client are busy after hospital discharge</li> <li>Private number</li> </ul>	<ul style="list-style-type: none"> <li>Mistrust /fear of who or what the caller might be</li> <li>First Nations clients prioritising family commitments, appointments over the 48hr follow up call.</li> </ul>
Outdated model of care	<ul style="list-style-type: none"> <li>Referral criteria</li> <li>Unclear impact of qualifying diagnosis</li> <li>Under-use of referral to Aboriginal Health Workers</li> </ul>	<ul style="list-style-type: none"> <li>Missing referrals</li> <li>Wasted time on filtering and screening referrals</li> <li>Missed opportunity for cultural support</li> </ul>
Poor client engagement	<ul style="list-style-type: none"> <li>Lack of cultural connection</li> <li>No way to receive feedback from clients</li> </ul>	<ul style="list-style-type: none"> <li>Feeling labelled and misunderstood</li> <li>Service unable to respond to the needs of Community</li> </ul>

I wont answer a call from a private number

I didn't get a call last time

Chasing our tails

Needs to feel like family

### Sustaining change



### Acknowledgements

In addition to those mentioned below, the project team acknowledges the Darug, Gundungurra and Wiradjuri people, the traditional custodians of NBMLHD land

- Aboriginal Community members
- ACI Team
- Aboriginal Health & Medical Research Council
- Bethany Pade, General Manager PCCH, Executive Sponsor, NBMLHD
- Dawn Hutley, Clinical Redesign Lead, NBMLHD
- Kate Norman, PRMs Project Lead, NBMLHD
- Kylie McCauley, Greater Western Aboriginal Health Service
- Marlene Gelsana, 48 Hour Follow Up RN, NBMLHD
- Mitchel Beggs-Mowczan, Primary Health Network
- NBMLHD Clinical Governance Unit
- Nepean Human Research Ethics Council
- Primary Care & Community Health staff, NBMLHD
- Rachel Scobie, Director Aboriginal Health, NBMLHD Research Unit, NBMLHD
- University of Tasmania
- Vicki Williams, 48 Hour Follow Up RN, NBMLHD
- Vittorio Cintio, Lead Clinician Social Work, NBMLHD



### Conclusion

- Community and staff consultation is essential in redesigning a program for the community
- Use of art activity and lunch/morning tea for focus groups and workshops to encourage participation
- Positive experience and positive outcome to work on developing a PREM with our local Aboriginal community
- PREM could be applied to similar services across NSW
- Early discussions with a neighbouring LHD regarding consistent naming of the service across both geographical locations

### Contact

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