

Stay'n Deadly & Stay'n In: Reducing Incomplete Treatment

Case for change

In financial year 2018—2019, 1,760 Aboriginal and Torres Strait Islander patients presented to St. Vincent's Health Network Sydney – Emergency Department

343 (19%) of them did not complete their treatment, which was sub-categorised into 150 (8%) of them 'Left At Own Risk' (LAOR) and 193 (11%) of which 'Did Not Wait' (DNW) for treatment.

High incomplete treatment rates is a direct reflection of how Aboriginal patients are at greater risk of poorer health outcomes, but also an indication of how culturally safe and appropriate hospital services are for the Aboriginal community.

Reducing these rates at SVHNS - ED for Aboriginal peoples will not only improve patient satisfaction and quality of care but will also improve staff satisfaction and decrease hospital expenditure associated with this significant clinical safety issue (NSW Aboriginal Health Dashboard, 2018).

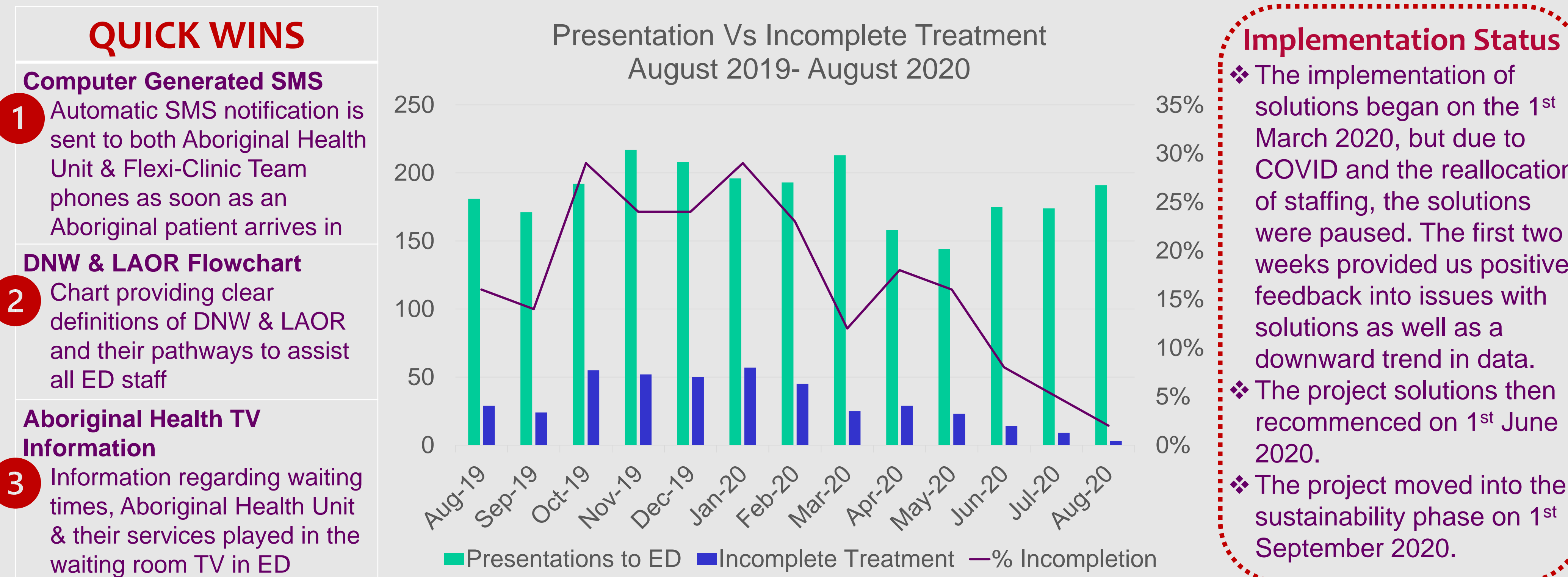
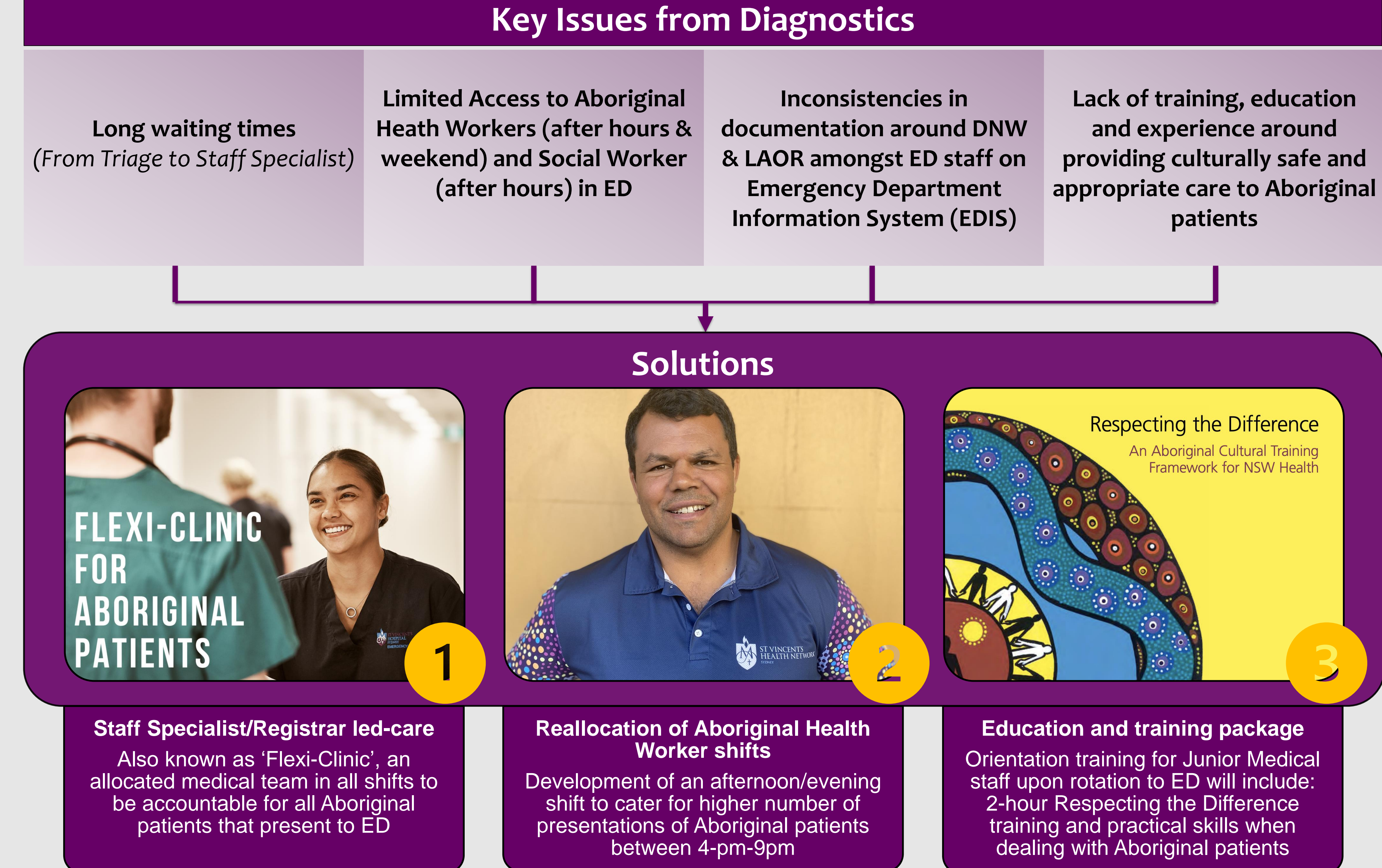
Goal

To improve quality of care for Aboriginal and Torres Strait Islander patients presenting to St. Vincent's Health Network Sydney – Emergency Department by December 2020.

Objectives

- To decrease the DNW rates of Aboriginal patients who present to SVHNS – ED from 11% to 2.5% by December 2020
- To decrease the LAOR rates of Aboriginal patients who present to SVHNS – ED from 8% to 2.5% by December 2020
- To improve patient's face-to-face contact with Aboriginal Health Workers from 27.5% to 50% by December 2020

Method



Planning & Sustaining change

Monitoring outcomes and balance measures for each key solutions will be incorporated on a monthly and quarterly basis. Incomplete treatment rates are also reviewed and presented during Tier 3 Performance Board meetings that occurs fortnightly to provide regular updates on the progress.

Strong solution ownership has been identified to be a key component in sustaining changes made. Solution owners have been monitoring and managing issues as they arise. Clear and consistent referral process have been highlighted and staff have been educated.

Conclusion

Stay'n Deadly & Stay'n In was able to identify key issues with service delivery for Aboriginal patients and address the causes to improve treatment rates and improve patient health outcomes.

The solutions can be transferred and inherited across any Local Health Districts/Networks. It is important to understand the gaps in service delivery for Aboriginal patients in the Emergency Department that impact successful treatment. For change to occur multiple teams require the same goal, same vision.

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