

Stay'n Deadly & Stay'n In:

Reducing Incomplete Treatment



Case for change



In financial year 2018—2019, 1,760 Aboriginal and Torresi 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 i 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

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

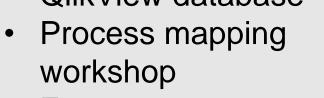
- 1. To decrease the DNW rates of Aboriginal patients who present to SVHNS – ED from 11% to 2.5% by December 2020
- 2. To decrease the LAOR rates of Aboriginal patients who present to SVHNS – ED from 8% to 2.5% by December 2020
- 3. To improve patient's face-to-face contact with Aboriginal Health Workers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

Method

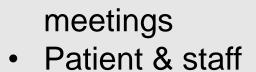
Diagnostics

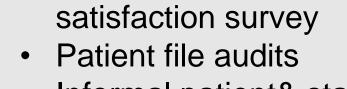


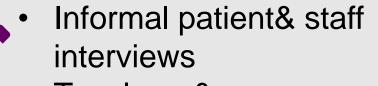
 Time stamping & data analysis via SVHNS QlikView database



Focus group









Root cause analysis & problem solving

Solutions

Theming &

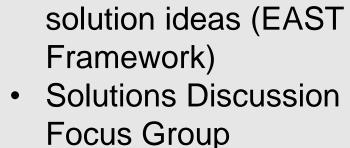
Meetings

prioritization of

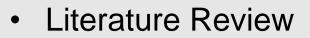


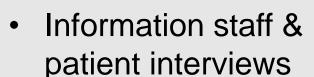
 Solutions generation workshop (Brainstorming, Power of 3, Blitz, PINAME & voting)













Benchmarking Pilot testing solutions

Key Issues from Diagnostics

Long waiting times (From Triage to Staff Specialist)

Limited Access to Aboriginal Heath Workers (after hours & weekend) and Social Worker (after hours) in ED

Inconsistencies in documentation around DNW & LAOR amongst ED staff on **Emergency Department** Information System (EDIS)

Lack of training, education and experience around providing culturally safe and appropriate care to Aboriginal patients

Respecting the Difference

Solutions



Staff Specialist/Registrar led-care

Also known as 'Flexi-Clinic', an allocated medical team in all shifts to be accountable for all Aboriginal patients that present to ED

QUICK WINS

sent to both Aboriginal Health

Aboriginal patient arrives in

definitions of DNW & LAOR

and their pathways to assist

Information regarding waiting

waiting room TV in ED

times, Aboriginal Health Unit

& their services played in the

Automatic SMS notification is 250

Computer Generated SMS

Unit & Flexi-Clinic Team

phones as soon as an

DNW & LAOR Flowchart

Chart providing clear

all ED staff

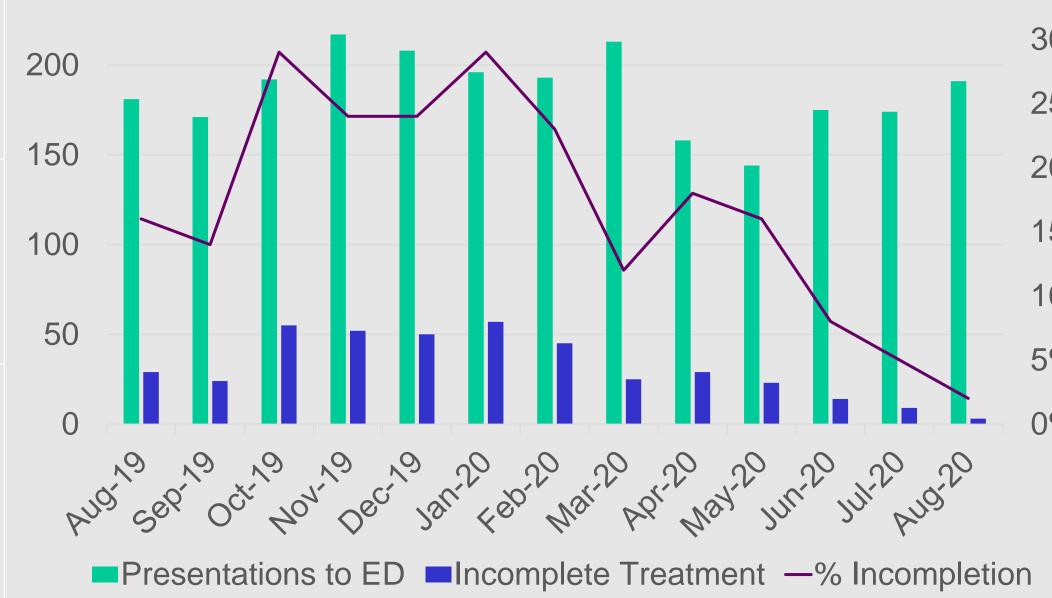
Information

Aboriginal Health TV

Reallocation of Aboriginal Health Worker shifts

Development of an afternoon/evening shift to cater for higher number of presentations of Aboriginal patients between 4-pm-9pm

Presentation Vs Incomplete Treatment August 2019- August 2020



training and practical skills when dealing with Aboriginal patients

Education and training package

Orientation training for Junior Medical

staff upon rotation to ED will include:

2-hour Respecting the Difference

: Implementation Status :

- The implementation of solutions began on the 1st March 2020, but due to COVID and the reallocation of staffing, the solutions were paused. The first two weeks provided us positive feedback into issues with solutions as well as a
- downward trend in data. The project solutions then recommenced on 1st June
- The project moved into the sustainability phase on 1st September 2020.

treatment/transferred to

appropriate units or external

services

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.

Acknowledgements

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And to all Aboriginal patients/families, Emergency Department & Aboriginal Health Unit staff who participated and contributed throughout the project

Authors & Contact

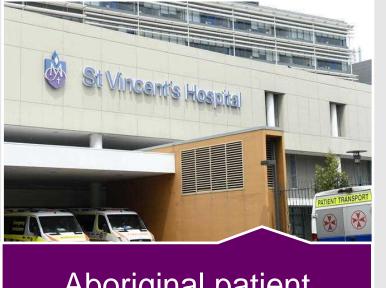
Scott Daley – Manager, Aboriginal Health Unit (Project Lead) Aboriginal Health Unit – St. Vincent's Hospital Sydney Phone: 8382 1111 | scott.daley@svha.org.au

Jamille Torrefranca – Registered Nurse (Project Team Member) Mental Health Service – St. Vincent's Hospital Sydney jamille.torrefranca@svha.org.au

Nioka Tyson – Social Worker (Project Team Member) Emergency Department and Intensive Care Department—St. Vincent's Hospital Sydney | nioka.tyson@svcha.org.au

Sosalim Heng – Registered Nurse (Project Team Member) Mental Health Service & Aboriginal Health Unit – St. Vincent's Hospital Sydney | sosalim.heng@svha.org.au

NEW PATIENT JOURNEY



Aboriginal patient arrives to ED via various modes of transport



sent to Flexi-Clinic team &

Aboriginal Health Unit



arrival





Treatment commences with Aboriginal Health Workers involved with patient's care throughout admission