

Better Cardiac Care for Aboriginal People

Burlu Kirra Kirra/NA

"Heart of Country"

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Health
Far West
Local Health District

Case for change

Too many big words

Fear of family separation

What patients saying	What staff saying	What Community saying
• People are sicker • Staff are busy • I have family at home to care for • Felt better so went home, only place for dying • No one informing what is happening, felt scared • Don't know what they are talking about, big words • Too many white faces in waiting room • Staff judgemental, have you been drinking? • Waiting room all plain walls • They don't want all our people around when we sick • Never heard of RF or RHD • Hospital Cardiac Program not for me, need to be with my mob • No follow up in own community • Felt alone other white people in room no where for family • Long long time to see heart doctor	• No AHW out of hours or weekend for support • ED is busy • Aboriginal people get sick of waiting and can become aggressive • Know very little on RF or RHD • We have a Cardiac Rehabilitation Program in the hospital • We have a cardiac pathway for all • Patients will be followed up in community 48 hours after discharge • I have completed culture awareness training	• Only go to hospital when sick • Football and family more important • Get sick of waiting at hospital as family at home • Feel intimidated by nurses who don't know you or your family • Don't understand our culture • No understanding of RF and RHD • Don't want to be sent away from family as feel frightened and alone • Cardiac Rehab to be run at AMS's with AHW and Elders • Aboriginal people not always followed up in community after hospital • Cultural safe place for assessments • Culture safety single room if available • Long time for family to see heart doctor 2-3 months

Goal:

By December 2018 Aboriginal people living with a cardiac condition in the Broken Hill catchment will have access to a culturally specific Cardiac Rehabilitation Program.

Objectives:

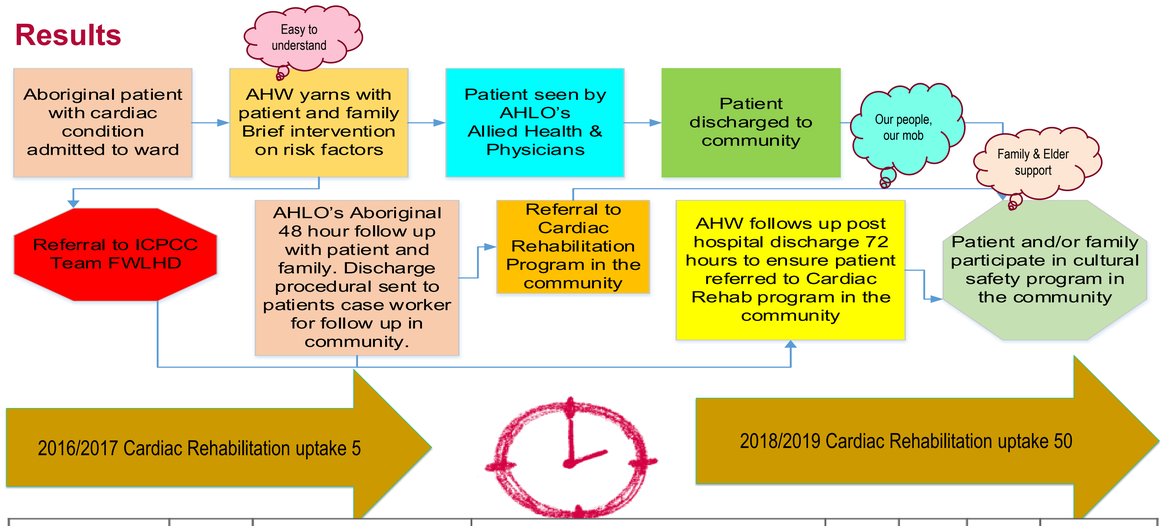
1: Increase the number of Aboriginal patients referred to Integrated Care for Chronic Conditions Service with post cardiac diagnosis from 3 to 30 by 30 December 2019 in Broken Hill.

2: 50% of the 30 patients are engaged in an culturally appropriate cardiac education and exercise program by 30 December 2019 in Broken Hill.

Method

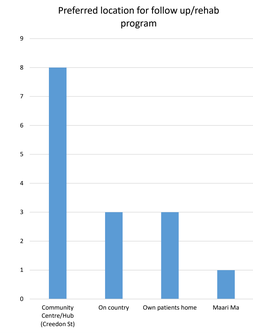
Activity	Stakeholder Engagement	Comments/Results
Solution Forums • Classic Brainstorming • Theming • Reverse Brainstorming • Literature Research • East Framework	Chief Executive (n=1), Pharmacists (n=2), PHN (n=1), Aboriginal Elder (n=1), Registered Nurses (n=6), Physiotherapist (n=1), Aboriginal participants (n=3), Community members Non Aboriginal (n=3)	• Venue – AMS Maari Ma, Community or elders home. • Run by Aboriginal Health Workers in the community • Venue 123 Hub or Maari Ma • Cooking • Exercising on country • T-Shirts • Vouchers
Patient Surveys	AHW: (n=7 AB) AHW AMS: (n=1 AB)	
Patient Stories Staff Surveys	Nursing: (n=3 Non AB) Administration/Transport: (n=1 AB) Community: (n=10) Patients: (n=18)	• Venue 123 HUB Community • Own Food Kangaroo Emu • Own People • Exercise bush walking-on country
Face to Face Interviews/Yarning	Community members (n=25 AB)	• Ownership – T Shirts • Reward for completion- Vouchers

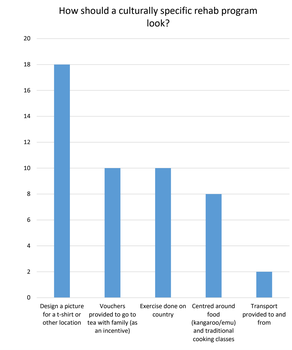
Results



Issue / Focus Area	#	Root causes	Solution	Ability to Influence	Impact	Priority	Output / Measure
Current program not culturally safe Which means that Aboriginal People are not engaging in Cardiac Rehabilitation	Objective 2	Aboriginal people feel that mainstream rehab programs are "Not for them" Mainstream rehab programs don't provide a comfortable place for Aboriginal people to participate Feel judged, past history of Aboriginal people	• Ownership – design own T Shirts • Cooking traditional foods – Kangaroo, Emu and salads • Exercise – Bush walking on the land • Education – informal yarning • Reward and recognition for completing program – dinner Voucher	Med	Med	Med	Program Developed and implemented Number of participants - satisfaction surveys
Venue not suitable Which is a barrier for Aboriginal People attending Cardiac Rehabilitation Program	Objective 2	Aboriginal people often view the hospital as a place of dying Traditionally run without a cultural context for Aboriginal People (In hospitals, without Aboriginal Staff)	• Engagement of Community 123 HUB	Med	Med	High	Identify culture safe venue Number of people attending each session – satisfaction surveys
Lack of standardised referral pathway which results in patients being missed and inefficient process to catch missed referrals.	Objective 1	Complexity in referral system, including the reliance on other services for referral Cardiac conditions are fluid and unpredictable, complex medical needs required as changes occur.	• Development of Aboriginal specific standardised referral pathway – electronic and paper based	Med	Med/High	Med	Standardised referral in place Number of referrals received – referral appropriateness

Diagnostics





Sustaining Change

This program has been linked to Leading Better Value Care Program under the Chronic Heart Failure Initiative which is a NSW State Initiative. The state initiative is embedded into Far West LHD Performance Agreement and part of the organisational strategic direction. The program has a robust Governance structure with engaged Executive Sponsorship. The Leading Better Value Care Program is sustainable with clinical leads and spread throughout the district. The Better Cardiac Care for Aboriginal People will have strong Aboriginal Community Leaders and recurrent funding through collaborative strong partnerships to sustain the program.

Conclusion

The lessons from the project can be applied and transferred to other service/settings.

The important factor is the use of the Clinical Redesign Methodology consulting with community staff and patients for diagnostics and solutions.

Each community is different and the methodology has robust feasibility for spread and further transfer to other Local Health Districts and remote sites.

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