Lighthouse Hospital Project
Improving cardiac care for Aboriginal and Torres Strait Islander peoples

Outline
- Burden of heart disease for Aboriginal and Torres Strait Islander peoples
- The Lighthouse Hospital Project
- Quality improvement approach
- Partnership to improve care across sectors

Burden of heart disease
Compared with non-indigenous Australians, Indigenous Australians are:
- 2 times as likely to have CHD
- 2.4 times as likely to be hospitalised for CHD
- 1.6 times as likely to die from CHD
- Experiencing CHD at younger ages
  - In the 35-44 age group, they are 4.7 times as likely to report having CHD, and 7 times as likely to be hospitalised for CHD

Hospital care

While in hospital with a diagnosis of CHD, Indigenous Australians were less likely than non-Indigenous Australians to undergo a coronary procedure.

Between July 2010 – June 2012:
- Less than one third (32%) of Indigenous hospitalisations involved angiography compared to one half (52%) of non-Indigenous hospitalisations after adjusting for age
- Almost half as many involved PCI (13% compared to 24%)

Discharge against medical advice (DAMA)

- Indigenous Australians are more likely to leave hospital without completing treatment
- As a consequence, they are more likely to re-present to emergency departments and die within two years of their hospital visit

Contributing factors include:
- Institutionalised racism
- Family and Social obligations
- A lack of cultural safety
- Isolation and loneliness
- A distrust of the health system
- Miscommunication
- Language barriers between hospital staff and patients
- A lack of understanding of the treatment they were receiving, including believing that the treatment was complete

Lighthouse Hospital Project partnership since 2012

Overall project aim

To drive change in the acute care setting through implementation of quality improvement activities that improve care and outcomes for Aboriginal and Torres Strait Islander people with acute coronary syndrome.
Lighthouse Hospital Project timeline

Phase 1 – Project scoping
2012 - 2013
- Literature review:
  - Very few examples of targeted initiatives which aimed to improve access, quality of care or outcomes for Aboriginal and Torres Strait Islander peoples with ACS
- Exemplars:
  - 10 health care services recognised as providing exemplary care
  - Key elements of past or existing initiatives which improved the patient journey were documented
  - Initiatives explored were grouped into four domains:
    - Cultural competence
    - Clinical quality improvement (care pathways)
    - Workforce
    - Governance and accountability

Key elements which made a difference

- Expansion and optimisation of the Aboriginal health workforce
- Better identification of Aboriginal and Torres Strait Islander patients
- Effective partnerships with local Aboriginal and Torres Strait communities
- Fostering of clinical champions
- Commitment to the delivery of patient centred care
- Use of newer technologies to improve communication

Phase 1 recommendations

- Industry-based quality matrix should be developed that could:
  - Be incorporated into hospital accreditation processes
  - Enable the setting of care standards
  - Include agreed performance indicators and monitoring processes
  - Enable a commitment to improvement of care
Quality improvement toolkit

- A quality improvement toolkit was developed to provide a mechanism to evaluate systems and processes to ensure minimum standards of care, cultural safety and quality were being met and to identify practices and/or actions that should be improved
- Utilises best practice evidence, guidelines and recommendations from Phase 1 to provide health practitioners with practical activities that can undertaken to drive change, address disparities and improve outcomes

The Domains

Testing the framework

Eight hospitals were recruited to pilot test the quality improvement toolkit and implementation process over a fifteen month period
- WA: Royal Perth Hospital
- SA: Flinders Medical Centre
- QLD: Princess Alexandra Hospital
- NSW: Liverpool Hospital
- Coffs Harbour Health Campus
- Tamworth Rural Referral Hospital
- VIC: St Vincent’s Hospital
- Bairnsdale Regional Health Service
Phase 2 Achievements

- Cultural competency training – modifying delivery and target audience
- Changing the hospital environment – local indigenous artwork, family meeting rooms
- Culturally and locally appropriate resources – what to expect, how to prepare for hospital
- Improving handover and discharge planning – ensuring good communication and planning with patients, families, ACCHOs and other health care providers
- Supplying all medicines at discharge – to increase accessibility
- Integrating Aboriginal Liaison Officers into the cardiology team

Phase 2 results

- Increased awareness and knowledge amongst staff of the issues and barriers faced by Aboriginal and Torres Strait Islander patients
- Identified enablers for best practice care
  - Culturally safe integrated services
  - Visible Aboriginal and Torres Strait Islander workforce
- Improved relationships and interactions with Aboriginal and Torres Strait Islander patients, and the development and/or strengthening of relationships with the Aboriginal and Torres Strait Islander community

Where are we now?

QLD
Cairns and Hinterland Hospital & Health Service
Townsville Hospital & Health Service
Princess Alexandra Hospital
The Prince Charles Hospital

NSW
Coffs Harbour Health Campus
John Hunter Hospital
Liverpool Hospital
Orange Health Campus
Tamworth Rural Referral Hospital

VIC
Bairnsdale Regional Health Service
St Vincent’s Hospital, Fitzroy

SA
Flinders Medical Centre

NT
Royal Darwin Hospital

WA
Broome Health Service
Fiona Stanley Hospital
Kalgoorlie Health Campus
Royal Perth Hospital
Sir Charles Gairdner Hospital

SA
Flintridge Medical Centre

Phase 3 – Roll out to 18 sites 2017 - 2019

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Flintridge Medical Centre
Phase 3 Aim

- Reduce the incidence and impact of discharge against medical advice (DAMA) for Aboriginal and Torres Strait Islander people who experience ACS

Enhancing relationships

- Enhance relationships between hospitals, local Aboriginal Medical Services and Primary Health Networks to improve care coordination within the health sector.
- The project will embed an element of flexibility to ensure hospitals can respond to the needs of the local community, create locally based solutions and improve the patient journey

More than just the toolkit

- Capacity building - a strong platform of quality improvement skills
- Cultural development training
- QI implementation training and ongoing support
- Supporting the development of relationships to engage the primary care sector and community to address local needs

Increasing the impact
Thank you

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