

KOORI HEALTH COUNTS !

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Information from the Reports of Koori Hospital Liaison Officers for 2001

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Koori Human Services Unit
Policy and Strategic Projects Division
Department of Human Services

Information from the Reports of Koori Hospital Liaison Officers for 2001

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Koori Health Counts !

Many areas concerned with Koori health have recognised the need for accurate data if we are to improve the health status of Aboriginal and Torres Strait Islander people.

The Victorian Advisory Council on Koori Health was established in 1996 with representatives from the Department of Human Services, Commonwealth Department of Health and Ageing, Aboriginal and Torres Strait Islander Commission and the Victorian Aboriginal Community Controlled Health Organisation. This Advisory Council acknowledges the need and emphasises that accurate data is crucial to improving Koori health in Victoria and addressing the disparities between the health of Koori Victorians and other Victorians.

Accurate Koori health information is the basis for:

- monitoring changes in the health of the Koori community
- deciding on Koori health priority issues and programs
- obtaining adequate resources for health programs and health services for Koori people
- developing appropriate health promotion programs and health screening programs
- making sure that mainstream health care services are providing culturally appropriate and accessible health services for the Koori community.

This publication is one of the *Koori Health Counts* series. The aim of these publications is to improve the availability of Koori health information in Victoria and to provide the information in a way that is appropriate for use within the community.

The Koori Human Services Unit welcomes comments and suggestions on ways of improving the quality of information which is available on the health of Koori people in Victoria, and on improving the way in which this information is presented.

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- Staff of Koori Human Services Unit.

We thank all of the above for their contribution.

The section on Respiratory Diseases was completed by Mr Jonathan Smith, a Bachelor of Health Information student from Latrobe University, as part of his placement in the Koori Human Services Unit.

Ms Sandy Campbell provided information from her research projects into Koori mothers recorded in the Perinatal data collection system for the section on Koori births. This research will be available in full in a forthcoming Koori Health Counts publication.

Ms Debra Couzens, Koori Hospital Liaison Officer at Portland and District Hospital, wrote the introduction to this report.

1 EXECUTIVE SUMMARY

Koori Health Counts: Information from the reports of the Koori Hospital Liaison Officers (KHLOs) for 2001.

In eighteen (18) Victorian hospitals a KHLO is employed to facilitate access to the hospital and its services for the Aboriginal community. In addition, Royal Women's Hospital employs an Aboriginal Women's Business Worker in a similar capacity. In rural Victoria, the Liaison Officers are employed in hospitals in areas with large numbers of Koori people. Liaison Officers are also employed at four metropolitan hospitals which admit large numbers of Koori patients. Not all areas of Victoria are covered by the Koori Hospital Liaison Officer program.

Each Liaison Officer reports monthly on the number of Aboriginal patients admitted to hospital including details of age, sex and cause of admission. Births and deaths are also reported.

In 2001 Liaison Officers reported:

- There were 5670 recorded Aboriginal admissions to hospital;
- There were 363 births and 61 deaths;
- The major causes of admission were renal dialysis, respiratory diseases, circulatory diseases, pregnancy-related admissions and injuries;
- More women than men were admitted to hospital;
- There was a large number of births to younger mothers;
- The Aboriginal community suffers a low life expectancy and over half the deaths reported by Liaison Officers were to people less than 50 years old;

KHLO reports contain important information for service planning as the Indigenous status of all admissions is certain.

2 INTRODUCTION: A Koori Hospital Liaison Officer Perspective

Koori health still has a long way to go before we have statistics similar to the general population in Victoria. Accuracy of these statistics is of utmost importance so that proper planning of Koori health programs is greatly improved. Without the statistical information we don't have the cold hard facts of the poor state of Koori health in Victoria to be able to advocate for further funding or better programs.

In some areas Kooris are still more likely to access hospital services through the Accident & Emergency departments of the hospitals, rather than being admitted through the Doctors' surgeries, as is the general population in Victoria. This means that health care only happens in times of crisis.

Accessibility to primary health care services for Kooris is still poor but where there are good working relations between Koori organisations and mainstream organisations, delivery of health services is greatly improved. There is a need for community controlled health services to develop partnerships with mainstream health organisations to be able to use their specialised expertise in the allied health fields, such as Diabetes Educators, Continence Nurses, Palliative Care Nurses, Dietitians and Occupational Therapists. Use of highly skilled clinical staff at these Koori organisations will enhance their service delivery to the Koori community.

Greater access to Aboriginal Medical Services and improved capacity in Koori organisations where services are lacking would also assist in the improvement of Koori health.

There is also a need to develop culturally safe environments within mainstream health services, so that Kooris are better able to access primary health care services. This is achieved in part with the employment of Kooris in mainstream health care services. The KHLOs ensure that there is access to hospital services for Kooris in their communities, by advocating the services available, and in breaking down barriers by advising Kooris of the procedures of the treatments, and hospital routine. The provision of cross-cultural education and awareness training for staff of mainstream health care services also assists in the development of a culturally safe environment.

The statistics in this latest report of Koori Health Counts 2001 do show some improvement in the reporting of Koori admissions to hospitals. This is in part due to the question being asked on admission, "Are you of Aboriginal or Torres Strait Islander descent?"

There is still a long way to go. This report shows that there is still a great disparity between Koori health and the general population of Victoria, and of special concern is the early age of the deaths in the Victorian Koori community. This is not just a health concern but also a cultural concern for the Victorian Koori community.

Debra Couzens
Koori Hospital Liaison Officer
Portland & District Hospital

3 BACKGROUND

The Koori Hospital Liaison Officer Program was established in Victoria in 1982 as one of the major recommendations of the Working Party into Aboriginal Health (Working Party into Aboriginal Health 1981). The program's main goals are to ensure Aboriginal and Torres Strait Islander people have access to mainstream health care services, to advise Koori communities of the type of services available to them and to increase the cultural awareness and sensitivity of health care service providers to the distinct health needs of Koori patients and their families.

There are eighteen Koori Hospital Liaison Officers. Fourteen positions are in rural hospitals and four positions are based at hospitals in the Melbourne metropolitan area. KHLOs undertake a broad range of tasks associated with improving the access of Koori people to mainstream health care services, primary health care and preventative health programs.

One of the responsibilities of Liaison Officers is to complete a standard report form each month. The information from the monthly reports is used to monitor the Koori Hospital Liaison Officer Program and to ensure that their information is able to inform DHS policy development. A copy of the report is sent to the Koori Human Services Unit of the Department of Human Services (DHS). The Liaison Officer also provides a copy of the report for the hospital's senior medical record administrator for use in checking on the recording of Koori admissions by hospital staff.

When the details provided by all of the Liaison Officers about hospital admissions are combined together, some valuable information can be provided about patterns of illness in the Koori community. As data provided by the Liaison Officers covers about 80% of all Koori admissions to Victorian hospitals, it provides a comprehensive picture of Koori hospital usage. The reports are also extremely important as a cross-check on mainstream sources of information on births and deaths in the Koori community, such as the Victorian Admitted Episodes Dataset (VAED), the Perinatal Data collection and the Registry of Births, Deaths and Marriages.

In 2001, 224 monthly reports were provided by Koori Hospital Liaison Officers, out of a possible total of 228 monthly reports. This included reports by the Aboriginal Women's Health Business Worker at the Royal Women's Hospital even though she is not employed as a KHLO.

The information provided by Koori Hospital Liaison Officers has been combined with the information provided by the Aboriginal Women's Health Business Worker at the Royal Women's Hospital in this publication.

3.1 Koori identification

All patients admitted to Victorian hospitals should be asked at every admission if they are Aboriginal and/or Torres Strait Islander. The patient's self-identification is then recorded by the hospital. No other level of identification, such as community acceptance, which may be required in other circumstances, is needed to enable the hospital to record the patient as Aboriginal or Torres Strait Islander. However, Liaison Officers may have additional information, which will enable them to identify patients not recorded as Koori by the hospital system.

3.2 Reports received

Charts 1 and 2 show the reports received by the Koori Human Services Unit from Liaison Officers in 2001.

Chart 1: Total number of monthly reports received from Liaison Officers. KHLO data, 2001.

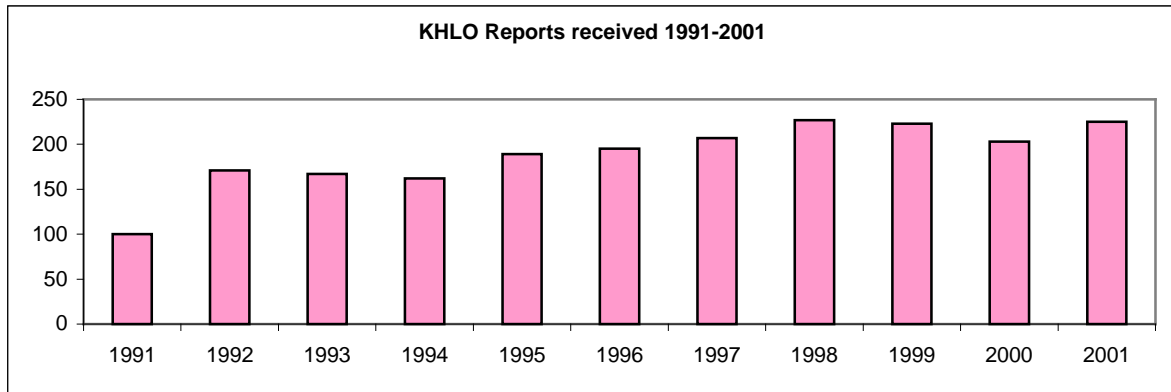
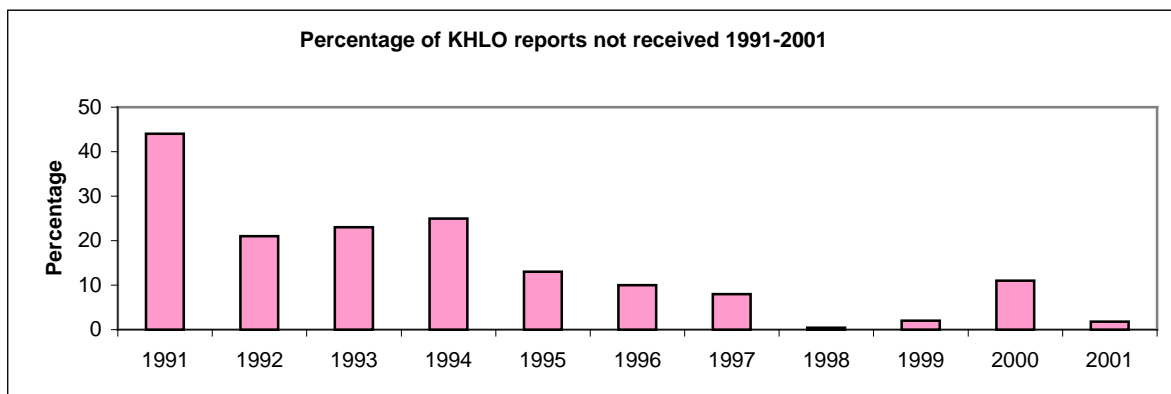


Chart 2: Percentage of reports not received by the Koori Human Services Unit. KHLO data, 2001.



Note: Reports are generally not submitted where the Liaison Officer position is vacant. In 2001 there were vacancies at St Vincent's, Bendigo, Dimboola and Latrobe Regional Hospitals.

4 INFORMATION ABOUT KOORI ADMISSIONS TO HOSPITAL

4.1 What information is provided?

The Koori Human Services Unit asks Koori Hospital Liaison Officers to provide the following information when a Koori person is admitted to hospital :

- the person's age;
- whether the person is male or female;
- the name of the hospital;
- the reason the person was admitted to hospital;
- the dates of admission and discharge from the hospital;
- whether the Koori Hospital Liaison Officer visited the person during his/her stay in hospital; and
- if the Koori Hospital Liaison Officer did not visit the person during the time that he/she was in hospital, a brief note to explain why the person was not visited.

The Koori Human Services Unit uses the information to help it understand health trends and assist the Department in planning health services. The aggregated information is provided to hospitals and Koori community organisations to assist with planning. Data provided by KHLOs is also used to cross-check other sources of information such as the VAED.

4.1.1 Privacy and confidentiality issues

Since the age and sex of the patient are the only personal details given for each hospital admission, it is not possible to identify any person in the information provided by Koori Hospital Liaison Officers to the Koori Human Services Unit. The Health Records Act 2001 allows data to be collected by hospitals and disclosed to DHS for the purposes of service planning and monitoring. Hospitals should inform every patient identifying as Aboriginal that information will be sent to Koori Human Services Unit. Hospitals have a responsibility to ensure that this information is accurate.

Data is not released from Koori Human Services Unit in a form whereby individuals could be identified.

4.1.2 Multiple admissions of same patient

The information the Koori Hospital Liaison Officer provides does not identify which patient has been admitted more than once and therefore multiple admissions of the same patient are counted as separate admissions. The information about admissions to hospital includes patients who may need to have contact with hospitals several times each week for a long period of time, such as for regular renal dialysis when a person's kidneys are not functioning, or for a course of chemotherapy treatments when a person has cancer and mothers who are admitted during pregnancy for obstetric complications. Hospitals providing a dialysis service will show a high number of admissions.

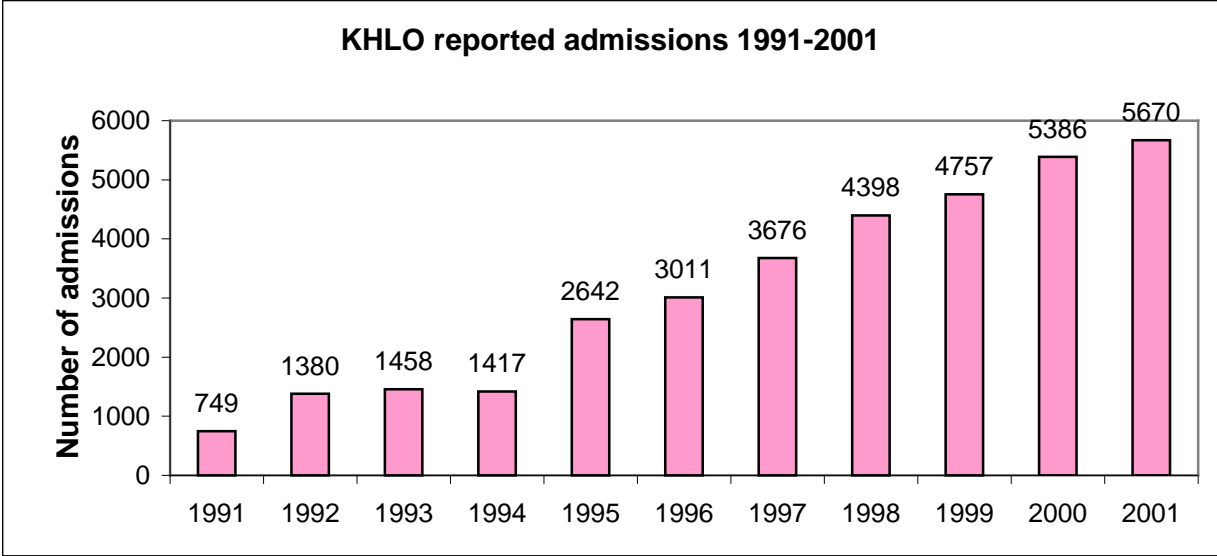
4.1.3 Newborn Admissions

Healthy newborn babies are also reported as “admissions” to hospitals in Victoria. They are included in the total number of admissions to hospital.

4.2 Number of admissions

The number of admissions reported by the KHLO has increased steadily each year from 1991 to 2001. This is due both to an increase in the number of Liaison Officers providing regular reports (Charts 1 and 2) and better identification of Aboriginal patients.

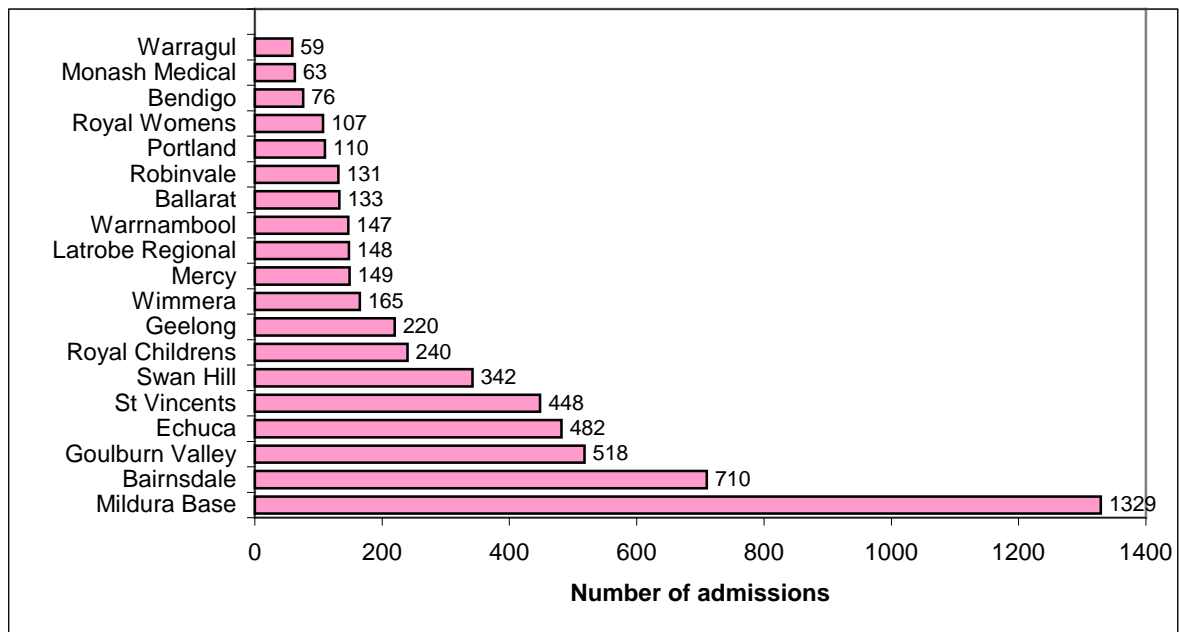
Chart 3: Total number of Koori hospital admissions in 2001 reported by Liaison Officers. KHLO data, 2001.



Note: newborn babies have been included in admissions since 1999.

There were 5670 Koori admissions to hospital reported by Liaison Officers for 2001. The total number of Koori hospital admissions reported by each Liaison Officer for 2001 is shown in Chart 4.

Chart 4: Number of Koori hospital admissions in 2001 reported by each Liaison Officer. Not all admissions were at the Liaison Officer's own hospital. KHLO data, 2001.



Some Liaison Officers also provided information about some of the admissions of Koori patients at hospitals where there is no position on the staff for a Liaison Officer.

The number of admissions to particular hospitals as reported by Liaison Officers is shown in Table 1 on the next page.

Table 1: Number of Koori admissions to particular hospitals in 2001. KHLO data and VAED, 2001.

Hospital with KHLO where admissions occurred:	Number of Koori admissions reported by KHLO 2001	Number of Koori admissions reported by hospital 2001 (VAED)	Total admissions to hospital 2001	Percentage of admissions that were Koori (reported by hospital)
Mildura Base	1329	1145	15523	7.38
Bairnsdale	710	695	7539	9.22
Goulburn Valley	518	566	18197	3.11
Echuca	482	519	6947	7.47
St Vincent's	448	644	45036	1.43
Swan Hill	342	497	6418	7.74
Royal Children's	240	250	28712	0.87
Geelong	220	224	47453	0.47
Wimmera Base	165	215	8661	2.48
Mercy	149	122	19635	0.62
Latrobe Regional	148	426	22590	1.89
Warrnambool	147	147	12871	1.14
Ballarat	133	161	23626	0.68
Robinvale	131	109	1042	10.46
Portland	110	91	4938	1.84
Royal Women's	107	135	27513	0.49
Bendigo	76	81	21430	0.38
MMC	63	79	53020	0.15
Warragul	59	47	10019	0.47
Total	5577	6153	381,170	1.61

Non KHLO Hospital where admissions occurred:

Orbost	38	82	942	8.70
Dandenong	28	72	20835	0.35
Alfred		100	50710	0.20
Austin Heidelberg		57	42978	0.13
Northern		117	25893	0.45
Royal Melbourne		128	70513	0.18
Wodonga		152	15329	0.99
Central Gippsland		96	8819	1.09
Frankston		71	39665	0.18
Other Hospitals	27	603	408,718	
Total non-KHLO hospitals	93	1478	448,383	
Total all hospitals	5670	7629	1,065,572	0.72

Note: Admissions at Orbost are reported by the Liaison Officer at Bairnsdale. Admissions at Dandenong are reported by the Liaison Officer at Monash.

The hospitals with the highest numbers of Koori patients in 2001 were Mildura, Bairnsdale, Goulburn Valley, Echuca, St Vincent's and Swan Hill Hospitals. The hospitals with the highest proportion of Koori patients were Bairnsdale, Swan Hill, Echuca, Mildura, Robinvale and Orbost Hospitals.

Where the Liaison Officer and the hospital work together the quality of admissions data is very high. In these cases the Liaison Officer acts both to validate hospital data and as a prompt to the hospital to collect data. Discrepancies between hospital and Liaison Officer data can be due to the absence of the Liaison Officer or to poor admissions procedures on the part of the hospital.

Table 2: Admissions reported by KHLOs, 1991-2001.

Hospital	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Mildura	-	34	-	-	807	996	913	1032	1045	943	1329
Bairnsdale	122	134	146	239	286	220	408	581	516	670	710
Goulburn Valley	60	254	245	4	233	333	519	536	567	713	518
Swan Hill	-	164	159	120	134	137	173	254	416	465	342
Echuca	103	138	131	109	159	129	296	311	244	463	482
St Vincent's	13	28	70	147	150	200	211	236	329	462	448
Geelong	16	61	60	151	118	126	144	139	218	243	220
Royal Children's	6	15	15	87	198	235	286	343	268	232	240
Mercy	65	69	93	67	43	53	11	98	122	139	149
Warrnambool	-	25	3	-	37	55	47	114	108	126	147
Wimmera Health	-	43	89	60	48	54	51	59	86	-	165
Ballarat	66	86	98	92	107	90	110	126	174	115	133
Royal Women's	-	-	-	-	-	-	78	150	161	119	107
Robinvale	220	211	205	146	131	138	139	122	100	106	131
Latrobe Regional	3	23	47	52	36	33	35	42	90	374	148
Portland	14	25	41	49	57	62	64	68	73	52	110
Bendigo	14	24	24	51	65	93	86	54	67	46	76
Warragul	47	46	32	43	30	41	34	20	43	43	59
Monash Medical	-	-	-	-	3	16	45	36	30	12	63
Orbost								0	46	54	38
Dandenong							26	37	39	2	28
Other								40	15	7	27
Total	749	1380	1458	1417	2642	3011	3676	4398	4757	5386	5670

Note: The number of hospital admissions reported by the Liaison Officer varies according to the presence or absence of the Officer. An unusually low number of admissions means that the Liaison Officer was absent in that period, not that there were no admissions.

Apparent growth in numbers of admissions can be due to improved reporting as well as an actual increase in admissions. Increased numbers of admissions in recent years are also due to improved reporting of dialysis patients.

The hospitals which have recorded the highest numbers of Koori patients over the past 10 years are Mildura, Bairnsdale, Goulburn Valley, Echuca, Swan Hill and St Vincent's. The number of admissions has increased at Mercy Hospital for Women, due to better identification of Koori patients. The number of admissions at Mildura, while always very high, has nevertheless increased over the past few years.

The numbers of admissions has decreased at Robinvale Hospital, due mainly to the closure of maternity services at Robinvale in 1994. These babies are now delivered at Mildura. The number of patients at Latrobe Regional Hospital increased in 2000 due to greatly improved reporting and fell in 2001 due to the absence of the Liaison Officer.

4.4 Age of Koori patients

Koori Hospital Liaison Officers provided information on the age of the Koori person admitted to hospital for 5667 (99.9%) of the admissions. The total number of admissions for Koori males and Koori females in different age-groups in 2001, as reported by Liaison Officers, is shown below.

Chart 9: Total number of admissions of Koori males and Koori females in different age-groups in 2001 reported by Liaison Officers. KHLO data, 2001.

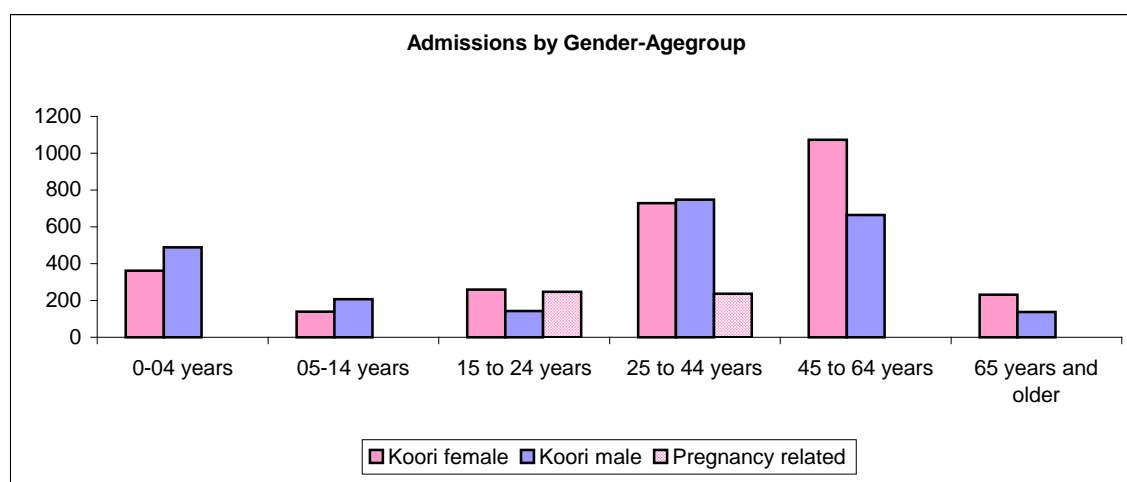


Chart 9 shows the number of admissions for Koori males and females in different age-groups. Even when admissions for Koori females related to pregnancy are considered separately, there were still higher numbers of admissions for Koori females in all age-groups with the exception of the age-groups for 0-4 years and 5-14 years.

Table 4: Admissions by age group. KHLO data, 2001.

Age	Male	Female	Pregnancy related	Total
65+	137	232		369
45-64 years	665	1073		1738
25-44 years	747	729	237	1713
15-24 years	142	260	247	649
5-14 years	207	140		347
0-4 years	489	361		850
Unknown				4
Total	2387	2795	484	5670

Note: Admissions 0-4 years includes newborn babies.

Table 8: Number of Koori male admissions recorded by hospitals. VAED, 2001.

Cause of admission	0-4 Actual	0-4 Expected	5-14 Actual	5-14 Expected	15-24 Actual	15-24 Expected	25-44 Actual	25-44 Expected	45-64 Actual	45-64 Expected	65+ Actual	65+ Expected	Total Actual	Total Expected
Nervous system	20	14	14	14	12	14	74	28	32	19	20	16	172	105
Eye	7	8	1	4	2	3	13	6	6	9	4	15	33	45
ENT	107	80	54	65	30	43	36	38	8	15	4	5	239	246
Respiratory	104	53	17	19	11	9	24	19	50	22	17	22	223	144
Circulatory	10	4	9	3	3	4	53	24	121	52	35	42	231	129
Digestive	51	42	28	29	19	31	97	98	68	83	11	38	274	321
Hepatobiliary	1	1	0	0	6	1	43	9	27	10	1	5	78	26
Musculo-skeletal	15	14	33	45	28	54	113	92	41	46	7	19	237	270
Skin	11	9	19	13	18	16	30	23	13	15	4	12	95	88
Endocrine	5	11	3	3	4	2	13	5	9	5	2	3	36	29
Kidneys	3	8	2	6	61	15	204	96	392	108	124	78	786	311
Male reproductive	16	29	8	16	5	5	10	22	4	11	3	10	46	93
Blood	3	4	3	7	0	5	2	10	4	7	0	4	12	37
Neoplasms	0	4	0	4	0	5	0	17	6	42	1	28	7	100
Infectious	19	12	5	5	3	4	14	8	3	4	1	2	45	35
Mental	6	37	1	4	43	23	120	35	11	14	0	2	181	115
Alcohol and drugs	1	0	5	0	13	6	92	9	10	4	1	1	122	20
Injuries	15	12	14	10	25	19	72	26	10	8	0	3	136	78
Burns	4	2	0	1	2	1	2	1	0	0	0	0	8	5
Other	15	6	3	3	6	5	20	24	18	28	7	20	69	86
Total	413	350	219	251	291	265	1032	590	833	502	242	325	3030	2283

Table 9: Number of Koori female admissions recorded by hospitals. VAED, 2001.

Cause of admission	0-4 Actual	0-4 Expected	5-14 Actual	5-14 Expected	15-24 Actual	15-24 Expected	25-44 Actual	25-44 Expected	45-64 Actual	45-64 Expected	65+ Actual	65+ Expected	Total Actual	Total Expected
Nervous system	15	12	11	9	12	12	69	31	21	21	18	18	146	103
Eye	5	6	3	3	5	2	5	5	2	9	8	24	28	49
ENT	62	52	61	59	42	61	46	41	17	13	4	5	232	231
Respiratory	64	35	15	14	15	9	44	18	51	19	35	23	224	118
Circulatory	11	4	4	3	10	5	43	21	83	33	33	42	184	108
Digestive	29	30	27	24	28	45	122	116	74	96	32	49	312	360
Hepatobiliary	0	1	1	1	9	5	49	20	27	14	3	6	89	47
Musculo-skeletal	10	11	17	29	31	25	59	54	33	52	9	30	159	201
Skin	13	8	18	11	34	17	51	42	28	34	3	16	147	128
Endocrine	5	1	2	4	3	4	7	10	26	7	8	5	51	31
Kidneys	3	6	4	5	5	14	194	65	999	71	167	54	1372	215
Female reproductive	0	1	1	2	32	36	134	170	48	54	7	9	222	272
Pregnancy	0	0	2	0	372	136	363	441	1	1	0	0	738	578
Blood	1	2	0	4	1	5	1	12	6	7	2	5	11	35
Neoplasms	0	3	0	3	0	4	8	27	22	51	0	25	30	113
Infectious	11	12	6	4	1	4	9	6	4	4	3	12	34	42
Mental	5	30	4	4	45	30	171	71	13	25	0	6	238	166
Alcohol and drugs	0	0	2	0	15	4	31	6	1	3	0	0	49	13
Injuries	14	9	6	6	21	15	47	22	16	7	3	4	107	63
Burns	2	1	0	0	0	0	2	0	1	0	0	0	5	1
Other	8	5	2	2	4	8	20	38	15	30	10	25	59	108
Total	258	229	186	187	685	441	1475	1216	1488	551	345	358	4437	2982

