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Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP)

Best Practice Information Package

Discharge planning for Aboriginal and Torres Strait Islander patients

A component of the ICAP on-line resource kit

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Background

We wish to acknowledge the traditional owners of the land in Victoria and pay respect to their Elders both past and present.

Please note that where the term 'Aboriginal' occurs in this document it encompasses all Australian Aboriginal and Torres Strait Islander people.

Culture and identity are inextricably linked with the emotional, social and physical health and wellbeing of Aboriginal people and are central to the Aboriginal perception of health. The consideration of culture and identity in determining appropriate health care has been limited in the formulation of general health policies and practices in Victoria.

This information package is about improving the 'visibility' of Aboriginal patient's needs within routine hospital processes and as a result, presenting hospitals more positively as places where appropriate health care can be accessed. This in turn will reduce the 'fear factor' often associated with hospitalisation by Aboriginal patients, and decrease the number of readmissions to wards and repetitive attendances at emergency departments. It will also facilitate collaborative practices with local Aboriginal Community Controlled Health Organisations (ACCHO) and general practitioners; and offer a culturally comfortable structure for the continuance of high quality health care after hospitalisation.

Recognition of the vital role that culture plays in relation to health, and respect for Aboriginal and Torres Strait Islander identity, are both central to good outcomes for Aboriginal patients because they are the defining elements that determine when and why a service is accessed and whether treatment is accepted or rejected. This relates to discharge planning too. How culture and identity are considered by a health service provider during the discharge process necessarily impacts on the successful implementation of the plan and subsequent health outcomes of patients; as well as the ongoing relationship between the community and the service.

Introduction

The ICAP program supports health services to provide culturally sensitive care and appropriate referral for Indigenous patients, and recognizes that '...high quality and culturally sensitive health care for Aboriginal and Torres Strait Islander patients is a whole of health service quality issue, not just the responsibility of designated Aboriginal staff.' (DHS Information for health services, 2005). A further ICAP aim, to promote partnerships between health services and Aboriginal Community Controlled Health Organisations, informed the context in which principles for culturally sensitive discharge planning were discussed and developed. The work was carried out by ICAP project officers based in rural and metropolitan areas (one at the Department of Human Services (DHS), Grampian Regional Office Ballarat, and the other at St Vincent's), who engaged local and regional Aboriginal Hospital Liaison Officers (AHLO's), along with mainstream staff, in the development of a set of principles. This work occurred in two main phases; the first consisted of a well attended workshop where participants from prominent metropolitan hospitals and rural health services delegated 5 participants to form a working party; and the second was the meeting of the working party and compilation of their deliberations into Best Practice principles as set out below.

What is 'Best Practice'? (Presentation given at the Best Practice in Discharge Planning workshop held on 12/9/2007 at St.Vincent's)

Best Practice is a concept which asserts that there is a technique, method, process or activity that is more effective at delivering a particular outcome than any other. The idea is that with proper processes, checks and testing, a desired outcome can be delivered with fewer problems and unforeseen complications. Best practice can also be defined as the most efficient (least amount of effort) and effective (best results) way of accomplishing a task, based on repeatable procedures that prove themselves evidentially over time, for large numbers of people.

Best practice continually evolves and does not commit people or organisations to one inflexible, unchanging activity. Instead, 'Best Practice' is a philosophical approach based around continuous learning and continual improvement. It does not impose one template or format that everyone must follow without question. On the contrary, in the context of good management, 'Best Practice' means that an effective process is planned and followed in any situation, and outcomes are continually monitored, documented and evaluated so that necessary changes can be made. The American Productivity and Quality Centre (APQC) suggest that the following conditions need to exist for a successful transition to 'best' practice to take place:

- ◆ Meaningful relationships precede the transfer of best practices
- ◆ Best practice stems from a personal and organizational willingness to learn and change
- ◆ Best Practice is an interactive, ongoing, and dynamic process

Best Practice planning and design includes these steps:

1. Revisit the organisational purpose of the practice
2. Form a strategic management team(working party)
3. Create a vision and define a strategy (or strategies) to achieve it
4. Design a core plan that embeds its own support mechanisms eg executive driven activity, staff cultural education programs, GP contact lists, community controlled organisational networks

The first three steps have already been undertaken by the project team in preparation for the distribution of this document. Core plans will necessarily be contextual and their design will depend on local issues like geography, demographics, service resources, agency protocols and patient need.

Best Practice planning also includes the following process to facilitate the implementation of principles into practice:

1. Communicate and educate
2. Roll-out the plan and encourage its use
3. Maintain momentum by monitoring, documenting and reporting outcomes
4. Evaluate results to plan for the future

Best Practice Principles and ICAP Key Result Area 3

The following principles meet and mirror the aim of Key Result Area 3 in the ICAP program which reads:

Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.

There are 3 **demonstration of achievement** exemplars highlighted in the ICAP Guidelines and they are;

- Involvement of Aboriginal staff in the development, review and refinement of post-acute care and discharge planning arrangements
- Views of Aboriginal organisations and Aboriginal service users have been sought
- Aboriginal – specific post acute planning policies, procedures and protocols are in place

Principles arising from ideas expressed in the Best Practice workshop

These principles meet the mandatory criteria identified in the Australian Council on Healthcare Standards (ACHS) EQuIP 4 table for clinical, support and corporate standards (see appendix G), and are to be used only as a procedural aid in discharge planning for Aboriginal patients and their subsequent follow up in the community.

1. Discharge planning commences at admission with accurate identification of the patient
2. AHLO involvement is essential to the success of the discharge process
3. Medical discharge information alone is not adequate - Specialist Aboriginal input must be actively sought
4. An Aboriginal cultural awareness program is included in staff professional development schedule
5. The patient who requires a discharge plan must have given informed consent to its implementation
6. A case management model is best utilised for discharge planning, especially for those patients deemed medically and socially complex
7. All relevant departments are notified of the discharge
8. Patient follow up should not be the sole responsibility of the AHLO

Note: In the event that a health service does not employ an Aboriginal Hospital Liaison Officer (AHLO) the basic principles still apply and efforts should be made to involve the patient's family, carer and local Aboriginal community organisation in the discharge process; and to look at opportunities to recruit Aboriginal staff to the service.

Table of Principles in relation to the ACHS EQuIP - 4 Functions, Standards and Criteria

The following table has been designed to display best practice ideas in relation to each principle as it reflects the ACHS EQuIP – 4 Functions, Standards and Criteria. The first principle has been completed as an example of how each could be implemented, monitored and evaluated with the understanding that strategies would depend on local health service needs, resources and protocols.

Principle	Relevant ACHS EQuIP 4 Functions, Standards and Criteria	Best practice ideas	Who could be responsible for implementation?	How may this practice be implemented and monitored across the organisation?	What evidence could be required for evaluation?
1. Discharge planning commences at admission	Clinical: 1.1.2; 1.1.6; 1.2.2 1.3.1 ; 1.4.1 1.5.6; 1.6.3 Support 2.2.2; 2.2.3 2.2.4; 2.3.3 Corporate 3.1.1.	<ul style="list-style-type: none"> • Ensure accurate identification of Aboriginal patients by regular training of front line staff in asking the question. • Include the rationale for asking patients; "Are you Aboriginal or Torres Strait Islander?" in cultural awareness programs for all staff 	Health Information Services manager (or equivalent) Human Resources manager (or equivalent)	AHLO to encourage staff to ask the question about identity and advise on training for frontline staff AHLO & Supervisor to include Aboriginal cultural awareness sessions in staff orientation programs	Internal audit of patient records shows increase in identified patients Periodic survey of staff awareness of the cultural issues
2. AHLO involvement is essential to the discharge process	Clinical: 1.1.1;1.6.3 Support: 2.2.2; 2.2.5; 2.3.4 Corporate: 3.1.2	<ul style="list-style-type: none"> • Recruit Aboriginal people to professional roles in the service. • Value Aboriginal staff by offering them relevant training • Introduce & clarify 	Human Resources manager (or equivalent)		Appropriateness and success of Recruitment & Training processes for Aboriginal staff into professional roles

		<p>AHLO role in staff orientation programs</p> <ul style="list-style-type: none"> Notify AHLO as early as possible of patients presence in hospital or impending discharge 	Health Information Services manager (or equivalent)	Use of supportive technology where available eg email/ computer printout	
3. Specialist Aboriginal input must be sought	<p>Clinical: 1.1.1.; 1.1.2; 1.3.1. 1.6.1; 1.6.3 Support: 2.3.1;2.3.2; 2.3.4 2.4.1 Corporate: 3.1.4</p>	<ul style="list-style-type: none"> Include AHLO in the discharge process Involve family and carers in planning Liaise closely with local Aboriginal Community Controlled Organisations (ACCHO's) Establish alliances with Indigenous-friendly GP's 			
4. An Aboriginal cultural awareness program is included in the staff professional development schedule	<p>Clinical: 1.3.1 Support: 2.2.1; 2.2.2 Corporate: 3.1.3</p>	<ul style="list-style-type: none"> Work with local Indigenous community members to develop a program Bring in an external Aboriginal consultant to run the program 			
5. The patient who requires a discharge plan must have given informed consent to its implementation	<p>Clinical: 1.1.3; 1.6.2 Support :2.3.3 Corporate: 3.1.2; 3.1.5</p>	<ul style="list-style-type: none"> Involve the AHLO in gaining informed consent to the plan – <i>(see appendices for examples)</i> 			

<p>6. Use case management models to plan the discharge, especially for those patients deemed medically and socially complex</p>	<p>Clinical: 1.1.5;1.4.1; 1.6.3 1.1.2; 1.1.6; 1.1.8 Support: 2.3.3; Corporate: 3.1.2</p>	<ul style="list-style-type: none"> • Discharge plans are individually tailored to patient circumstances eg use of the Patient Assistance Transport Scheme (PATS) • Socially complex patients are the responsibility of the <u>whole</u> team, not just the AHLO • Ensure that all stakeholders including the ACCHO's are informed of their role in the plan 		<p>Use of supportive technology where available eg e-health/e-referral processes/tele-conferencing</p>	<p>Correlate improvement measures of patient experience with planned service/business outcomes</p>
<p>7. All relevant departments are to be notified of the discharge</p>	<p>Clinical: 1.1.4; 1.1.6; 1.1.8 1.2.1 Support: 2.3.1; 2.3.4; 2.4.1 Corporate: 3.1.2; 3.1.4; 3.1.5</p>	<ul style="list-style-type: none"> • Discharge plans are filed in patient's notes and highlighted with an Aboriginal marker eg flag, to assist with continuity of care • Discharge notification is distributed as soon as possible, to Outpatient Dept, GP and local ACCHO; and through the internal care team network eg HARP programs 			

8. Patient follow up is not the <u>sole</u> responsibility of the AHLO	Clinical: 1.1.6 Support:2.2.5 Corporate: 3.2.1	<ul style="list-style-type: none"> • Implement a systematic patient appointment reminder procedure that involves the whole staff team • Designate responsible team members to support the AHLO where necessary 		Set up a central liaison point within the team for ACCHO's to contact as necessary	Utilise multiple measurements of performance eg patient experience surveys, complaint process, patient and family advisory groups
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Suggestions for the publication and adoption of principles across organisations

- Set up a local working party (including members of relevant external service agencies and Aboriginal Community Controlled organisations) to discuss, devise and implement a district or region-specific plan. ◊The plan may include a recruitment and training process for Aboriginal staff where none are currently employed in the health service.
- Integrate best practice ideas into staff professional development sessions
- Table best practice ideas at care network meetings
- Circulate best practice ideas among clinical leadership teams for comment/endorsement
- Encourage clinical leadership teams to model the best practice ideas in consultation with the AHLO
- Include the best practice ideas in on-line training packages
- Promote the best practice ideas on the service website
- Promote the best practice ideas in departmental Newsletters
- Place the best practice principles document in wards and relevant departments

Conclusion

The aim of these principles is to make discharge planning for Aboriginal patients part of core business in a quality health service. This will happen if the principles are supported at executive level by their inclusion in the policies and protocols of the organisation. The development of an explicit set of policies, procedures and review mechanisms can ensure that 'best' practices are institutionalised and that opportunities for improved practice are regularly identified. They will also help identify where responsibility for best practice is ill defined and needs to be clarified.

The absence of a framework such as an explicit policy for the discharge of Aboriginal patients does not mean that high quality work is not occurring. It does mean that it is difficult to determine if this is the case, and how widespread efficient and effective practices are in the organisation. There may be many useful discharge practices across departments and responsibility is often 'assumed' for activities that maintain the quality of services. However, the maintenance of these practices depends on the initiative and commitment of particular individuals and in the case of Aboriginal patients, this often means a single AHLO if one is employed.

In this context these principles are designed to provide information that supports the documentation of existing good practice; to establish mechanisms that ensure good practices are monitored and improved where possible; and to enhance the potential for reduction in both the under-use and over-use of health services. To this end, an essential element of Best Practice as presented here is the employment of the AHLO and where this is not currently the case, the active recruitment of Aboriginal people to the health staff. The eventual reduction in rates of re-admission to hospital and a positive change in the Aboriginal perception of the purpose and outcome of hospitalisation will not only result in an improvement in health outcomes for Aboriginal patients but in the overall relationship between health services and their local Aboriginal community.