

Improving the patient experience for Aboriginal people in the emergency department



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1. Introduction

Aboriginal Victorians experience poorer health and lower life expectancy than the general community. A number of complex barriers restrict Aboriginal and Torres Strait Islander peoples' access to health services. For many Aboriginal people, hospitals are places to fear. They may have experienced racism and cultural insensitivity in the past, and some may not have the necessary knowledge and confidence about the health care they will receive.

While promoting better access and ensuring culturally-sensitive care for Aboriginal people is a whole-of-service responsibility, it is particularly important in the emergency department (ED), which is the first point of access to health care for many Aboriginal people.

Access to health care is well recognised as a key determinant of health. Access is most commonly referred to in terms of proximity to services and is of particular relevance to communities in rural and regional areas. Cultural safety is also a significant factor in accessibility of health care.¹ Cultural safety, as it applies to health care, is the need to be recognised within the health care system and be assured that the system reflects something of your culture, language, customs, attitudes, beliefs and preferred ways of doing things.²

1 Browne, A., & Varcoe, C., 2006, 'Critical Cultural Perspectives and Health Care Involving Aboriginal Peoples', *Contemporary Nurse*, 22/9/06, vol. 2, pp. 155-166.

2 Eckermann, A., Dowd, T., Martin, M., Dixon, L., Gray, R., & Chong, E., 1992, Binan Goonj: *Bridging cultures in Aboriginal health*, Armidale, Department of Aboriginal and Multicultural Studies, University of New England.

2. About this report

This report describes the findings of a project in which five Victorian health services undertook local projects to improve the experiences of Aboriginal people in their EDs. A number of strategies were used to engage the local Aboriginal communities to better understand their experiences of the EDs. Initiatives to improve cultural safety, promote delivery of culturally-sensitive care and develop statewide resources to assist care delivery to Aboriginal consumers in EDs were developed and implemented. The overall purpose of this project was to explore opportunities to improve the experience of Aboriginal people in the ED. It supports the Victorian Department of Health's (the department's) Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) Program.

A key factor in the success of this project was the close collaboration between the department's Emergency Program and Koori Human Services Unit, ICAP, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and participating health services.

3. Background and context

3.1 Improving health care for Aboriginal people

Over recent years, both the Commonwealth and Victorian Governments have provided policy direction and implemented initiatives to enhance the care of Aboriginal people across a range of health care settings.

In 2007, the Council of Australian Governments (COAG) committed \$1.57 billion over four years under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. Victoria's contribution to this reform agenda was \$57.97 million over four years. The strategy acknowledged the importance of Indigenous culture and engagement and positive relationships with Indigenous Australians.

The department's Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) Program commenced in 2004–05 with a focus on improving health services in four key result areas. These include relationships with Aboriginal organisations and communities, culturally-aware staff, appropriate discharge planning and effective primary care referrals.

The goals of the ICAP Program are to:

- achieve accurate identification of all Aboriginal patients
- improve access to health services for Aboriginal people
- support health services to provide culturally-sensitive care and appropriate referrals for Aboriginal patients
- recognise that high-quality and culturally-sensitive health care for Aboriginal patients is a whole-of-health-service quality issue, not just the responsibility of designated Aboriginal staff
- improve access, quality and promote partnerships between health services and Aboriginal community-controlled organisations in the planning and delivery of service responses for Aboriginal patients.

ICAP builds on and enhances the Aboriginal Hospital Liaison Officer (AHLO) Program, which has operated in Victoria for over 25 years. ICAP emphasises that accurate identification of Aboriginal patients and providing culturally-appropriate care is a whole-of-health-service responsibility. AHLOs are vitally important in bringing cultural expertise into the health service, providing reassurance for Aboriginal patients and acting as a link to Aboriginal community-controlled organisations.

3.2 Promoting positive experiences for patients and carers

Enhancing the experience of ED patients and visitors was one of 10 priorities identified in the Victorian Government's key policy on emergency care. The 2005–06 state budget allocated \$8.3 million over four years to promote positive experiences for ED patients and visitors. An audit of ED waiting rooms in 2004, consumer research and a review of the literature were used to inform a range of interrelated initiatives. To date, work undertaken as part of the Improving the Patient Experience Program includes:

- communication strategies (such as communications workshops for frontline staff, standardised consumer information materials and condition-specific fact-sheets) to ensure patients are better informed about their care
- improved facilities in waiting rooms (including facilities for those with special needs and upgrades to general amenities)

- consistent signage in all Victorian EDs
- guidelines for volunteers in EDs
- enhanced measurements of patient satisfaction.

Specific initiatives targeting the experiences of Aboriginal and older people were implemented in response to consumer research showing that these groups have special needs that may not be met in traditional hospital ED settings.

3.3 Improving experiences for Aboriginal people in the ED

The project commenced in 2007–08 with the aim to:

- identify priority activities to improve the experience of Aboriginal patients in the ED
- support a small number of health services to implement improvement activities locally
- develop statewide resources to assist ED clinicians to deliver culturally-appropriate care for Aboriginal patients in the ED and provide Aboriginal patients with appealing and acceptable information materials about ED processes and maternity care.
- share the project outcomes with health services statewide to support local implementation of similar activities.

Project oversight was provided by an advisory committee comprised of representatives from VACCHO, AHLOs, Koori Human Services Unit, and the Emergency and ICAP programs. During 2007–08, the project advisory committee worked with key stakeholders through ICAP forums, Aboriginal Community Controlled Health Organisations (ACCHOs), rural health workers and other Aboriginal hospital personnel to explore options for improvement in EDs that would guide discussion with local communities.

Activities to address priorities for improvement included:

- building positive relationships with the local Aboriginal community by working with them to identify and implement projects to improve patient experiences in the ED
- undertaking environmental improvements to enhance cultural safety in the ED (for example, displaying local artwork, creating a culturally-safe space in the local ED)
- adapting the 'Welcome to the emergency department' brochure, in consultation with the Aboriginal community, to make it more appealing and acceptable
- introducing a clinician factsheet to raise the cultural awareness of ED staff and provide guidance on effective communication with Aboriginal patients, including maternity care information
- developing consumer information materials for Aboriginal women presenting to ED with maternity-related health problems.

These ED developments considered individual health service ICAP development plans and were consistent with other developments across the health service.

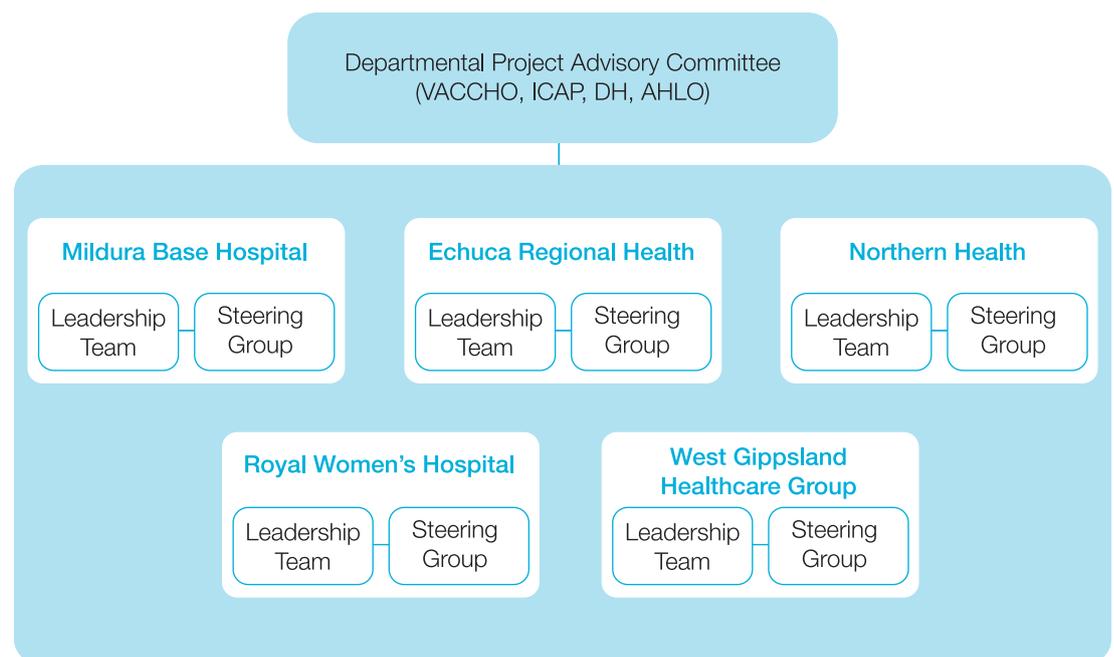
4. Process

In August 2008, Victorian EDs were invited to submit an expression of interest to participate in the initiative to improve Aboriginal patient experiences in the ED. Health services were asked to identify local activities that could improve the cultural safety of their ED environment and enhance communication with Aboriginal patients. Five health services were selected from 11 submissions evaluated by the Project Advisory Committee.

Five health services; Mildura Base Hospital, West Gippsland Hospital, Echuca Regional Health, Northern Health and the Royal Women's Hospital, were funded to participate in the initiative. The funding was used to cover the costs of participating in the project, and included:

- a part-time project officer to coordinate the local project
- a facilitator and materials for the community consultation
- running ED staff meetings and training
- local environmental improvements
- printing and web publishing of brochures and clinician factsheets
- local evaluation and reports.

Local project leadership teams included AHLOs, a project officer, ED staff and some health services had representatives from their local Aboriginal community or Aboriginal cooperatives. The team was responsible for delivering, and reporting on, the project outcomes. All sites also established local project steering groups to monitor progress, provide strategic advice and make key decisions. In addition to the local steering groups, project teams also reported to the department's Project Advisory Committee on a regular basis to collaborate on similar activities and share local learnings. Hospital AHLOs at participating health services provided support and advice but were not required to deliver and manage the project.



5. Outcomes – local projects

5.1 Successful engagement with the local Aboriginal community

Developing and maintaining a positive relationship between the hospital and the community was a priority at all participating sites. Strategies to achieve this included:

- community lunches
- discussions with community Elders
- a community celebration on completion of priority activities.

Consultation with Aboriginal community members was used to identify priority environmental improvements in the ED, seek feedback on the patient information brochure and clinician factsheet, and inform the content of a cultural-awareness program for ED staff. Local activities complemented activities undertaken through the ICAP Program and the broader Improving the Patient Experience Program.

5.2 Building relationships with community

A number of different strategies were successfully used to engage with the local Aboriginal communities to better understand experiences and seek feedback about how the ED could be improved to meet their needs and enhance patient experiences. Methods of community consultation considered learnings from previous engagements, the geographic distribution of communities and how to best access them. Effective strategies included:

- individual conversations with community members
- consultant-led discussions at community meetings
- establishing a process with Aboriginal corporations to assist their clients to complete a questionnaire about the ED as part of their appointment.

The consultation process provided important information to assist health services implement priority improvements in the ED. Priority activities included:

- cultural-awareness training for ED staff
- displaying local Aboriginal artworks or artefacts in the ED waiting room and other hospital areas
- decorating designated ED cubicles with Aboriginal artwork and colour scheme
- community celebrations
- ED staff participation in monthly lunches in the community.

5.3 Creating a culturally-safe environment for Aboriginal people in the ED

The physical environment was identified as an important factor in the ED experience for Aboriginal people. Local communities supported and encouraged their ED to display local Aboriginal artwork, artefacts and other materials to enhance cultural safety.

5.4 Statewide resources to assist care delivery

Cultural awareness

Three hospitals developed and facilitated cultural awareness training for their ED staff. Tools and processes for pre and post-training evaluation were used to examine its impact and effectiveness and obtain feedback for improvement. One site reviewed its existing cultural awareness program.

Key elements of ED staff training included:

- clinician fact sheet for statewide use
- local community health trends
- information about the role of the ALHO
- the importance of asking the Indigenous status question
- perceptions and attitudes about culture
- knowledge of Aboriginal culture
- ideas for improvement.

Communication enhancement

Aboriginal communities commented on the design and content of the adapted 'Welcome to the emergency department' patient brochure and ED clinician factsheet on effective communication with Aboriginal patients. Consultations provided opportunities to record patient stories to identify gaps in care. Feedback on the information needs of Aboriginal patients in the ED was compiled and used to revise the design and content of statewide ED information materials. Positive feedback from the communities and local project teams, including AHLOs, validated the changes.

Emergency maternity care information

Aboriginal women presenting to EDs with maternity-related health problems are a high-risk group requiring attention. The participation of the Royal Women's Hospital (RWH) in this project presented a unique opportunity to address the care needs of this group. The RWH undertook specific work to consult with Aboriginal women and Aboriginal health organisations to inform the content and design of an ED patient information postcard for pregnant Aboriginal women. The process provided important information about the delivery of culturally-sensitive maternity care in EDs.

See the Royal Women's Hospital section of this report for details.

6. Mildura Base Hospital (MBH)

6.1 Project team

The project team was comprised of the ED director, ED nurse unit manager, team leader Aboriginal Health Unit and director of medical services.

6.2 Community consultation

This project used multiple strategies for community consultation, which resulted in a number of recommendations for improvement.

- A consultant was engaged to undertake the community consultation strategy and report on recommendations for implementation by the project team.
- Aware that some Aboriginal people may feel uncomfortable providing feedback directly to the hospital, health workers at the local Aboriginal community organisations asked clients three questions during routine consultations:
 1. How frequently did you attend MBH's ED?
 2. What do you think could be improved in the ED?
 3. How could we best make these improvements?

This indirect consultation process provided a high response rate (93 responses) and open feedback about the ED experience. An additional benefit was that it included clients with low literacy skills in the consultation process.

6.3 Enhancing cultural safety

Creating a culturally-safe environment for Aboriginal people in the ED

MBH received feedback that a display of local Aboriginal artwork or artefacts would make Aboriginal patients feel more welcome and comfortable in the ED. Artwork was commissioned for the ED waiting room and the hospital is redecorating an ED cubicle with Aboriginal artwork and colour scheme.

6.4 Enhancing communication with Aboriginal patients

Cultural awareness training

The AHLOs at MBH designed and assisted with the implementation of a cultural awareness program for ED staff. The one-hour program used a resource package with pre and post-training questionnaires for evaluation purposes. Staff gave positive feedback about the training, and evaluation results showed it led to an increased awareness of Aboriginal health issues.

Community celebration

A community celebration is proposed to showcase the outcomes of the local projects and further build relationships between the hospital and the community.

7. Echuca Regional Health (ERH)

7.1 Project team

The project was led by ERH's director of primary and continuing care. The ERH project team was comprised of:

- representatives from the hospital; AHLO, ED nurse manager, executive director of nursing and social services manager
- Njernda Aboriginal Corporation's chief executive officer, practice manager and senior health worker, and a manager of the Viney Morgan Health Centre.

7.2 Consultation process

ERH engaged consultants experienced in working with Aboriginal communities. The consultation strategy included local Aboriginal people, ED staff and staff at the local Aboriginal cooperatives. Interviews were supported by a questionnaire designed to capture information about the ED experiences of local Aboriginal people and how the ED could be improved.

Staff experiences of treating Aboriginal patients in the ED were also captured through the consultation process. Staff at Njernda Aboriginal Corporation and the Viney Morgan Health Centre identified opportunities to improve working relationships with the ED in relation to referrals, follow-up care and Aboriginal patient support.

7.3 Enhancing cultural safety

Creating a culturally-safe environment for Aboriginal people in the ED

A welcome sign for Aboriginal people (pictured below) was placed in the ED and at each of the hospital entrances. The importance of this sign is summarised in the attached text.

Signage text: Echuca Regional Health and partners acknowledge the YORTA YORTA people who are the traditional custodians of the land. Echuca Regional Health also pay their respects to the Elders both past and present of the YORTA YORTA Nation and extend that respect to other Indigenous Australians.



7.4 Enhancing communication with Aboriginal patients

Action plan

The information gathered from consultations with the community, ED staff and local Aboriginal health organisations led to the development of an action plan, which was implemented under the guidance of the project team and local steering group. The action plan included:

- formalising the partnership agreements with Njernda Aboriginal Health Clinic and Viney Morgan Health Centre
- updating the ERH Aboriginal policy and procedures document
- updating the ERH Aboriginal cultural awareness training program
- sustaining improvements to the ED environment and the delivery of culturally-sensitive care
- monitoring health trends occurring in the local Aboriginal communities
- developing and implementing an ERH Aboriginal Employment Strategy.

8. West Gippsland Healthcare Group (WGHG)

8.1 Project team

The WGHG project team comprised of the AHLO, ED nurse unit manager, ED senior medical officer, patient service manager, acting director of nursing project nurse, director of nursing (executive project sponsor) and members of WGHG Community Advisory Committee. A registered nurse from the ED led this project.

The project advisory group included key community representatives from the local Aboriginal community, community health workers, medical and nursing staff members from the ED and a hospital executive. The group met monthly to prioritise activities and monitor progress.

8.2 Consultation process

The consultation process included:

- monthly Aboriginal community lunches attended by the project leader
- face-to-face discussions with individuals
- the project leader and the AHLO meeting with local Aboriginal Elders to develop the structure of the cultural awareness training program
- discussions with general practitioners (GPs) working at the local Aboriginal Co-operatives.

WGHG found that working closely with the AHLO, the Aboriginal representatives on the Community Advisory Committee and the local communities assisted with changing perceptions to improve health outcomes and make the ED more welcoming and culturally sensitive. ED staff were keen to sustain the feedback loop with local communities by accompanying the AHLO to regular community meetings to discuss ED experiences.

Regular staff in-service sessions and a monthly newsletter produced by the ED nurse unit manager and acting director of nursing project nurse, provided details about the progress of the local activities to improve Aboriginal patient experiences in the ED. This was a useful way to increase staff awareness of important issues and generate discussion and feedback.

8.3 Enhancing cultural safety

Creating a culturally-safe environment for Aboriginal people in the ED

WGHG improved the ED environment by creating a partially covered outdoor welcoming space at the entrance of the ED to encourage Aboriginal people to stay until seen by a doctor. The wall will be used to display local artwork. The project leader visited other health services that display Aboriginal artwork or artefacts to develop ideas about what could be implemented, as the design is yet to be finalised.

Aboriginal health specific brochures and reading materials complement the ED welcoming space. Posters and artwork produced by the local community are being sourced for display around the ED and other areas in the hospital.

8.4 Enhancing communication with Aboriginal patients

Cultural awareness training

A two-hour cultural awareness program was developed for ED staff. The training provided ED staff with knowledge about the specific health challenges in the local Aboriginal community. Pre and post-training surveys showed the training improved staff attitudes and knowledge about Aboriginal culture. WGHG plans to offer the training to other hospital staff.

8.5 Policy and guideline development

Policies and guidelines were used to strengthen the delivery of culturally-sensitive triage for Aboriginal people. Guidelines for triage and waiting room management of special needs groups were incorporated into the triage training at WGHG. ED administration staff and triage staff received regular reminders about the legislative requirements, process and importance of asking the Aboriginal status question and accurate data collection. The contact details and role of the AHLO were made readily available at reception and triage.

9. Northern Health

9.1 Project team

The Northern Hospital project team was comprised of the health promotion advocate, AHLO, clinical nurse specialist, ED nurse unit manager, director of emergency medicine and Hospital Admission Risk Program Aboriginal and Torres Strait Islander officer.

9.2 Consultation process

Consultants experienced in working with Aboriginal communities were engaged by this health service. The consultation strategy included an open community meeting at the hospital and targeted existing community meetings in the northern region and involved:

- Aboriginal children's playgroup (meet with parents)
- Wandarra Aboriginal Community Group
- Maya Healing Centre – Women's Group
- Northern Suburbs Elders Group
- Victorian Aboriginal Health Service (VAHS) staff meeting (30 staff).

Consultation with established groups at community venues was most successful, with 61 individual consultations undertaken. Participants expressed appreciation for being consulted about the project. An open community meeting at the Northern Hospital did not attract any attendees despite widespread promotion throughout local communities and accepted invitations.

Informal discussions were used to share stories about the Northern Hospital ED and a survey (16 responses) captured patient perceptions of ED staff, their experiences in the waiting room and the discharge process. This information, as well as the clinician factsheet and staff experiences of treating Aboriginal patients, informed the content of the cultural awareness education for ED staff.

9.3 Enhancing cultural safety

Creating a culturally-safe environment for Aboriginal people in the ED

The Northern Hospital project team commissioned local artwork for the ED waiting room. Feedback from the local communities confirmed that a mural or posters would create a positive feeling about the ED and would appeal to children.

9.4 Enhancing communication with Aboriginal patients

Cultural awareness training

A cultural awareness training program was developed by the project team and delivered by the consultant, health promotion advocate and the AHLO. Two strategies were used for training:

1. A series of four information sheets were emailed to all ED staff covering the following topics:
 - Who are Aboriginal and Torres Strait Islander people?
 - What is the Closing the Gap campaign about?
 - The Stolen Generations and the apology
 - Racism and health facts.

2. Thirty-minute information sessions were attended by more than 110 ED staff (nursing, clerical and medical) over three months. The sessions focused on the following:

- Why cultural awareness training is important
- The need to improve Aboriginal health care outcomes
- Feedback from community consultation
- Aboriginal health statistics and social circumstances
- Effective communication with Aboriginal patients
- ED clinician fact sheet and patient brochure.

Evaluation using pre and post-training surveys revealed an increase in staff awareness and knowledge of the key messages delivered through the training.

10. The Royal Women's Hospital (RWH)

The RWH undertook work to develop statewide resources specific to the ED experiences of pregnant Aboriginal women presenting to the ED with emergency maternity-related health problem by holding consultations with:

- Boorai groups (mother and baby groups)
- VAHS
- Aboriginal Women's Health Business Unit Advisory Committee
- RWH staff
- VACCHO Maternity Steering Committee.

These consultations informed the content and design of an ED patient information postcard for pregnant Aboriginal women. Important information about the delivery of culturally-sensitive maternity care was also included in the ED clinician factsheet under a maternity care sub-heading.

The project advisory group, VAHS, VACCHO (Koori Maternity Strategy), as well as the Aboriginal Health Branch and Maternity Services Unit at the Department of Health, supported the development and review of this resource.

11. Conclusion and future directions

A key success of this project was to demonstrate how health services can improve the experiences of Aboriginal people in the ED. This was achieved by building positive relationships with local Aboriginal communities to:

- identify gaps in care provision
- inform ED improvement strategies
- gather important information for service and policy development.

Improvement strategies were implemented to create a culturally-safe ED environment, promote delivery of culturally-sensitive care and address the information needs of Aboriginal people presenting to EDs.

The strategies described in this report can assist health services to implement local projects to improve the ED experience of Aboriginal people. In addition, a number of resources to assist EDs deliver culturally-sensitive care and meet specific information needs of Aboriginal people were developed in consultation with Aboriginal people and ED clinicians.

The knowledge gathered during the course of this project can now be used to inform future policies, service development and improvements to ED environments and care delivery. Victorian health services are encouraged to engage with their local Aboriginal communities to identify and implement priority improvements in their ED. This should be undertaken as an important part of broader health service strategies to improve care for Aboriginal patients and thus contribute to the national agenda of closing the gap in Aboriginal health outcomes.

