

Lighthouse Hospital Project

Joe Bryant, MNCLHD Aboriginal Health Program Coordinator

Coffs Harbour Health Campus

joseph.bryant@health.nsw.gov.au

Introduction

The aim of the Lighthouse Hospital Project (LHP) is to reduce the incidence of discharge against medical advice by Aboriginal and Torres Strait Islander peoples presenting at hospital with Acute Coronary Syndrome (ACS).

A collaboration between the Heart Foundation and the Australian Hospitals and Healthcare Association (AHHA). Funded by the Commonwealth Department of Health, Indigenous Australians' Health Program.

Implemented over three phases:

- Phase 1: 2012 – 2013 – Project scoping
- Phase 2: 2014 – 2016 – Toolkit pilot in 8 sites
- Phase 3: 2017 – 2019 – Roll out to 18 sites

Partners

The Lighthouse Hospital Project is a collaboration between the Heart Foundation and the Australian Hospitals and Healthcare Association (AHHA).

Funded by the Commonwealth Department of Health, Indigenous Australians' Health Program

Locally for Coffs Harbour Health Campus (CHHC) relationships have been developed with Galambila Aboriginal Health Service and the Primary Health Network

Objectives

- Support hospitals to provide care that is culturally safe and appropriate, responsive, accessible and evidenced-based
- Support hospitals to improve the care of Aboriginal and Torres Strait Islander patients
- Enhance the relationships and co-ordination of care between the hospitals; Aboriginal Community Controlled Health Organisations; Aboriginal Medical Services; Primary Health Networks and other health care providers.

Methods

The scope of the Lighthouse Hospitals Project includes:

- Emergency Department (ED), Coronary Angiography Unit (CAU), Coronary Care Unit (CCU), Medical Unit, Cardiac Rehabilitation
- Galambila AMS
- Primary Health Network

To achieve the listed project objectives below, clear boundaries need to be determined from the project scope.

- Update current Aboriginal Health Webpage on MNCLHD website
- Sourcing of artwork and visual aids
- Becoming part of building the Cultural and Wellness Centre
- Increase hospital staff attending Respecting the Difference training
- Displaying Aboriginality on staff ID badges
- Supporting the employment of Aboriginal staff in ED
- Ensure Acute Coronary Syndrome (ACS) guidelines are utilised
- Improve Discharge process and planning
- Improve Aboriginal and Torres Strait Islander patients' uptake of Cardiac Rehabilitation



Identification of Aboriginal and Torres Strait Islander patients was enhanced by reminding staff to ask the question through the implementation of mouse pads with the words "Have you asked the Question" at all first contact points for patients throughout the hospital

The redesigned Staff Identification badges. The initiative is to assist Aboriginal and Torres Strait Islander patients and their families at CHHC identify Aboriginal and Torres Strait Islander staff.



Lessons Learned

Engagement is key.

If Aboriginal community do not have buy in, they do not attend the service. Phase 3 at CHHC demonstrated, that even when you provide increased spaces for Aboriginal people, AHW transport and support for those who attended Cardiac Rehab, completion rate were still less than non-Indigenous in the same time period.

Good things come to those who wait.

This learning is when I felt that the reality of piloting a female AHLO was out of the scope of the project. After thinking this would not become a reality two of the ED medical officers highlighted the importance of the role which lead to the dream becoming a reality. A brief was submitted and funding from the LHP supported with funding from the MNCLHD and a three-month trial was approved.

People in high places, make good allies.

It was disappointing to see the low levels of staff attendance at Respecting the Difference Aboriginal Cultural Awareness training in key areas of the hospital. The data was highlighted to the hospital executive, resulting in agreed training completion targets being set for clinical units to achieve with active monitoring of completion rates.

If at first you don't succeed, try, try, try again.

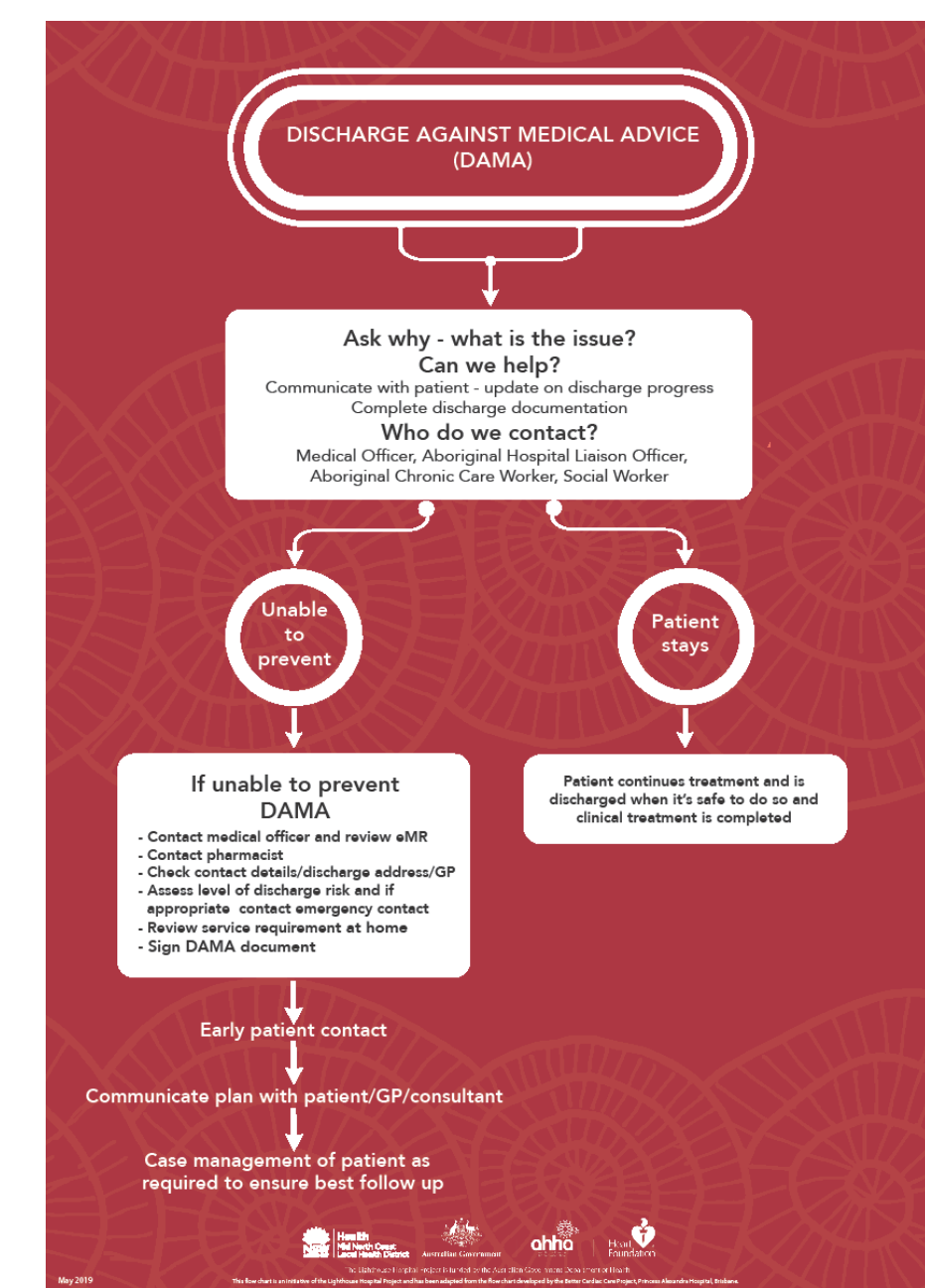
Previous phases of the LHP had struggled to engage with the local AMS as a primary partner. A number of strategies were tried with minimal impact until a health service staff member who was well respected by AMS staff was identified and utilised to negotiate the beginnings of a new relationship and partnership between the AMS and health service. This relationship was maintained throughout the life of the project with processes now established for providing seamless care between the hospital and AMS when a patient discharges against medical advice (DAMA). The partnership has continued and evolved outside the project looking at other areas for improving access to health services for Aboriginal people.

Acknowledgements

- Coffs Harbour Health Campus Lighthouse Hospital Project Team
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- Theresa Beswick, Executive Sponsor
- Heart Foundation
- Australian Hospitals and Healthcare Association



Maam Darruyaygamba, the Aboriginal Cultural and Wellbeing Centre artwork. The theme for the façade was to highlight the areas natural environment from the saltwater, to the freshwater and finally the land. Gumbaynggirr high school students created artworks based on the themes of health and healing that informed the panels



The flow chart provides staff of the numerous options that need to be exhausted when a patient decides to leave early, Discharge Against Medical Advice (DAMA). Examples include communicating with patients on their discharge process and contacting appropriate staff such as Aboriginal Hospital Liaison Officers, Social Workers, Medical Officers.

Impact/What's Next?

Future priority areas and future improvement ideas

- Redesign of the current cardiac rehab program.
 - Increase the amount of available exercise and education classes. Different times to suit to suit the needs of the patients.
 - Refine the referral process. Currently confusion for patients, medical and nursing staff.
 - Current staff numbers are too low to cater for the workload.
- Conducting exercise classes at the local AMS. Currently there is not the available space there to conduct exercise classes.

Update

- Nationally, the rate of DAMA for Aboriginal & Torres Strait Islander with ACS has decreased from 8% to 3% at the conclusion of the LHP.
- Female AHLO still working contracted hours. Permanent funding is being investigated for female AHLO.
- DAMA flow chart developed during the LHP to be formalised as MNCLHD Coffs Clinical Network Procedure.