

HOSPITAL



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

Cultural Competence and mainstream health systems:

- *No NACCHOs/ Aboriginal and Torres Strait Islander Health Authority for secondary/ tertiary care*
- *?Authority/resources of jurisdictional Aboriginal and Torres Strait Islander units*
- *Other hospital priorities re politics (waiting lists etc)*
- *Lack of high level change champions, especially clinical*
- *Lack of accountability - CQI process, Reporting requirements/ KPIs, Aboriginal and Torres Strait Islander health outcomes community reports etc*

CASE STUDY 2012



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- 55 year old Aboriginal woman. CAL and comorbidities (visiting)
- At PHC clinic – just discharged from local hospital
 - Severely SOB, O2 sats 79%
 - Reviewed re re-admission
 - Has problems with accommodation (relatives drink too much)
 - SMO 1 will take the bounce but “she is very manipulative and is a social admission”
 - SMO 2 apologetic and says shouldn't have been discharged.
 - Re admitted that afternoon to await regional hospital specialist review
 - Dies in local hospital 1 week later



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- STRONG PARTNERSHIPS WITH ABORIGINAL COMMUNITIES
LEADERSHIP BY HOSPITAL BOARDS, CEOS AND CLINICAL
STAFF
STRATEGIC POLICIES WITHIN THE HOSPITALS
STRUCTURAL AND RESOURCE SUPPORTS
A WELL SUPPORTED ABORIGINAL WORKFORCE
ENABLING STATE AND FEDERAL POLICY ENVIRONMENTS

TARGET ORGANISATIONAL CULTURE NOT JUST POLICY(BEHAVIOUR)



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JURISDICTIONAL PROCESS/VALUES (NOT POLICY'S)= ORGANISATIONAL CULTURE

Org Process's	Heavyweight team within the organisation	Forget it cuz! Spin Off group
Good fit	Light weight functional team within the organisation	Heavyweight team in-house but will probably be difficult
	Org Values	Poor Fit

PROCESS



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Process – the patterns of interaction, coordination, communication, decision making staff use to convert the organisations resources into greater worth.

Formal (explicit policy) and informal (routine ways)

Not meant to change as its usually efficient (we treat everyone the same – 2 reminder by mail – your out)

If different situation (blackfella) – then unlikely to be effective

Usually imp ones are less visible – where to invest \$

VALUES



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The standards that employees use to prioritise whether a client/product etc is important or less important.

Mostly independent daily decisions – based on the companies values.

Values could be driven by KPIs, cost efficacy targets but usually driven by management.(prob by middle Mx)

WHERE TO STRUCTURE ORGANISATIONAL CHANGE

Board - Leadership starts at the top - - Indigenous input? No black face = no black thoughts -community subcommittee.

Senior management - as above - potentially external clinicians from ACCHS

Senior clinicians - key for values of JMOs etc - practical leadership, embed in JMO education, med reg. Colleges doing this (CPMC)

Resources allocated (process) staff measure worth via this- Includes Indigenous workforce

Accountability Structures - embedded into KPIs, committees, review process, audits, feedback, training, CPD, research...

Driver - Show different clinical outcomes - reflects on clinical competency...

MODELS



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Staff cultural orientation FTF or DVD featuring – Chair, CEO, ATSI director, senior consultants etc
– clear value re Aboriginal and Torres Strait Islander.

Senior clinicians/training – ensure 2 grand rounds/year – review Aboriginal and Torres Strait
Islander audit, research, clinical treatment or case studies – may need external help

Commit to Aboriginal and Torres Strait Islander re CQI activities

Measure and report against per clinical units – ie DAMA, death within 1 week of discharge etc.
mortality rate in hospital vs non Aboriginal and Torres Strait Islander , complication rate vs non
Aboriginal and Torres Strait Islander , bounce within 1 week of discharge,

Encourage Aboriginal and Torres Strait Islander data research as registrars etc – Aboriginal and
Torres Strait Islander audits, evaluations and development of diff approaches

Indigenous Community advisory group /stakeholders (AMS)

NHPA, AIHW – specific reports

State/Federal responses