

## About the Lowitja Institute

The Lowitja Institute is the only research organisation in Australia with a **sole focus on the health and wellbeing of Australia's First Peoples**. The voice of Aboriginal and Torres Strait Islander people informs all our activities, whether we're conducting community-based research or setting our strategic direction.

Named in honour of our **Patron, Dr Lowitja O'Donoghue AC CBE DSG**, our organisation works under the direction of a skills-based Board made up of a majority of Aboriginal and Torres Strait Islander members and led by an independent

Aboriginal Chairperson. The principle of **strong Aboriginal and Torres Strait Islander leadership** at all levels of research and innovation is central to our identity.

We are committed to maintaining the **traditions of research excellence and collaborative endeavour** established over many years by our two predecessor Cooperative Research Centres (1997–2009). The Institute, launched in 2010, currently hosts the CRC for Aboriginal and Torres Strait Islander Health (CRCATSIH) through to June 2014.

## Implementing and Communicating our Research

We have developed a research program that promotes **high-quality research** through increased Aboriginal and Torres Strait Islander control of the research agenda and our key partnerships. We are also fostering a new generation of Aboriginal and Torres Strait Islander health researchers through our scholarship program and our focus on capacity development.

**Partnerships are our strength.** By bringing together Aboriginal and Torres Strait Islander people with world-leading researchers, policy makers and experts in cutting-edge service delivery, the Institute fosters the kind of collaborative research that is making a real difference to the health and wellbeing of Australia's First Peoples. At every stage of our research, we work with Aboriginal and Torres Strait Islander people and communities to set

priorities, refine the research and ensure that findings are put into practice.

This approach has earned us a reputation as **leaders in knowledge exchange**. For us this is a two-way process between Aboriginal and Torres Strait Islander people, researchers and the end-users of research, in which research can be used to influence policy and planning, as well as practice and systems.

Our research, now spanning **more than 15 years**, provides many examples of our track record of best practice in knowledge exchange. Overleaf we have set out one such knowledge exchange case study, mapping its journey from research concept through to implementing and communicating the findings of that research. For others, visit our website at: [www.lowitja.org.au/case-stories-researchers](http://www.lowitja.org.au/case-stories-researchers).

## Our Vision

To achieve equity in health outcomes for Aboriginal and Torres Strait Islander peoples.

## Our Dreaming

As the National Institute for Aboriginal and Torres Strait Islander Health Research, with a sole focus on the health and wellbeing of Australia's First Peoples, we will:

- Ensure that Aboriginal and Torres Strait Islander peoples have a strong voice in all activities
- Bring together Aboriginal and Torres Strait Islander communities, health services, researchers, governments and policy makers to enable high-quality, collaborative health research that makes a difference
- Continue to develop world-leading Aboriginal and Torres Strait Islander health researchers
- Build on our record as national leaders in knowledge exchange and the translation of research findings into evidence-based practice and policy
- Work at the community, regional and national levels to improve health outcomes and set the research agenda
- Work with our extensive networks to be the pre-eminent source of evidence and expertise in Aboriginal and Torres Strait Islander health research.

## Contact Us

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Our regional offices are in Darwin, Adelaide and Brisbane. For more information about the Lowitja Institute, go to:

[www.lowitja.org.au](http://www.lowitja.org.au)



*Aboriginal [and Torres Strait Islander] individuals and organisations must be fully involved – not just consulted – in the initiation, design and implementation of the research the Lowitja Institute undertakes... The Institute must disseminate its research findings widely – not just to other researchers, but to health practitioners, the corporate sector, governments, politicians of all persuasions, and to the public.*

**Dr Lowitja O'Donoghue AC CBE DSG**  
The Lowitja Institute launch | February 2010



*Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health*



# The cardiac patient journey for Aboriginal and Torres Strait Islander people

Many Aboriginal and Torres Strait Islander people, especially those in remote areas, are required to travel vast distances to hospitals for surgery, often with life-threatening conditions.

Language issues, poor inter-agency coordination, cultural misunderstandings, emotional and physical stress, travel and financial problems all play their part in making this a fraught process. Not only does it impact on the safety and wellbeing of patients, it also has implications for health system costs and efficiencies.

The Improving the Patient Journey project fits into a broader program of work aimed at lifting health system performance for the benefit of Australia's First Peoples. The project took place under Lowitja Institute predecessor the CRC for Aboriginal Health (CRAH) and drove major improvements in patient attendance and hospital efficiencies. These outcomes have influenced policy at a national level and led to significant reforms in the way remote-area patients are managed.



Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health



## 2004 to 2005

CRAH student scholarship kick-starts project

Adelaide-based registered cardiac nurse Monica Lawrence receives a CRAH scholarship to support her studies towards a Master of Nursing at Flinders University (awarded in 2008). Her decision to focus her research on the needs of remote-area Aboriginal patients travelling to hospitals in major metropolitan centres is based on her personal experiences of caring for such patients. Preparatory research shows that over a six-month period in 2004–05, the majority of 48 remote area Aboriginal patients referred for cardiac surgery at a major metropolitan hospital in Adelaide either did not turn up ('no shows') or had their surgery delayed or cancelled due to inadequate preparation.

## January to June 2007

Remote Area Nurse Liaison Service piloted

The Remote Area Nurse Liaison Service pilot takes place in the first half of 2007 with the appointment of a dedicated liaison position at FMC, whose role it is to establish links with remote communities, Aboriginal Health Workers and key care providers. This has an immediate effect, with zero 'no shows' for remote area cardiac patients at the hospital in 2007. Improved in-community liaison and pre-operative preparation ensure that patients who travel for surgery are ready for their procedures, while those not properly prepared have their procedures rescheduled. This results in greater hospital efficiencies and demonstrated cost savings through the avoidance of unnecessary travel and accommodation.

## 2009

Liaison service made permanent

The project ends with the publication of the summary report *Improving the Patient Journey: Achieving Positive Outcomes for Remote Aboriginal Cardiac Patients* – written with community, industry and academic collaborators – and a Policy Brief. The Australian Nursing Federation supports the publication and its recommendations, and participates in its launch at Parliament House, Canberra in June 2009. Figures released as part of the launch show that the Remote Area Nurse Liaison Service pilot resulted in savings to the health system of around \$380,000 during 2007. FMC introduces a permanent remote/clinical nursing coordinator position within its cardio-thoracic unit, a role that has since been replicated in other hospitals around Australia.

## 2005 to 2007

Main research study period

Research begins in the cardio-thoracic ward at Flinders Medical Centre (FMC) in Adelaide, using a participatory action research approach. Case study candidates are drawn from a group of Aboriginal patients from remote areas of the Northern Territory who attended the hospital for cardiac surgery during the period November 2006 to April 2007. The research includes identifying areas of potential improvement in patient pathways; conducting case studies of patient pathways; and piloting a Remote Area Nurse Liaison Service focused on achieving continuity of care for patients throughout the entire trajectory of their journey to and from hospital.

## 2007

Findings influence Senate Inquiry recommendations

A presentation by Project Leader Monica Lawrence on the outcomes of the Nurse Liaison Service pilot has a substantial influence on the findings of a Federal Senate Standing Committee inquiring into the operation of the States' various Patient Assistance Transport Schemes (PATS). In its report *Highway to Health: Better Access for Rural, Regional and Remote Patients* (released in September 2007) the Committee highlights the pilot program's positive outcomes, and recommends the establishment of permanent patient liaison services and expanded PATS support to accommodate the needs of remote area Aboriginal and Torres Strait Islander patients.

Knowledge Exchange and Translation into Practice

## Key project outcomes

- Permanent remote/clinical cultural nursing coordinator position at FMC has delivered improved intercultural communication and coordination between primary care and hospital settings
- Improved processes have resulted in a reduction in 'no shows' at FMC, a reduction in episodes of delayed and cancelled surgery, and improved patient flow for elective surgical waiting lists
- Cost savings for the health system due to a reduction in surgical ward 'down time' at FMC and a reduction in hospital length-of-stays due to pre-travel health screening
- Improved quality and safety of patient care within FMC, including the provision of interpreters and appropriate health education material to remote area patients
- Improved discharge planning and sharing of health information across geographical boundaries, and improved follow-up in communities post-discharge
- Reduced travel costs and the incidence of unnecessary travel for Aboriginal cardiac patients and their carers
- Transfer of FMC cardiac model to cardiac coordinator nursing positions at Royal Darwin Hospital, Alice Springs Hospital and Townsville Hospital
- Transfer of FMC cardiac model informs two cancer care coordinator nursing positions at the Royal Adelaide Hospital
- COAG funding for an additional cardiac position and a nursing/midwifery position at FMC
- Project research developed into case studies as teaching tools for nurses and doctors
- Pilot project 2011 included Flinders University of SA medical students accompanying patients through their cardiac journey from admission, surgery, recovery, ICU through to discharge. Audit showed positive patient and student feedback.