Cultural change requires systemic reform

The Cooperative Research Centre (CRC) for Aboriginal Health, and now the Lowitja Institute, which incorporates the CRC for Aboriginal and Torres Strait Islander Health, have strongly supported research focused on encouraging health institutions to become more receptive and responsive to, and culturally safe for, Aboriginal and Torres Strait Islander people using their services and facilities.

The two significant aims of the original Improving the Culture of Hospitals Project (ICHP) was to enable cultural change in hospitals to take place and to embed this process for change within the accreditation systems for hospitals. Firstly, the ICHP examined successful Aboriginal and Torres Strait Islander programs conducted by hospitals within a quality improvement framework, then, using this information, explored what would support replicating and sustaining these programs across a wide range of hospital environments. By working with hospitals to start somewhere and start small, communicating with their local Aboriginal community and working closely with their Aboriginal staff, an Aboriginal quality improvement framework was developed and then trialled across Australia.

Subsequent projects that have followed the ICHP have continued to develop and refine the framework and resources known as the Aboriginal Quality Improvement Toolkit for Hospital Staff (AQITHS) as well as the Aboriginal Quality Improvement Workbook and Training. This increased body of knowledge also includes a growing number of successful case studies.
Background
In 2001, the Victorian Department of Human Services funded the Aboriginal and Torres Strait Islander Accreditation Report, a detailed analysis of the need for accurate data on Indigenous status and the connection this has with continuous quality improvement (CQI) in the hospital context. This link between data accuracy and status disclosure leads to the need to develop culturally safe services, which is closely aligned with the strength of relationships between health services and Aboriginal organisations and communities. The study’s lead authors A/Prof. Russell Renhard, Ms Angela Clarke and A/Prof. Ian Anderson suggest the best way to achieve this is by implementing an explicit accountability framework complimented by data collection and analysis.

Development of an Aboriginal CQI framework and toolkit
Using the experience of Aboriginal people as the central reference point through the involvement of Aboriginal and Torres Strait Islander peak health organisations, ICHP, a six-phase project, firstly designed a series of systematic case studies of hospitals with different levels of expertise in engaging with Aboriginal patients. The project, undertaken by A/Prof. Russell Renhard, Mr John Willis, Mr Alwin Chong, Ms Gail Wilson and Ms Angela Clarke, and completed in 2010, had the objective to produce a quality improvement framework with tools and processes that would assist hospitals engage with their local Aboriginal communities and Aboriginal staff, and to equip Aboriginal Liaison Officers (ALOs) via training, mentoring and support to enable them to take part in improving the hospitals cultural sensitivity. Hospitals involved in Phases 1–3 to develop the framework and toolkit were: St Vincent’s (Melbourne), Royal Adelaide, Goulburn Valley Health (Shepparton, Victoria), Maitland (Yorke Peninsular, South Australia) and the Royal Children’s (Melbourne) hospitals.

Key findings and outcomes from the Improving Culture of Hospitals Project
The ICHP results indicated that hospitals considered to be successfully addressing the issues of their Aboriginal and Torres Strait Islander patients shared common characteristics (see Critical Success Factors, p. 4). The ICHP concluded with the publication of a final report, three newsletters, a referenced journal article and the development of an online toolkit (see publications and Resources below). The ICHP reforms are implemented as part of phases 4–6 of the project at the following hospitals: Derby (WA), Royal Brisbane and Women’s (Qld), Mater (Qld) and Campbelltown (NSW) hospitals. Most significantly, the CRCAH commissioned two roundtable meetings during 2009. The first brought together stakeholders from government and hospitals to discuss the findings from the ICHP and determine the next steps. The second involved representatives from the Australian Council of Healthcare Standards (ACHS) along with hospital staff to workshop additional Aboriginal specific elements to the Evaluation Quality Improvement Program (EQuIP). This meeting resulted in three Aboriginal specific elements being added to EQuIPS in 2010 with the AQITHS being added as referenced resource.

Further development of the Improving Culture of Hospitals Project findings
This taking up of the resource at a national level through the EQuIP accreditation standards then led to an invitation from the Victorian Department of Health North Western Metropolitan Region to implement the framework at two hospitals in 2011. As part of the Closing the Health Care Gap initiatives in Victoria, St Vincent’s Hospital Melbourne worked with Northern and Western hospitals to develop the Improving Pathways to Hospital Care (iPHC) project that involved the implementation of the
AQITHS at both these health services. This 12 month project aimed to: contribute to Aboriginal health quality improvement evidence base; explore and articulate the complexity of what occurs in the change process; support organisational accreditation processes; and inform the acute care sector policy context on the utility of AQITHS. The project involved two Aboriginal and two non-Aboriginal consultants working flexibly with each health service through a series of site visits to implement the AQITHS ‘Plan, Do, Study, Act’ quality process. Some key findings included: reform takes time and does not come cheaply; the Aboriginal perspective is essential in this work; the AQITHS will enable hospitals to work towards addressing the National Safety and Quality in Health Services Standards (NSQHSS) such as Governance for Safety and Quality in Health Service Organisations and Partnering with Consumers; and the critical success factors identified in the ICHP proved extremely useful for monitoring and evaluating progress and identifying issues.

Key consultations and outcomes

One key outcome from implementing this approach has been the quality improvement training for key stakeholders. This has involved training Aboriginal Liaison Officers, their supervisors and other key health service staff on the key quality improvement concepts, tools and processes, as well as the Aboriginal CQI Framework, AQITHS processes and ‘Plan, Do Study, Act’ cycle. The initial training package for the ICHP was developed by the Victorian Aboriginal Community Controlled Health Organisation. As a result of feedback suggested improvements and continuing review throughout ongoing project work, the Aboriginal Quality Improvement Workbook has been developed. This includes a variety of information: background to CQI; types of quality improvement activities; Aboriginal and Torres Strait Islander Health Quality Improvement processes; accreditation process; key policy drivers; how to develop a quality improvement project; data collection; and examples, tips and hints. The training can be run over two days and includes numerous examples from other hospitals to assist staff in the development of their own projects.

Further developments

Following on from the ICHP work a project was proposed by Centre for Aboriginal Health, NSW Ministry of Health to rigorously evaluate strategies that might improve the cultural competency of hospitals. The St Vincent’s Hospital Melbourne project team (consisting of 4 Aboriginal and 4 non-Aboriginal members) were the successful tenderers for the AIHQIP that aims to:

1. Improve the cultural competence of staff by implementing the Aboriginal Continuous Quality Improvement Framework in eight NSW hospitals
2. Increase the number of Aboriginal people identified as such in the routinely collected data of these eight NSW hospitals
3. Reduce the proportion of Aboriginal patients who had an Incomplete Emergency Attendance presentation
4. Reduce the proportion of Aboriginal patients who are admitted to hospital but Discharge Against Medical Advice, and
5. Improve hospitals’ capacity to meet the ACHS and/or NSQHSS related to Aboriginal health.

The AIHQIP involves the implementation of eight quality improvement projects in the Emergency Departments of the eight participating hospitals. The hospitals have received funding from NSW Health to employ a part time Project Officer to implement the hospital CQI projects. They will receive guidance, support, resources and tools from the AIHQIP team. In addition, each hospital will be required to establish or build on collaborative relationships with their local Aboriginal Community Controlled Health Service or local Aboriginal organisation. The AIHQIP is guided by an Advisory Committee, including a representative from the Aboriginal Health and Medical Research Council of NSW. The project commenced in January 2012, with a draft report to be completed by 30 June 2014.
Accreditation is the key

One of the strategic goals of the ICHP was to influence the national accreditation standards for hospitals regarding Aboriginal patient care and this has become a reality. Firstly, under the ACHS, EQuIP5 and now with EQuIP National. Accreditation is a process by which hospitals are independently evaluated by external surveyors on how they address key components of care. Even though the mandatory ten NSQHSS, developed by the Australian Commission on Safety and Quality in Health Care and endorsed by the Australian Health Ministers in November 2010, do not have any specific mention of Aboriginal patient care, the ACHS in September 2012 produced an additional five complementary EQuIP Standards in which Standard 12.1.2 states: Guidelines are available and accessible by staff on specific health needs of self-identified Aboriginal and Torres Strait Islander consumers/patients. The guidelines for this standard refer to the AQITHS as a resource to assist hospitals in addressing this standard.

Critical success factors

The following critical success factors were identified by the ICHP as crucial to implementing a systematic approach to improving Aboriginal health outcomes in acute health care services and have been reinforced by subsequent project work: strong partnerships with Aboriginal communities; enabling state and federal policy environments; leadership by hospital boards, CEO/General Manager and key clinical staff; strategic policies within the hospital; structural and resource supports; and commitment to supporting the Aboriginal and Torres Strait Islander workforce.

Acronyms

ACHS Australian Council of Healthcare Standards  
AIHQIP Aboriginal Identification in Hospitals Quality Improvement Project  
ALOs Aboriginal Liaison Officers  
CRC Cooperative Research Centre  
CQI Continuous Quality Improvement  
EQuIP Evaluation Quality Improvement Program  
ICHP Improving the Culture of Hospitals Project  
IPHC Improving Pathways to Hospital Care  
AQITHS Aboriginal Quality Improvement Toolkit for Hospital Staff  
NSQHSS National Safety and Quality in Health Services Standards

Publications


EQuIP National project webpage and resources available at: www.achs.org.au/publications-resources/quipnational/


VicHealth Koori Health Research and Community Development Unit: Summary of Findings from Hospital Case Studies and Recommendations for Accreditation, 2004, VicHealthKoori Health Research and Community Development Unit, Melbourne, pp. 11–16.