

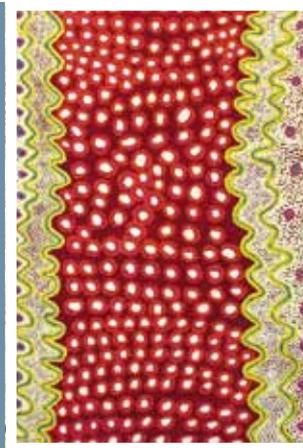
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Managing Two Worlds Together:

City Hospital Care for Country Aboriginal
People—**Community Summary**

This *Community Summary* is based on a full *Project Report* and four detailed studies (see page 4) about what works well and what needs improvement in health care for rural and remote Aboriginal patients in Adelaide city hospitals. It summarises the results of research about admissions and length of stay, city and country staff perspectives, patient and carer experiences and individual patient journeys.



Cover Artwork:

*Kuntjanu – Mingkiri
Tjuta Tjukurpa
(Marsupial Mouse
Dreaming)*

by Rama Sampson
painting (no.74),
courtesy Better
World Art

Introduction

Country Aboriginal and Torres Strait Islander people are admitted to hospital more often than urban and non-Aboriginal people, and often need to stay longer. However, some rural Aboriginal patients are not able to access care in city hospitals, or they get care later than needed, in spite of having serious health problems.

If health care providers were confident about what to do to improve care for country Aboriginal patients, they would be more able to take action. Our goal is to fill this gap in knowledge so that care providers can improve the system of care for Aboriginal patients from rural and remote areas. This report focuses on what happens for patients, carers and staff when rural Aboriginal people come to Adelaide for hospital care, and how complex their patient care journeys are from home, to hospital and back to home.

The situation

Aboriginal and Torres Strait Islander people often experience health problems at an earlier age and have specific care needs. If they feel disrespected, they may avoid health services, or feel uncomfortable, leading to health care that doesn't work as well as it could.

Aboriginal Community Controlled Health Organisations (ACCHOs), Community Health Services and some mainstream General Practices have improved Aboriginal people's access to primary health care. However gaps remain which lead to hospital admissions that could have been avoided. Aboriginal people visit emergency departments and are admitted to hospital more often than non-Aboriginal people, but have less surgery, and wait longer for surgery (e.g. nearly twice as long for some cardiac and cataract operations).

Communication between Aboriginal patients and mainstream health staff can be difficult, which affects both assessment of health care needs and the way care is provided.

Access to care is more difficult with high costs of travel and accommodation, lack of support or rehabilitation services, and breaks in care when patients move from one service to another. Some patients have difficulty understanding medical terms and procedures, and may have different beliefs about their health and the type of care they need. Family members caring for patients may themselves be unwell.

The research project

This project was funded by the South Australian Department of Health to investigate the experiences of rural and remote Aboriginal patients who travel to Adelaide for hospital care, and the health system's response to their needs. The Aboriginal Health Council of South Australia and the four major public health services at that time—Country Health SA, Central Northern, Southern Adelaide and Women's and Children's Health Services—all agreed to participate in the project.

This *Community Summary* explains the findings of Stage 1, which is based on four separate studies that took place in 2009–2011. The first analysed the patterns of admission and length of stay of country Aboriginal patients in city public hospitals. The second explored perspectives of staff in city and country hospitals and health services, and the third collected first-hand reports by rural Aboriginal patients and their carers about their care. The fourth mapped four individual patient journeys as case studies, and analysed gaps and breaks in care.

Figure 1: Five factors that affect access and quality of care

Issue	Explanation
City/country	Some of the problems facing country Aboriginal patients and their health care providers are common to all country patients.
High burden of illness	People with chronic or complex conditions are affected more by systemic health care problems, especially across hospital/non-hospital sectors, although any patient may experience care problems.
Language	Some communication challenges that patients and staff encounter are common to all population groups for whom English is not a first language.
Financial resources	It is harder for all people who have little or no extra money to meet the costs of transport, treatment, being admitted for health care, and time off work or away from home and family.
Aboriginal/non-Aboriginal	There are ways in which Aboriginal people experience unique disadvantage in their interactions with the mainstream health system (and other social systems); and mainstream worldviews and beliefs about health and health care are often different from those held by Aboriginal people.

Main findings

- There are many examples of good practice—but they are not spread across the whole health system.
- Country Aboriginal people experience a high burden of illness, and barriers to access lead to health care being delayed or not received at all.
- Rigid rules and gaps in the system of care make patient journeys more difficult.
- There are five underlying factors that impact on patients and their carers as they travel to the city and move from one health service to another, as shown in Table 1. Many different groups of patients are affected by one or more of these factors.
- Rural Aboriginal people are likely to experience all or most of them, and that makes getting needed health care more complicated.
- Staff and patients sometimes find it difficult to communicate and trust each other, which can lead to serious problems in health care.
- Good coordination of care benefits patients, staff and organisations, but does not always happen.
- Support services (for travel, accommodation, interpreting and personal support for patients) don't meet the needs of all patients.

- Hospital systems that work reasonably well for city patients are often not flexible enough to meet the needs of country patients.
- High-level policies about health care for Aboriginal patients exist, but they are not systematically funded and implemented in hospitals and health services.

Our recommendations

The following steps are likely to improve both the patient journey and the use of health care resources:

1. Health services especially hospitals need to be prepared for the complexity of the patient care journeys facing country Aboriginal people. They need to have plans and responses ready, to be used if needed.
2. Hospital units that treat many rural Aboriginal patients need a coordinator to ensure good preparation for the admission of country Aboriginal patients, and to coordinate their care and discharge or transfer. In clinical units with fewer Aboriginal patients, this role could be taken by Aboriginal Hospital Liaison Officers working with clinical staff.
3. In addition, the following services should be available to patients, carers/escorts and staff:
 - transport, accommodation and assistance with meeting costs (some positive changes are already happening)

- interpreters for people who have difficulty communicating in English
 - pre admission consent arrangements that enable people to understand their treatment and give informed consent before they travel to hospital, and flexible informed consent processes that allow family members and others to be involved as needed
 - visiting specialist doctors in regional towns who work with Aboriginal health services, GPs, hospitals and each other, with good information technology support (e.g. video conferencing, and electronic results)
 - outpatient appointments timed to prevent unnecessary travel.
4. Aboriginal Hospital Liaison Officers (and other Aboriginal staff) need to be included more in the health care team. Currently they are relied on to solve immediate problems, such as emergency accommodation, leaving little time for direct patient support.
 5. Patients rely on support from family and community members. Both staff and carers need to be clear about their roles and the ways they can best work together.
 6. Many patients would like the hospital to be a friendlier place where Aboriginal people can see that they are welcome, for example, by not placing men and women in shared wards and bathrooms, and making sure people have enough blankets and healthy food. Access to Ngangkari (traditional healers) or other spiritual support people (pastors, pastoral carers) may also be a priority.
 7. Many non-Aboriginal staff know how to communicate well with Aboriginal patients, and do make them feel welcome and cared for. However, other staff are unsure how best to work with Aboriginal people, and this impacts on the health care that they provide. Cultural safety is the idea that health care should be safe and secure for all people, and that health care staff need to respect people from other cultures as well as their own. This might be a good basis for helping all staff to improve their care for country Aboriginal people.

The next steps

The aim of Stage 2 is to work with hospitals and other health services, including ACCHOs, to implement recommendations outlined in this report. Many health staff and organisations involved in Stage 1 are also interested in working to improve the quality of care and the patient journey in Stage 2.

References

This *Community Summary* is based on the *Project Report*, which is available on our website and in print:

- *Managing Two Worlds Together: City Hospital Care for Country Aboriginal People—Project Report*

It is also based on the following four studies, all of which are available on the website:

- *Study 1—Report on Admissions and Costs* (analyses the patterns of admission and length of stay of country Aboriginal patients in city public hospitals)
- *Study 2—Staff Perspectives on Care for Country Aboriginal Patients* (reports the views of staff who provide care for country Aboriginal patients in city and country hospitals and health services)
- *Study 3—The Experiences of Patients and Their Carers* (a first-hand report of rural Aboriginal patients and their carers)
- *Study 4—Complex Country Aboriginal Patient Journeys* (maps four journey case studies, and analyses gaps and breakpoints in those care journeys).

Go to: <www.flinders.edu.au/medicine/sites/health-care-management/research/MTWT>.

For more information

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