Helping Indigenous People Access Kidney Transplants

Project No. 94: IMPAKT (Improving Access to Kidney Transplants)

What's the project about?

IMPAKT (Improving Access to Kidney Transplants) comprised three discrete studies investigating the existing disparity in access to kidney transplants between Indigenous and non-Indigenous Australians. The project looked at how health systems in different Australian states and territories provide transplant services to patients. It documented the experiences of Aboriginal and Torres Strait Islander patients, examining in some detail their access to, and use of, transplant services. The study includes an in-depth exploration of patients' and staff perceptions and attitudes, as well as their suggestions for improvements. The IMPAKT team visited and worked in 26 locations across the Northern Territory, SA, NSW, Queensland and WA, including urban centres, large regional towns, small remote towns and Indigenous communities.

Who's involved?

- The George Institute for International Health
- Menzies School of Health Research
- Four major hospitals (Royal Prince Alfred, Royal Perth, Queen Elizabeth, Princess Alexandria)
- Four regional hospitals
- 18 local dialysis treatment centres
- CRC for Aboriginal Health

Outcomes

Indigenous patients' interest in transplant

- Indigenous patients are interested in transplant but unclear about the process. They also wish to be better informed about their treatment plans.

Bush dialysis: a facility at Galiwin'ku, NT enabling Aboriginal patients to dialyse in their home community

- Patient education is not sufficiently targeted to the cultural, language and literacy needs of Indigenous people.

Clinical uncertainties

- Many key transplant decision-makers are uncertain about the benefits of transplant for Indigenous patients.
- There is a widespread perception among health service providers that Indigenous patients are less likely to carry out fully the treatment requirements (i.e. they are seen as less 'compliant').

Systemic issues

- Communication issues profoundly affect patient/provider interactions at all levels in ways that disadvantage Indigenous patients.
- Under-resourcing and systems deficits, especially in the regional areas, reduce capacity to address the needs of Indigenous patients.
- Distance and remoteness are critical aspects of the context of patient care.

Implications of findings for policy and practice

The study suggests an approach to end-stage kidney disease (ESKD) among Indigenous patients that:

- manages transplant as one of several ESKD treatment options
- highlights the pivotal position of patient review and assessment cycles
- highlights communication as pervading all patient/provider interactions (and hence the importance of its quality, for instance through the provision of interpreters)
- provides better patient education, and increases patient involvement in decision making
- represents kidney disease as an on-going chronic condition.

Such a model is useful not only in considering Indigenous patient care, but also for thinking about all patients and their suitability for specific kinds of treatments.

The project was carried out between 2004 and 2008.

Karlwe Karlwe / Karlu Karlu (previously called Devils Marbles)
a Dreaming site near Tennant Creek

Copying good practice—a good practice!

During the research, IMPAKT saw many examples of good practice—the kinds of system-level initiatives that underpin improved patient care, particularly in places managing a significant proportion of Indigenous patients. The study included a description of these practices in the feedback to sites in the hope of spreading good practice around. Here are just some of those noted:

A) Strategies being used to improve cultural safety

- employing Indigenous staff—including at senior levels
- having dedicated Renal Indigenous/Aboriginal Liaison Officers
- using Indigenous interpreters
- cross-cultural training for staff

B) Strategies being used to problem solve and support patients

- establishing local inter-agency forums to solve complex renal social support issues (welfare, transport, accommodation)
- establishing local Indigenous patient advocacy and support groups
- having clear mechanisms within institution/unit for patient advocacy
- having transport support schemes
- using patient care assistants

Cooperative Research Centre for Aboriginal Health

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