

# Improving the Culture of Hospitals Project

A research project that has provided concrete resources, within a quality improvement framework, to assist hospitals improve the way they provide services for Aboriginal and Torres Strait Islander patients

## What did we find?

We are pleased to provide this third newsletter, summarising the outcomes, recommendations and future activities that have been developed from the *Improving the Culture of Hospitals Project* (ICHP). In this edition, we summarise the key findings and recommendations for hospitals, government policy, Australian Council of Healthcare Standards, future research and knowledge transfer activities.

### What is the background?

The health status of Indigenous peoples is a global concern, with mortality and hospitalisation data indicating that the health of Indigenous groups falls below that of other ethnic groups within their countries.<sup>1</sup> The Australian Government has acknowledged its responsibility to respond to this issue and ensure that the health gap between Aboriginal and non Aboriginal Australians is addressed. The ICHP is contributing to closing this gap by developing a range of resources, tools and guidelines to assist hospitals across Australia tackle vital cultural reforms which can improve the way they provide services to Aboriginal and Torres Strait Islander people.

### How we conducted the Project?

The ICHP was funded by the Cooperative Research Centre for Aboriginal Health, now known as the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH), project managed by the Australian Institute for Primary Care, La Trobe University along with partner organisations The University of Melbourne (Onemda, Vichealth Koori Health Unit) and the Aboriginal Health Council of South Australia. The project has been guided by an Advisory Committee consisting of representatives from the Aboriginal Health Council of South Australia, The University of Melbourne, St. Vincent's Hospital (Melbourne), La Trobe University, Royal Adelaide Hospital, Government of South Australia (Department of Health), Office of Aboriginal and Torres Strait Islander Health and the Tasmanian Department of Health and Human Services.

### What were the aims?

The aim of this project was to examine successful Aboriginal and Torres Strait Islander programs undertaken by hospitals, within a quality improvement framework. This information was used, as well as the experience of Aboriginal and Torres Strait Islander people, to explore what would support replicating and sustaining this type of work across a wide range of hospital environments. The project developed a Framework and Toolkit to assist in facilitating the organisational cultural change required to undertake this work effectively.

# What did we find?

## From Previous Research

Previous research regarding how organisations make their services and environments more culturally sensitive was examined. One concept, known as cultural security, can be seen as a commitment to Aboriginal people that the arrangement and provision of services offered by the health system will not compromise the legitimate cultural rights, views, values and expectations of Aboriginal people. Taking a culturally sensitive approach recognises, appreciates and responds to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health systems administration.<sup>2</sup> This systemic approach to achieving a culturally sensitive organisation was reinforced by other research that critically examined the effectiveness of cultural awareness training. The traditional approach often taken by organisations to deal with the issue of culturally insensitive care has been to provide cultural awareness training to staff. This approach, while necessary, on its own appears ineffective, with one author arguing that improved cultural awareness through training for individual health workers and administrators does not lead to improved health outcomes. It was stated that to respond appropriately, hospitals need to adopt practices and policies that recognise cultural security as a systemic, imbedded domain to hospital care.<sup>3</sup>

Another component that the literature review identified as one of the barriers to health care access by Aboriginal people living in urban areas, was the poor performance of the health system in meeting the needs of those with complex and multiple health conditions.<sup>4</sup> This not only points to the difficulty of a system based on clinical specialty areas to respond to Aboriginal patients with complex needs but highlights the need for system (organisational) change so a holistically response can be delivered.<sup>5</sup>

## From Review of Government Policies

Some areas of current state and territory policy and/or legislation do not completely support a Continuous Quality Improvement (CQI) approach. The practical CQI approach developed by this project to change hospital culture and improve responsiveness to Aboriginal people requires hospital staff — both Aboriginal and non-Aboriginal — to work together with Aboriginal communities. This partnership approach assists in the process of exploring issues, developing solutions and implementing improvements that are continually reviewed over time. This requires each hospital to develop and maintain a relationship with its local Aboriginal communities so that issues can be continually addressed.

*Aboriginal staff who attended the quality improvement training along with training coordinator Graeme Fletcher.*



*Back row from left to right: Gwen Ibarra (Hospital Liaison Officer ATSI Services, Mater Hospital, QLD), Tammy-Allyn Fernandes (Aboriginal Liaison Officer, Darwin Hospital, NT), Sherry Jeffrey (Aboriginal Liaison Officer, Katherine Hospital, NT), Tammy Pope (Principal Indigenous Health Coordinator, Royal Brisbane and Women's, QLD), Michelle Mealey (Aboriginal Hospital Liaison Officer, Liverpool Hospital, NSW), Kym Donahue (Aboriginal Hospital Liaison Officer, Campbelltown, NSW), Charlene Lui (ATSI Health Liaison Officer for Women's and Newborn, Royal Brisbane and Women's, QLD), Graeme Fletcher (Senior Project Officer, Education and Training Unit, VACCHO).*

*Front row L to R: Ismahl Croft (Aboriginal Liaison Officer, Fitzroy Crossing Health Service, WA), Lenny O'Meara (Aboriginal Liaison Officer, Derby Hospital, WA).*

# what did we find?



John Willis

## From Hospital Case Studies

The project team gathered a range of resources, processes, stories and tools from hospitals that were nominated by the Aboriginal community as performing well in Aboriginal health. This information included successful utilisation of resources already available, locally developed processes and materials used to implement positive change, and the use of stories and experiences to assist in creating additional materials. The diversity of information gathered emphasised the variation between hospitals, including the needs of their local Aboriginal communities. This reinforced the requirement of a guiding framework that allows hospitals and Aboriginal communities flexibility in their partnership approach to improving services.

These case studies highlighted that a range of components need to be in place for a hospital to be considered successful in addressing the issues of their Aboriginal patients and making their hospital more culturally appropriate. These areas included strong partnerships with Aboriginal communities; enabling state and federal policy environments; leadership by hospital Boards, Chief Executive Officers and key clinical staff; strategic policies within the hospital; structural and resource supports; and a supported Aboriginal workforce. Each hospital case study had a different way of undertaking these components but all these elements played a part in providing a culturally appropriate hospital environment. These case studies provided the information to create the draft *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit*.



Angela Clarke

## From the Framework and Toolkit Trial

One key rationale for the need to utilise the *Framework and Toolkit* was highlighted during the trial, with most interviewees emphasising the importance of linking the needs of the Aboriginal peoples to the CQI structure in the hospital. It was reported this had not occurred before the trial and that hospital staff had been responding to the needs of, or issues related to, Aboriginal and Torres Strait Islander peoples in an adhoc manner. Often, responding to these issues was primarily left to Aboriginal and Torres Strait Islander staff or social workers. Participation in this research project and implementing the Toolkit highlighted to hospital staff the need for a more complex, multi-faceted and systematic response to those needs and service issues. The Framework provided an explicit model for building a relationship with local Aboriginal communities and then linking their needs to the CQI structure in the hospital, the Quality and Safety Unit or the specialised Quality staff. It underscored that many of the issues that hospital staff had been dealing with were in fact quality issues. As one senior manager explained:

The whole hospital is responsible for responding to Aboriginal and Torres Strait Islander service gaps...but someone would say something and someone would do something...but without the quality process...we now realise that what was missing was the formal quality process.

Interviewees involved in the *Framework and Toolkit* trial stated that although the information was extremely valuable it was inadequate on its own. They said they had required the support, assistance and training from the research team to make effective use of the resources. One Aboriginal staff member explained, that she required:

more meetings with you guys where we actually talked about processes and steps to completing it, or more engagement with project people... I think it would be useful to meet others from other hospitals who are doing it, and we could... see what other hospitals are doing.



Russell Renhard

Hospitals reported that the *Framework and Toolkit* increased focus on Aboriginal people's needs; increased focus on Aboriginal people's views of hospital services; increased focus on linking Aboriginal peoples' needs to the hospital CQI structure; improved understanding of the role and value of AHLOs; and the *Framework and Toolkit* had external credibility and legitimacy.

A number of factors facilitated and impeded the use of the Framework and Toolkit. Those aspects that facilitated its use included: Commonwealth, state and territory health funding requirements; leadership and support from senior managers; mentoring provided to Aboriginal staff; an externally accredited training program; credible and respected external researchers; and the provision of external advice and support by Aboriginal and non-Aboriginal researchers. Those aspects that appeared to impede its use were: a lack of recognition of the particular needs of Aboriginal communities; an absence of a coordinated vision for Aboriginal CQI initiatives; variations in Aboriginal communities and hospital characteristics; competing demands; and a lack of intensive initial training on the Framework and Toolkit.

To improve the uptake of the *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit* a range of components need to be in place including infrastructure support (resources), access to mentors, and access to education and training. It was recommended that the *Framework and Toolkit* be implemented nationally and remain a dynamic resource.

### From Aboriginal staff

The key network for the project involved Aboriginal staff from hospitals involved in *Framework and Toolkit trial*. These staff were offered training as part of the trial phase of the Framework and Toolkit, resulting in 10 Aboriginal staff participating in a five-day residential training program. Two units were delivered including 'manage quality' and 'develop and implement policy'. This training course was evaluated including feedback from participants and supervisors. Participants rated course materials, course delivery and course presenters quite highly and almost all supervisors interviewed commented that their staff had returned from the course with a better understanding of quality systems and with ideas about how they could advocate for change through those processes. In one instance the supervisor noted that the trainee had returned with the realisation that he had to engage with management and quality improvement personnel in order to effect change in service delivery, whereas previously he had not felt in a position to do so. Feedback on the course also highlighted that a number of participants had limited contact with the quality improvement systems and processes in their workplace prior to the training but that steps had been taken to initiate activities following course delivery. Examples of this include:

- At Derby Hospital the ICHP had prompted the Quality Improvement Team (QIT) to review patient involvement of the Aboriginal Liaison Officer (ALO). The ALO had prepared a PDSA (Plan, Do Study, Act) quality cycle to improve the feedback process from Aboriginal patients. This objective resulted in the increased responsiveness of the QIT to Aboriginal Liaison input.
- At Campbelltown Hospital the Aboriginal Hospital Liaison Officer (AHLO) became a member of the Quality Improvement Committee, which in turn had developed a support plan for her.
- At the Mater Hospital in Brisbane it was reported by her supervisor that the AHLO has become more strategically involved in linking service issues to the quality improvement process.



Alwin Chong



Gai Wilson

# What should happen now?

As a result of this project we have developed a number of recommendations.

## Recommendation One

That a further longitudinal study be undertaken across several hospitals to explore how they incorporate cultural components into the hospital system utilising their relationship with the Aboriginal community.

## Recommendation Two

That senior hospital personnel involved in the ICHP be engaged in the training program in order to foster greater support, mentoring and shared commitment to undertaking hospital-based projects. (This could result in the completion of a unit of competence related to working effectively with Aboriginal and/or Torres Strait Islander people.)

## Recommendation Three

That Commonwealth, state and territory health funding agreements recommend and support the use of the *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit*. In particular, specific funding support should be provided for a national Aboriginal CQI Unit and resource clearinghouse. (Effective use and implementation of the *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit* will occur if hospital staff have access to a support unit that can provide initial intensive training and ongoing additional advice, coaching and resources. This unit should also include a regularly maintained website with a range of evidence-based electronic resources.)

## Recommendation Four

That state, territory and regional health funding agreements recommend and fund the use of the *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit*. In particular, specific funding support should be provided for the Aboriginal Hospital Liaison Officer Training Program and maintenance of the network of Aboriginal CQI workers. (These components are vital to initiate and establish the

change in focus for AHLOs from direct patient support and advocacy to knowledge building of CQI and participating in the system change process. It was also suggested that the successful implementation of the Framework and Toolkit requires an ongoing training program for Aboriginal staff.

## Recommendation Five

That the Australian Council of Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) include standards related specifically to Aboriginal people. For example, building relationships and partnerships with Aboriginal communities and improving feedback from Aboriginal patients. The EQuIP accreditation documentation should include references to the *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit*. (The core ACHS accreditation program is EQuIP, which guides acute care organisations through a four-year cycle of Self-Assessment, Organisation-Wide Survey and Periodic Review to meet ACHS standards. ACHS is currently reviewing EQuIP4 and the latest draft includes three specific Aboriginal standards.)

## Recommendation Six

That Commonwealth, state and territory health funding be made available for a second phase of research and development of the *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit*. This would enable more evidence-based case studies and a Train the Trainer component to be generated.

## Recommendation Seven

That an evaluation of Aboriginal-specific CQI processes and tools be conducted in two years, to continue building an evidence base and ensure that the *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit* remain dynamic and up to date.

## Outcomes so far

As a result of Recommendation Four, the ICHP team and advisory committee facilitated the first Round Table meeting with ACHS and high level jurisdictional staff from the Commonwealth, states and territories responsible for acute care policy monitoring and development. This meeting facilitated the exploration of options to develop findings from the project. Participants acknowledged that the Toolkit developed by the ICHP bridges the gap between policy and health standards, and is a practical way to operationalise policy into action. The need for the finalised Toolkit to be integrated with relevant jurisdictional policies was also emphasised. The key outcome from the Round Table was the agreement by the CRCATSIH to work with ACHS to further develop the specific standards for Aboriginal patient care as part of its review process for EQuIP4. The inclusion of specific standards on Aboriginal patient care has been seen by many stakeholders as a key component to ensure that the acute healthcare sector engages systematically to improve their services to the Aboriginal community.

As a result of the first Round Table ACHS approached the CRCATSIH to provide expert feedback on their draft standards specifically focused on Aboriginal and Torres Strait Islander patient care. A Round Table meeting was coordinated and involved ICHP key stakeholders and ACHS. This meeting provided ACHS with specialist Aboriginal and Torres Strait Islander feedback on these draft Aboriginal specific standards. The key areas focused on were:

- Guidelines on the specific needs of identified Aboriginal and Torres Strait Islander patients
- Care planning for Aboriginal and Torres Strait Islander patients
- Active partnerships with Aboriginal and Torres Strait Islander communities.

Feedback from this meeting has been used by ACHS to assist in developing their standards and accompanying guidelines. The *Improving the Culture of Hospitals Quality Improvement Process Framework and Toolkit* will also be linked to each Aboriginal-specific standard as part of the guidelines.

## Conclusion

The ICHP has provided hospitals with a culturally appropriate quality improvement process along with a set of evidence-based tools and guidelines to facilitate a sustainable approach to Aboriginal health. The capacity of hospitals to respond more effectively to Aboriginal patients is increased by making Aboriginal health a quality issue. This will not only build the capacity of hospitals to improve their response to Aboriginal communities but also improve their effectiveness in engaging with a range of other patients with complex needs.

Clearly the Framework, Toolkit and Training Program for Aboriginal staff has been found to be essential, important, credible, practical, useful, and timely. The capacity of Aboriginal staff and communities to engage in a meaningful and effective way with hospital reform has been increased by this process. The ICHP has increased the involvement and effectiveness of non-Aboriginal clinical staff by engaging them in projects that require them to work alongside Aboriginal staff and Aboriginal communities to improve hospital service delivery to Aboriginal patients.

The potential to establish a process for continuous quality improvement for cultural reform in hospitals has been increased by the ICHP, which provides a systematic approach for local communities to develop strategies in partnership with the hospital in their area. This process will take time but will build the capacity and sustainability of both hospitals and their local communities to make a difference in Aboriginal health.

As a result of this project and the initial Round Table meeting to discuss project findings, ACHS approached the CRCATSIH to provide expert feedback on their draft Aboriginal standards to be included in the next version of EQUIP. Key stakeholders involved in this project have been involved in providing that feedback and the CRCATSIH will continue to work in partnership with ACHS as the standards are rolled out and implemented across Australian hospitals. To assist this discussion, we need to look at a selection of hospitals over a longer period of time .

In conclusion, hospitals need senior management to support this work as a priority and to ensure Aboriginal staff are trained to facilitate the process. It is recommended that further longitudinal research is undertaken to look at hospitals over the long term to build evidence that supports the involvement of quality and safety units in cultural sensitivity improvements. Finally, the inclusion of Aboriginal specific standards in the ACHS EQUiP accreditation system, informed by Aboriginal key stakeholder organisations, is seen as a key driver to assist this change, and a much welcomed development.

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<sup>1</sup> Wilson D (2003). The nurse's role in improving indigenous health. *Contemporary Nurse*, Oct, 15 (3): 232-40

<sup>2</sup> Houston S (2002). *Aboriginal Cultural Security*, Health Department of WA, Perth in *New Doctor*, 77, Winter.

<sup>3</sup> Coffin, J. (2007). *Rising to the Challenge in Aboriginal Health by Creating Cultural Security*, Aboriginal & Islander Health Worker Journal, May/June, Vol 31 - Number 3

<sup>4</sup> Scrimgeour and Scrimgeour (2008). *Health Care Access for Aboriginal and Torres Strait Islander People Living in Urban Areas, and Related Research Issues: A Review of the Literature*, Cooperative Research Centre for Aboriginal Health, Discussion Paper Series: No. 5.

<sup>5</sup> National Aboriginal and Torres Strait Islander Health Council (2001). *National Aboriginal and Torres Strait Islander Health Strategy: Draft for discussion*.



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